

Building a Knowledge Base on
Population Ageing in India



The Status of Elderly in Tamil Nadu, 2011



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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 the state level so as to initiate a dialogue not only with civil society organisations 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
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BKPAI	Building a Knowledge Base on Population Ageing in India
BPL	Below Poverty Line
COPD	Chronic Obstructive Pulmonary Disease
CHC	Community Health Centre
GHQ	General Health Questionnaire
GoI	Government of India
IADL	Instrumental Activities of Daily Living
ICF	International Classification of Functioning, Disability and Health
ICIDH	International Classification of Impairments, Disabilities and Handicaps
IEG	Institute of Economic Growth
IGNDPS	Indira Gandhi National Disabled Pension Scheme
IGNOAPS	Indira Gandhi National Old Age Pension Scheme
IGNWPS	Indira Gandhi National Widow Pension Scheme
IPOP	Integrated Programme for Older Persons
LPG	Liquefied Petroleum Gas
MC	Municipal Corporation
ISEC	Institute for Social and Economic Change
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MIPAA	Madrid International Plan of Action on Ageing
MoHFW	Ministry of Health and Family Welfare
MPCE	Monthly Per Capita Consumer Expenditure
MWPSCA	Maintenance and Welfare of Parents and Senior Citizens Act
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organisation
NPHCE	The National Programme for Health Care of the Elderly
NPOP	National Policy on Older Persons

NPSC	National Policy for Senior Citizens
NRHM	National Rural Health Mission
NSSO	National Sample Survey Organisation
OBC	Other Backward Classes
OPD	Out-Patient Department
PHC	Primary Health Centre
PPS	Probability Proportional to Population Size
PRC	Population Research Centre
PRI	Panchayati Raj Institutions
PRS	Passenger Reservation System
PSU	Primary Sampling Unit
RSBY	Rashtriya Swasthya Bima Yojana
SC	Scheduled Caste
SCs	Sub-Centres
SHG	Self Help Group
SRH	Self-rated Health
ST	Scheduled Tribe
SUBI	Subjective Well-being Inventory
TAC	Technical Advisory Committee
TFR	Total Fertility Rate
TISS	Tata Institute of Social Sciences
TOR	Terms of Reference
UNFPA	The United Nations Population Fund

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1. Background

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

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

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

During the VII cycle of cooperation with the Government of India (2008–12), the Country Office embarked on a research project, 'Building a Knowledge Base on Population Ageing in India (BKPAI)' with two main components: (i) research using secondary data; and (ii) collecting primary data

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

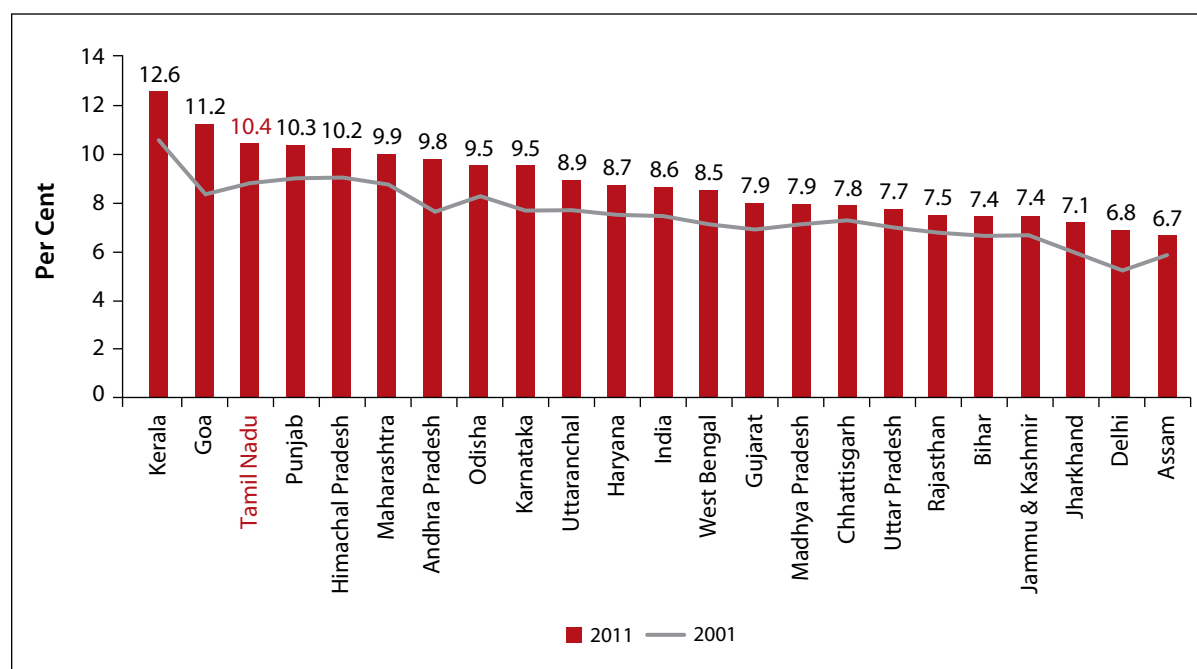
In this study, the sample for each state was fixed at 1280 elderly households. The sample size was equally split between urban and rural areas and 80 Primary Sampling Units (PSU) equally distributed between rural and urban areas selected using Probability Proportional to the Population Size (PPS). The 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*.

The Tamil Nadu BKPAI report presents the key findings of the BKPAI 2011 survey which was carried out in the state between May 2011 and September 2011, wherein 1478 elderly respondents from 1243 households with at least one elderly person were interviewed. The survey covered important dimensions of the demographic, social and economic lives of elderly persons in the state, including work participation, income, asset ownership, living arrangements, family relations, health status, health care seeking behaviour and the awareness and utilisation of social security schemes. The highlights of the information gathered by the survey are presented here along with detailed tables which can be found in the Appendix.

2. Sampled Households and Elderly Population

The elderly population has increased in size across all the states in the country. Figure 2.1 shows the percentage of the population aged 60 years and above for the years 2001 and 2011. Tamil Nadu has one of the highest proportions of elderly persons in the country, next only to Kerala and Goa. According to the 2011 Census, the elderly constitute 10.4 per cent of the total population of the state while the figure for the country as a whole is 8.6 per cent. Of the approximately 7.5 million persons in Tamil Nadu who were 60 years of age or above in 2011, there are marginally more women than men (about 3.85 million women and about 3.66 million men). On the other hand, slightly more elderly persons live in rural areas compared to urban areas (about 4.03 million to about 3.48 million).

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



2.1 Household Characteristics

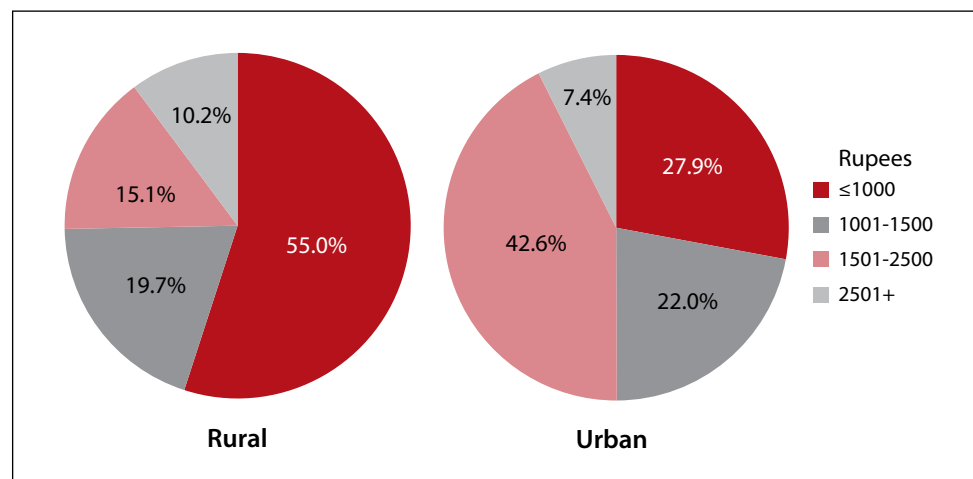
The average number of persons living in households which have at least one elderly person in Tamil Nadu is 3.4, a figure that is somewhat lower than the average of four for all households in the state (Census 2011). A little more than two-fifths of households are headed by an elderly male and one-fifth by an elderly female. Ninety five per cent of household heads in the sample are Hindu and 3 per cent are Muslim. Eighteen per cent of the households belong to the Scheduled Caste category (as determined by the caste status of the head of the household), and 78 per cent belong

to other backward classes (OBCs). The ratio of women to men in households with elderly persons is considerably higher than the average sex ratio composition of all households in the state.

About half of the households with at least one elderly person live in *pucca* houses and two-fifths in semi-*pucca* houses, with the proportion of households living in *pucca* houses being significantly higher in urban areas than in rural areas. More than half (55%) of the households live in small houses with either one or two rooms. Piped water is the main source of water for the majority of the households (77%) in both rural and urban areas. About four-fifths of all rural households do not have any toilet facility while the remainder have a toilet facility with a septic tank and flush system. (Appendix Table A 2.1).

A considerable proportion of households with elderly have BPL cards. The monthly per capita consumer expenditure (MPCE) of the household is an indicator of the economic situation of the household and is calculated based on the amount spent on selected items during the 30 days prior to the survey. Three-fifths of all households have an MPCE of less than Rs. 1500 per month. Three-fourths of households in rural areas and about half of the households in urban areas fall into this category (Fig. 2.2 and Appendix Table A 2.2).

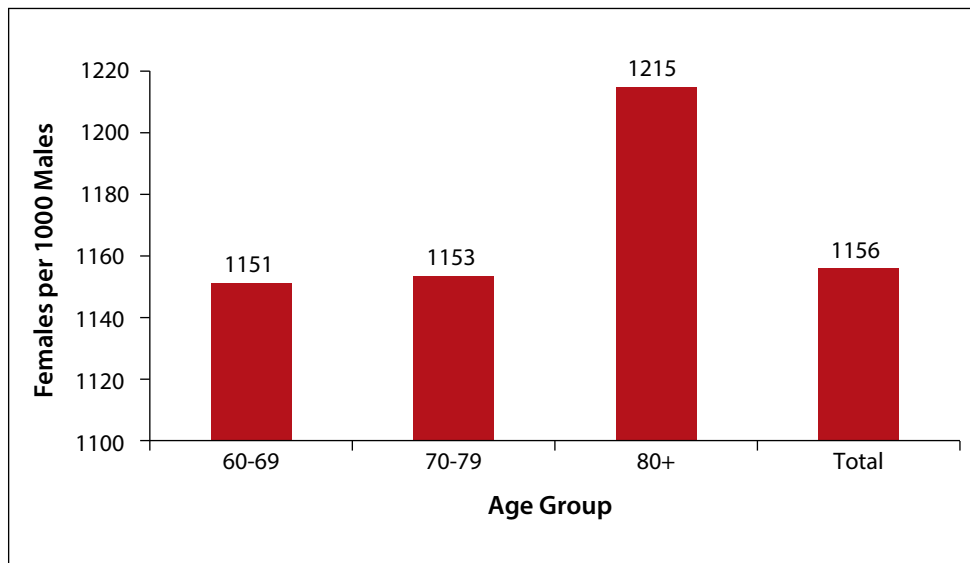
Figure 2.2: Monthly per capita consumption expenditure of elderly households according to place of residence, Tamil Nadu 2011



2.2 Profile of the Elderly

The 1444 respondents in the state included 670 elderly men and 774 elderly women. About half the elderly were in the age group 60 to 64 years, one quarter were in the age group 65 to 69 years, about 14 per cent were in the age group 70 to 74, and the remainder were aged 80 years and above. In keeping with the expected patterns for the sex ratio of elderly populations, the proportion of women is higher than the proportion of men in each broad age group (Fig. 2.3).

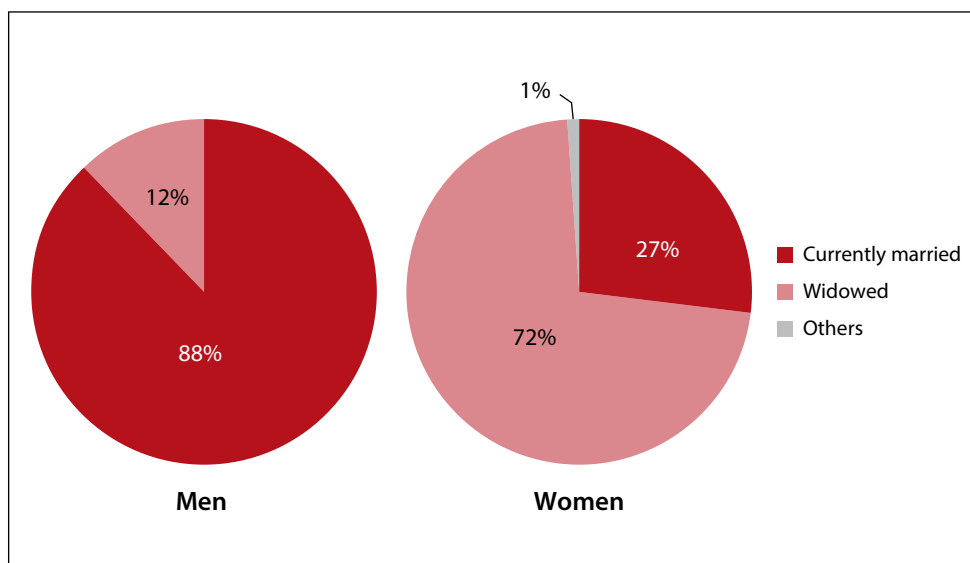
Figure 2.3: Sex ratio, Tamil Nadu, 2011



The level of education achieved among elderly women is fairly low with 60 per cent of women reporting that they had received no formal education. On the other hand, only a third of men reported that they had no formal education, while the majority (47%) have completed 8 or more years and 12 per cent have had 5 to 7 years of formal education (Appendix Table A 2.3).

The distribution of the elderly by their marital status reflects the reality for most Indian women during old age: that of having to experience the death of a spouse. The majority (72%) of women aged 60 years and above had lost their spouse and only a little more than a quarter are currently married (Fig. 2.4). On the other hand, nine out of 10 elderly men are married.

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



3. Work Participation, Income and Assets

The economic aspects of the elderly population are explored in this section which covers the work participation, occupational structure, reasons for working, levels and types of income earned, level of economic dependency and the extent of asset ownership.

3.1 Work Participation Rate and Work Intensity

Work participation is an important dimension of the lives of those aged 60 years and above in India where work participation rates are higher compared to more developed countries. Assessing the current levels of work participation, intensity of work and the benefits accrued from work will help to better understand the reasons for this pattern in work participation at an age when one is expected to slow down.

In Tamil Nadu, a quarter of all men aged 60 years and above and about 15 per cent of all elderly women are currently working. Work participation among the elderly population is high in rural areas where 30 per cent of men and 20 per cent of women are currently engaged in the labour market. Work participation among the elderly is much lower in urban areas (Appendix Table A 3.1).

Although the proportion of elderly who work reduces with advancing age, about one in 10 men in the oldest-old age group (80 years and above) are still part of the labour force (Fig. 3.1). These figures

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

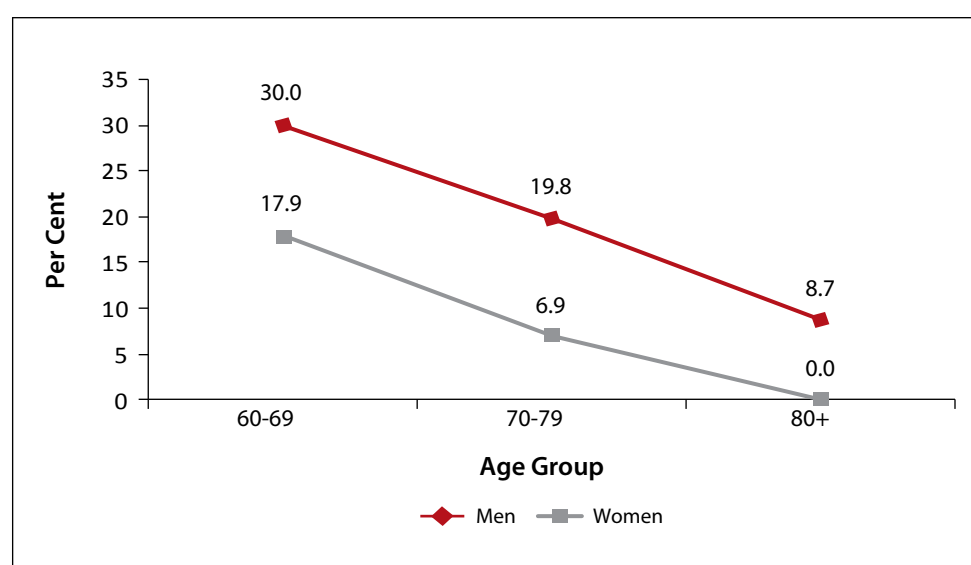
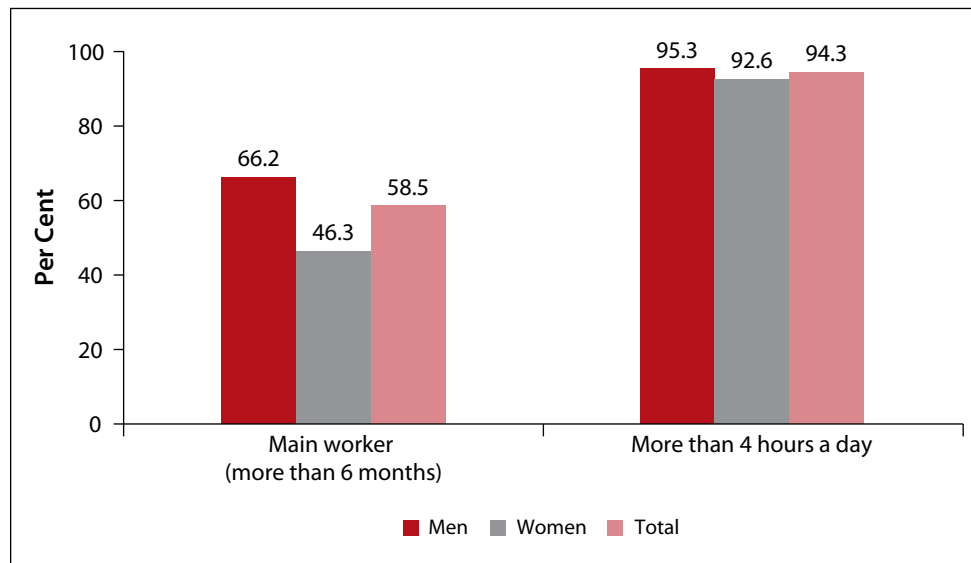


Figure 3.2: Main workers and those working more than 4 hours a day among elderly workers, Tamil Nadu 2011



are a cause for concern because, as the detailed distributions show, it is the elderly with little or no formal education, those belonging to SC or ST groups, and those from the lower wealth quintiles that are still currently working, suggesting that the high workforce participation rates are due to poverty (Appendix Table A 3.2).

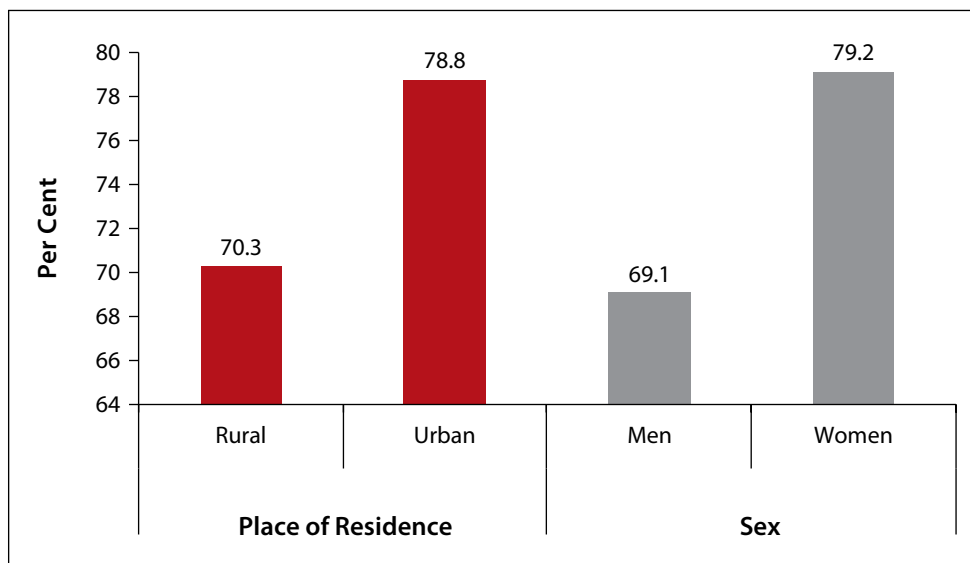
At the same time, information on the number of hours and days worked show that there is a fairly high intensity of work among the elderly. About two thirds of elderly men and half of elderly women who work are main workers, i.e., they work for more than 6 months in the year and almost all work for more than 4 hours a day (Fig. 3.2).

Agricultural labour remains the main type of occupation for all elderly men and women, in both rural and urban areas. More women (80%) than men (64%) are agricultural labourers, while petty trade or petty work is also an important type of occupation for men in urban areas. Expectedly, the majority (80%) of the elderly currently working are involved in the informal sector, while about a third of men in urban areas report that they are self-employed. Details of occupations that the elderly in Tamil Nadu are engaged in can be found in Appendix Table A 3.3.

3.2 Need for Current Work

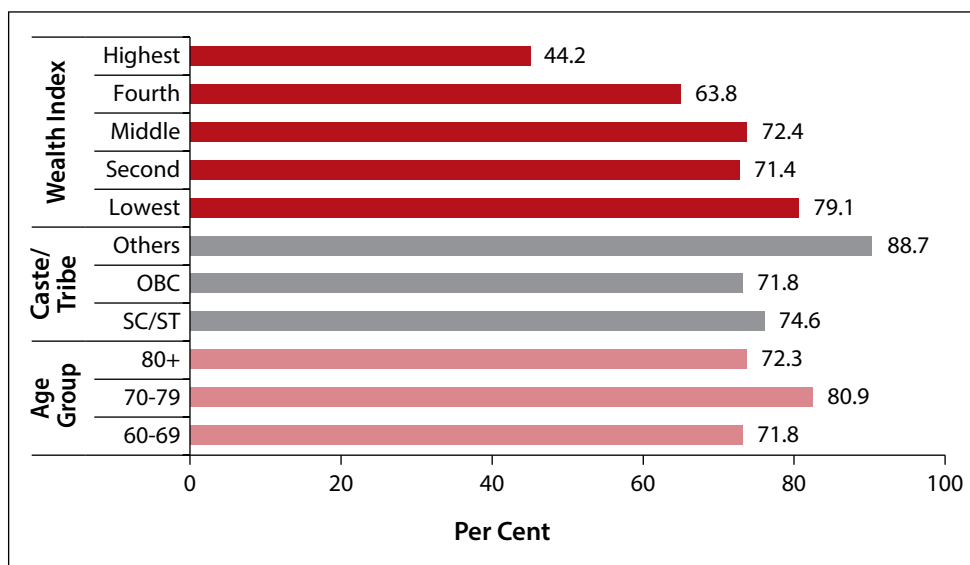
The survey also finds that the majority of the elderly is compelled to work out of necessity. Only about 28 per cent of those who are currently working report that they are working by choice. A higher proportion of women than men and a slightly higher percentage of elderly in urban areas than in rural areas are working due to compulsion (Fig. 3.3).

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



Among the working elderly in all three broad age-groups, the proportion working due to compulsion is highest among the 70 to 79 age group. The proportions who feel that they are compelled to work are higher among those in the lower economic groups (Fig. 3.4). Higher proportions of elderly with little or no formal education are working due to necessity compared to elderly with more years of education (see Appendix Table A 3.4 for more details).

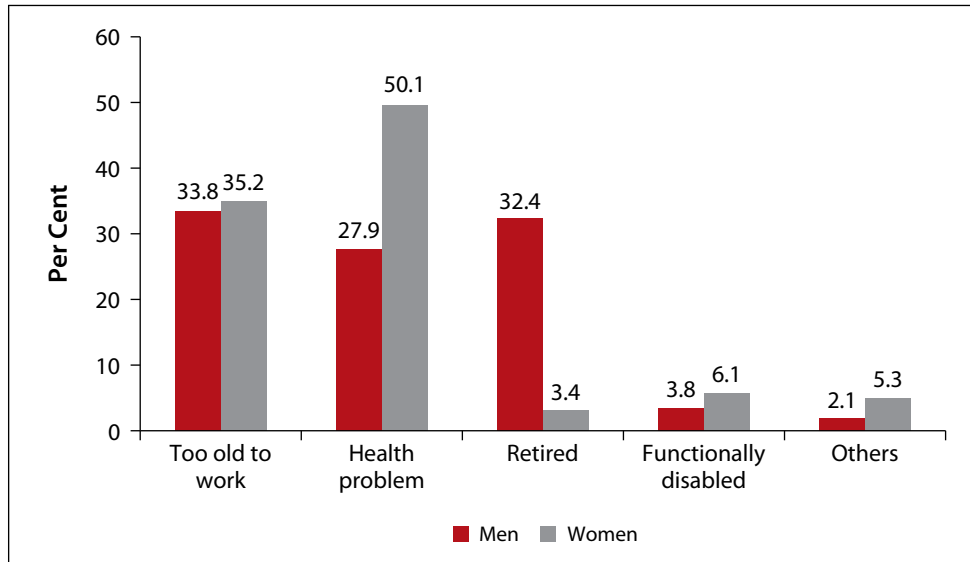
Figure 3.4: Elderly working due to compulsion by age, caste and wealth index, Tamil Nadu 2011



3.3 Reasons for Not Working

Seventy four per cent of men and 85 per cent of women are not currently engaged in any economic activity. While this is not notable in itself when it is expected that majority of the elderly would have disengaged from the labour force, it is notable that about half of all elderly women and 28 per cent of elderly men cite poor health as the main reason for not working. About a third from

Figure 3.5: Five major reasons for elderly currently not working by sex, Tamil Nadu 2011

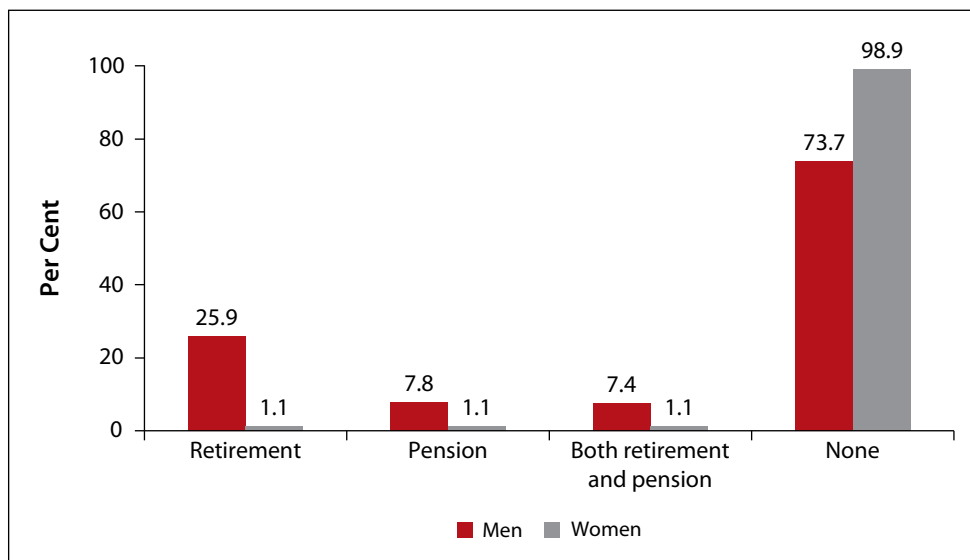


each group also cite being too old to work, and a small proportion report that they are functionally disabled (Fig. 3.5). Thus, it is apparent that the transition to a retired life does not take place as it does in industrialized countries where there is a standard retirement age.

3.4 Work Benefits

Benefits from long engagement with the labour market act as a source of security when individuals are retired from work. Information on benefits accruing from work indicates that the majority of the elderly do not receive any form of work benefit after retirement. This is especially true of women. Almost all women and three-fourths of all men fall in this category. About a quarter of elderly men receive retirement benefits, about 8 per cent receive pension benefits and about 7 per cent receive both (Fig. 3.6).

Figure 3.6: Elderly by work benefits they receive according to sex, Tamil Nadu 2011

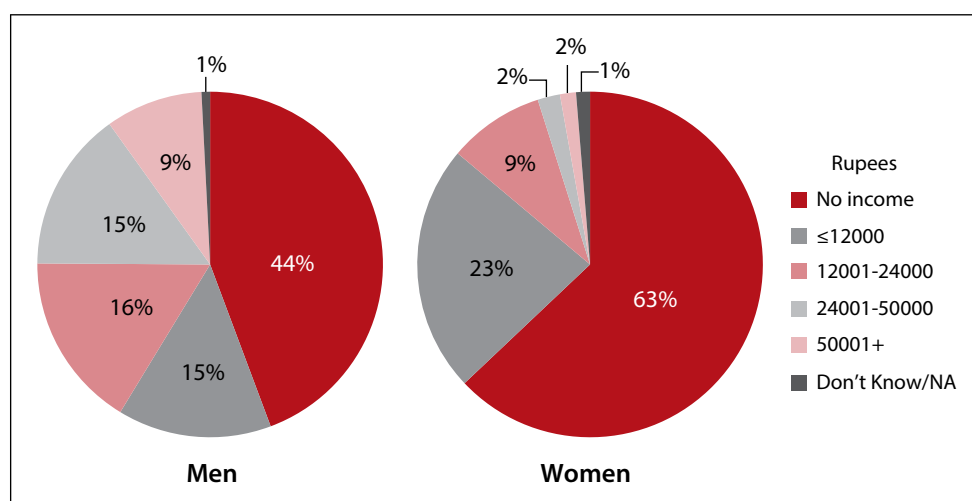


3.5 Personal Income of the Elderly

Personal income is generally considered to be an indicator of financial well-being as those with more income are better off than those with no income. However, since we have seen that there are high levels of employment in old age in India, it is also important to assess the extent and source of personal income, as earning a low income from physical work indicates need and poverty rather than financial security.

More than half of the elderly in Tamil Nadu do not earn any personal income – almost two-thirds of all women and about a half of all men do not have any personal income. Also, the levels of income for both men and women are quite low. Only about a quarter of elderly men and less than 5 per cent of elderly women have an annual income of at least Rs. 24,000 (Fig. 3.7).

Figure 3.7: Elderly by annual personal income by sex, Tamil Nadu 2011



It is clear that work participation and income from work decreases with increase in financial status for elderly men. Higher proportions of women who live in households that are in the two highest wealth quintiles receive no income (Fig. 3.8).

Figure 3.8: Elderly with no income by wealth index and sex, Tamil Nadu 2011

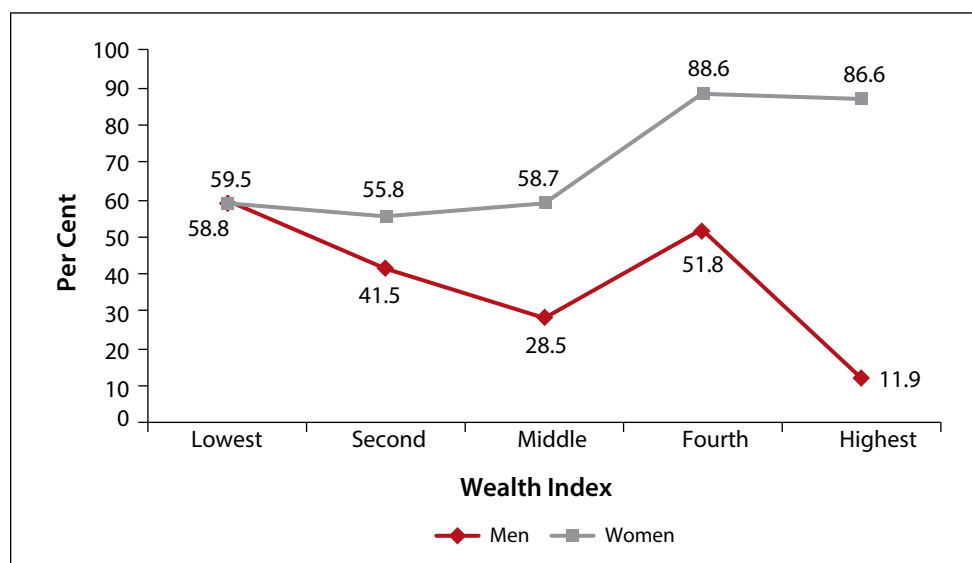
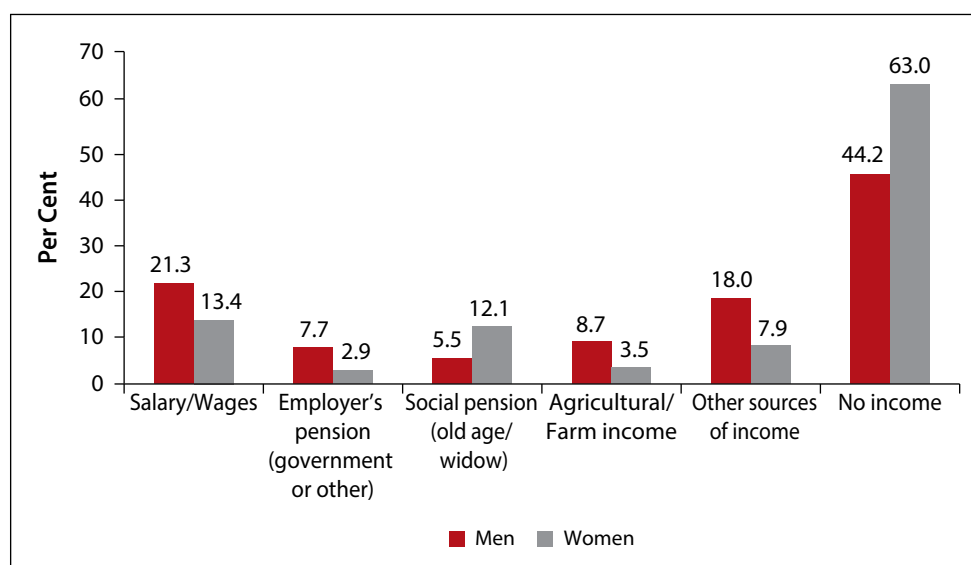


Figure 3.9: Elderly by sources of current personal income according to sex, Tamil Nadu 2011



Salary or wages is cited by the highest proportion of all elderly men (21%) and women (13%) as their source of income. Pension is also an important source of income for the elderly. About 8 per cent of elderly men and 3 per cent of elderly women in Tamil Nadu received a pension from their employer and about 6 per cent of men and 12 per cent of women received a pension from the government, in the form of old age or widow pension (Fig. 3.9).

3.6 Economic Contribution of the Elderly to the Family

Forty three per cent of elderly report that they contribute to the household expenses from their personal income (Fig. 3.10). The majority of men and a third of women contribute towards household expenses. The perceived magnitude of the contribution among the elderly is significantly high, especially among elderly men but marginally more so in urban areas compared to rural areas.

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

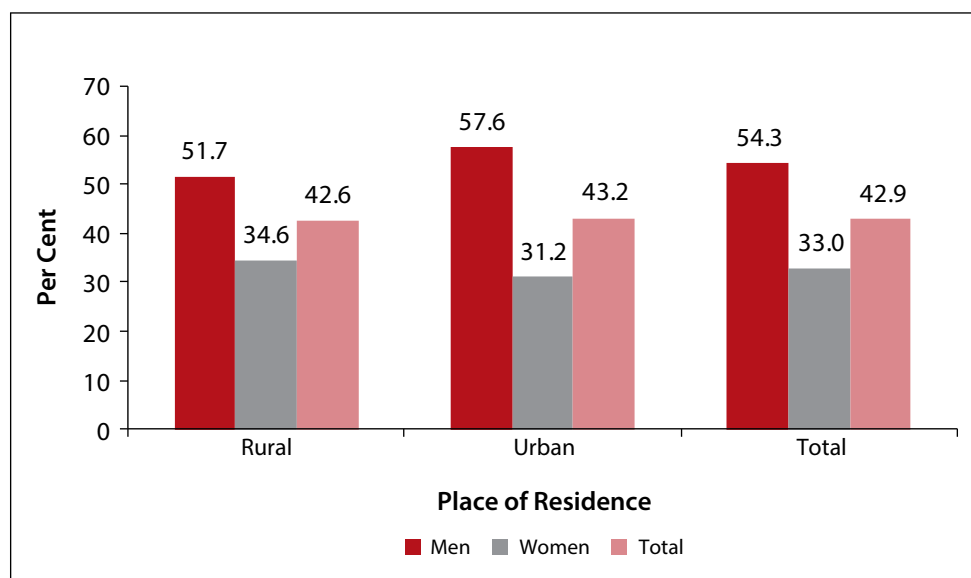
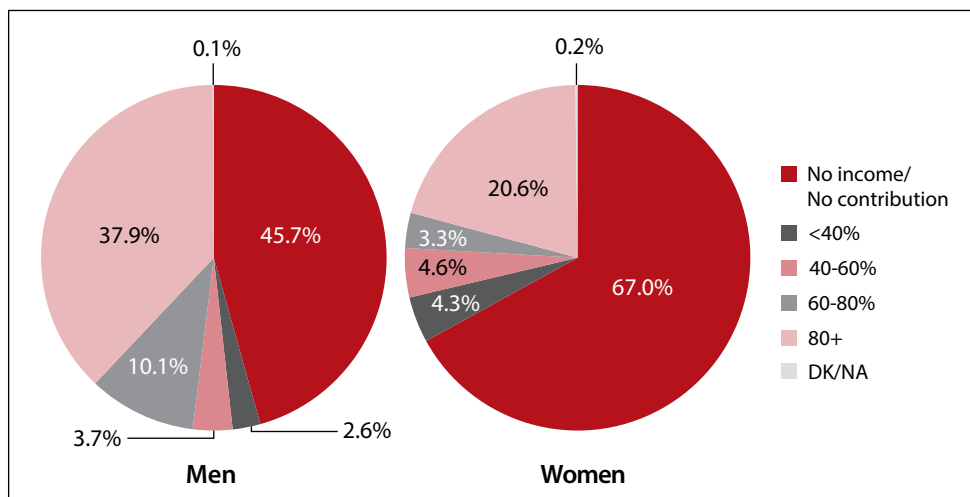


Figure 3.11: Elderly by their perceived magnitude of contribution towards household expenditure according to sex, Tamil Nadu 2011

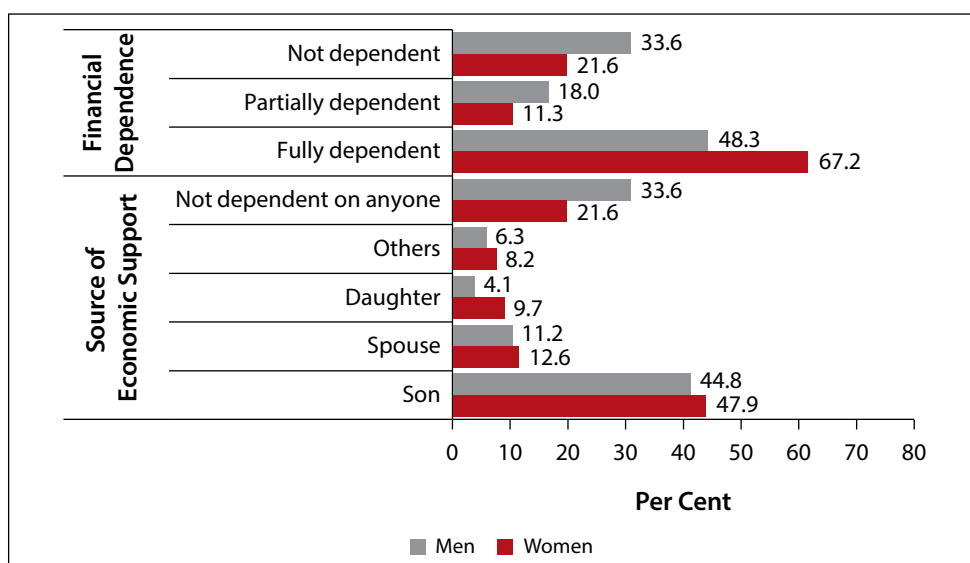


The extent of contribution to the overall expenditure of the household is also perceived to be high among the elderly. More than half of elderly men and about a third of elderly women contribute their income towards household expenditure (Fig. 3.11). Of those who contribute, the majority of elderly report contributing more than 80 per cent of the total household budget.

3.7 Economic Dependence

It was seen that about half of all elderly have some source of personal income. Since the income is mainly from salary or wage, which tends to be for low paid work or from social pension for women, which is also not significant in amount, it is likely that the elderly are economically dependent on others in their family. In fact, about half of all elderly men (48%) and a large proportion of elderly women (67%) are completely dependent on others for their finances (Fig. 3.12). A majority of all the elderly, men as well as women, depend on their son as the main source of economic support. It is notable that about one in 10 elderly women look to their daughter for economic support.

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



3.8 Asset Ownership

The ownership of assets such as land, housing, jewellery and bank savings is an important indicator of the financial well-being of the elderly as they can provide a source of income or act as collateral for loans. Owning assets may also endow the elderly with status within the family as well as in society. In Tamil Nadu, 29 per cent of all elderly do not own any land, housing, jewellery or savings. Housing and jewellery are the main types of assets owned by elderly men and women in the state. Two-thirds of all elderly own a house, either inherited or self acquired and about a third own jewellery that they inherited. One in ten elderly own land, and one in ten have savings in the bank or post office (Table 3.1).

More men (86%) own assets compared to women (59%). Women are more likely to own a house (54%) or jewellery (29%) rather than land (9%) or have savings (6%). Eighty four per cent of men own a house, 35 per cent own jewellery, 20 per cent own land, and 20 per cent have savings in the bank or post office. In rural areas, more elderly own land (23%) or housing (63%) compared to jewellery (16%) or savings (4%). In urban areas, more elderly own housing (74%) , jewellery (52%) and savings (22%) than land (3%).

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

Type of Assets	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Inherited land	25.2	12.6	18.5	3.5	2.1	2.7	15.5	7.7	11.3
Self acquired land	7.0	1.6	4.1	0.8	0.4	0.6	4.2	1.0	2.5
Inherited house(s)	57.9	28.2	42.2	20.5	15.9	18.0	41.1	22.6	31.2
Self acquired house(s)	25.2	17.5	21.1	65.2	48.0	55.9	43.2	31.6	36.9
Housing plot(s)	3.5	4.6	4.1	3.1	3.3	3.2	3.3	4.0	3.7
Inherited gold or jewellery	14.2	14.0	14.1	57.5	47.4	52.0	33.6	29.4	31.4
Self acquired gold or jewellery	1.9	2.2	2.0	0.3	0.0	0.2	1.2	1.2	1.2
Savings in bank, post office, cash	5.1	1.9	3.4	36.3	10.6	22.3	19.1	5.9	12.0
Savings in bonds, shares, mutual funds	0.7	0.0	0.3	0.0	0.0	0.0	0.4	0.0	0.2
Life insurance	1.8	0.2	0.9	0.6	0.6	0.6	1.2	0.4	0.8
Don't own any asset	15.7	50.1	33.9	11.4	30.9	22.0	13.8	41.2	28.5
Number of elderly	351	390	741	319	384	703	670	774	1444

4. Living Arrangements and Family Relations

In India, culture and practice dictate that elderly parents continue to live with their married sons, daughters-in-law and grandchildren where support is provided by all family members to each other and resources are shared. However, recent changes such as the fertility transition, and increased urbanisation and migration to urban areas have led to a transformation from the joint family system to a more nuclear family. The current patterns of living arrangements and relationship with non-resident children of the elderly is an important indicator of the support available from family.

4.1 Types of Living Arrangements and Reasons for Living Alone

In Tamil Nadu, although the traditional Indian family system of parents and children living together appears to be the most common type of living arrangement, a significant proportion of elderly live alone, and this pattern holds true in both urban and rural areas. Half of all elderly live with children, 28 per cent live with a spouse only, and 16 per cent live alone. The high level of elderly living alone is driven by the proportion of elderly women who live alone in the state – one in four. Higher proportions of elderly men lived with a spouse (42%) or in households that included children and other relatives (54%) (Fig. 4.1).

This pattern appears to be unique to Tamil Nadu. In the other six states where the survey was conducted the percentage of women who live alone is about 10 per cent or less (Fig. 4.2). The large proportion of women who live alone in Tamil Nadu can be a cause for concern as it implies that these women, who are becoming increasingly vulnerable with advancing age, do not have the support provided by other family members such as help with household chores and other daily activities.

Figure 4.1: Living arrangements of the elderly by sex, Tamil Nadu 2011

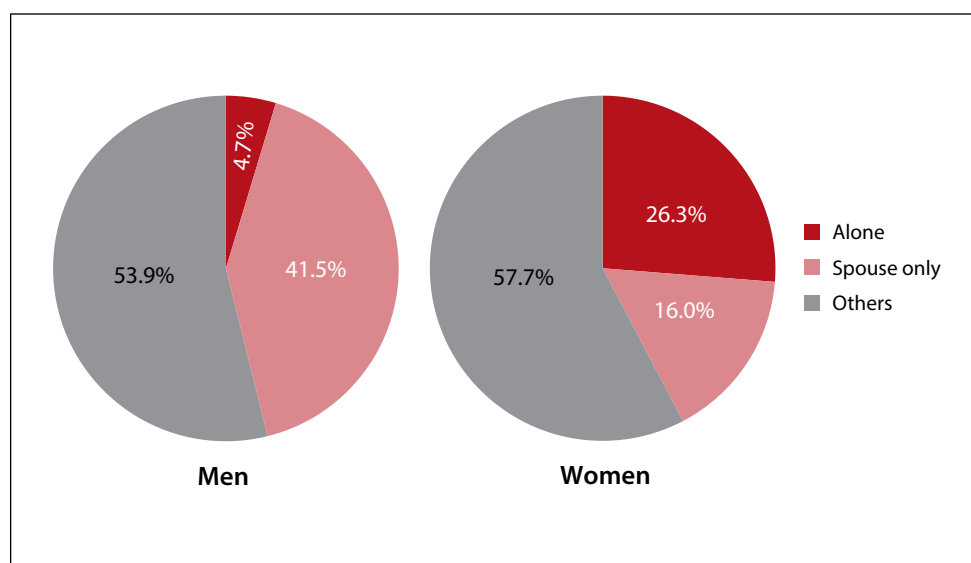
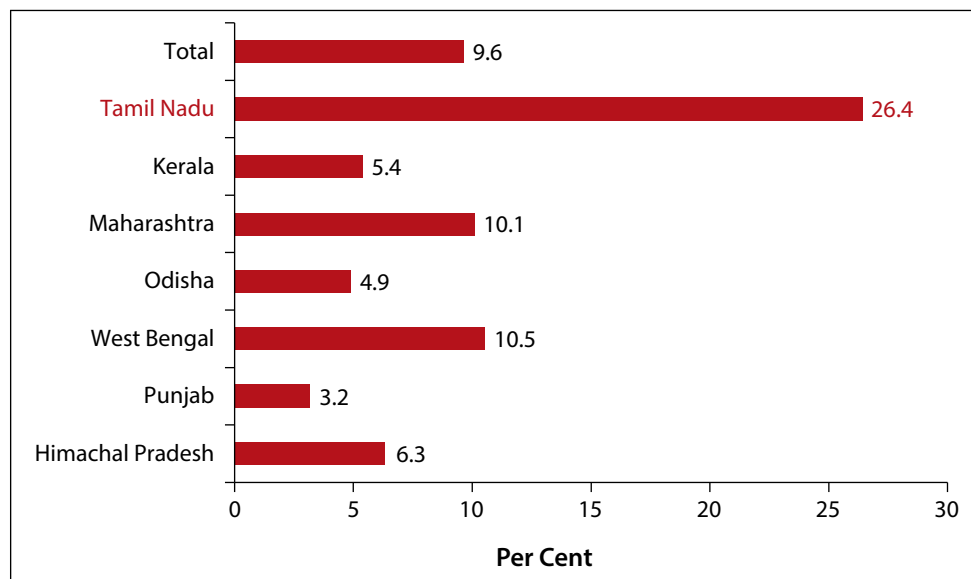


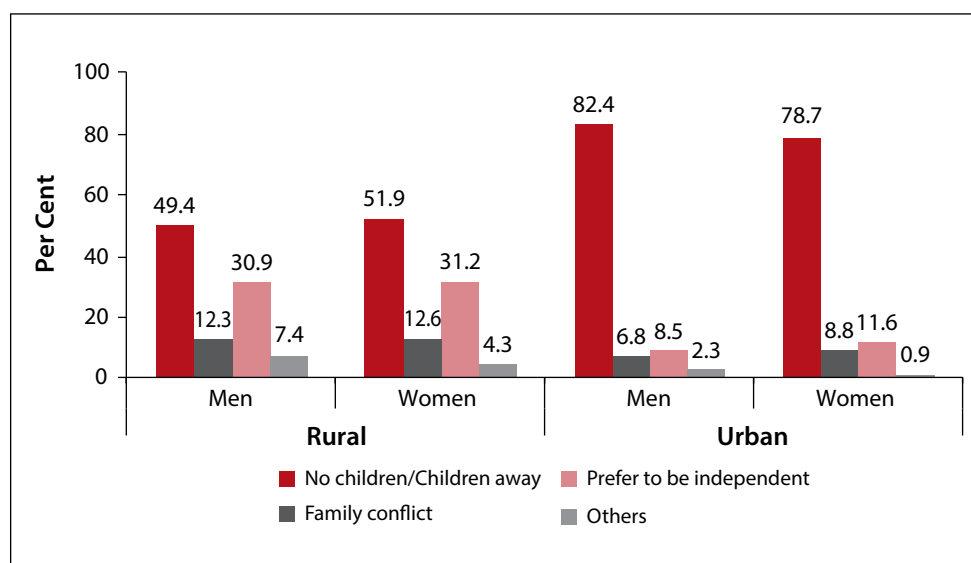
Figure 4.2: Elderly women living alone across seven select states, 2011



Analysis of the data shows that women who live alone are more vulnerable. It is not surprising that women who live alone are widowed or in some cases, divorced or separated. At the same time, while there are no differences among women who live alone in their age, place of residence or employment status, women who live alone are in households that are in the lowest income quartiles. In other words, while women of all ages, and in both rural and urban areas are equally likely to live alone, women who live alone are in households that are the poorest.

The main reason cited by elderly for living without their children is that they have no children or that the children have moved away. However, it is interesting to note that a significant number of elderly men and women in rural areas say that they prefer to be independent and that is the reason for not living with their children (Fig. 4.3). This is a shift from normative thinking where parents expect to live with their children and will have implications for the way that people plan their lives.

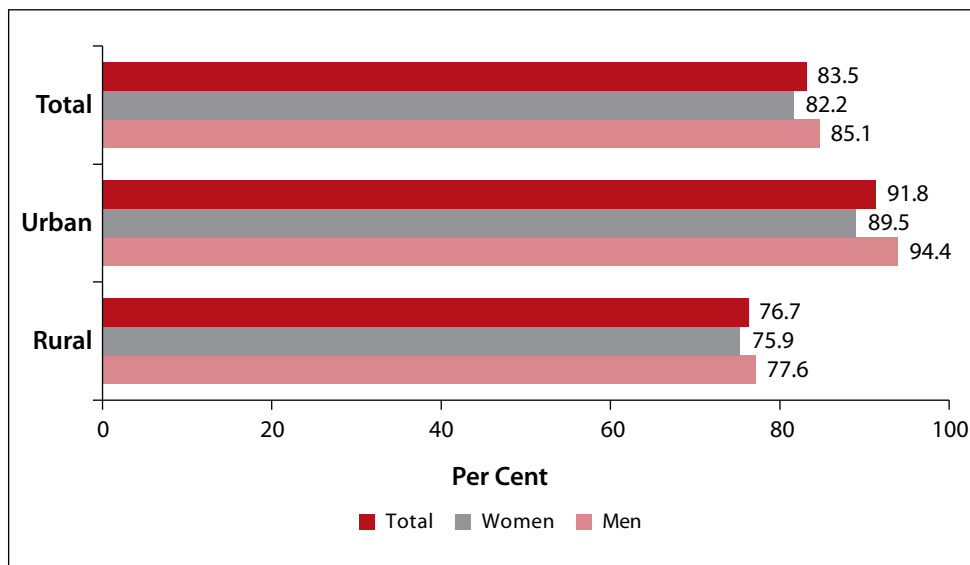
Figure 4.3: Main reasons for living alone or with spouse only according to place of residence and sex, Tamil Nadu 2011



4.2 Level of Satisfaction with Present Living Arrangements

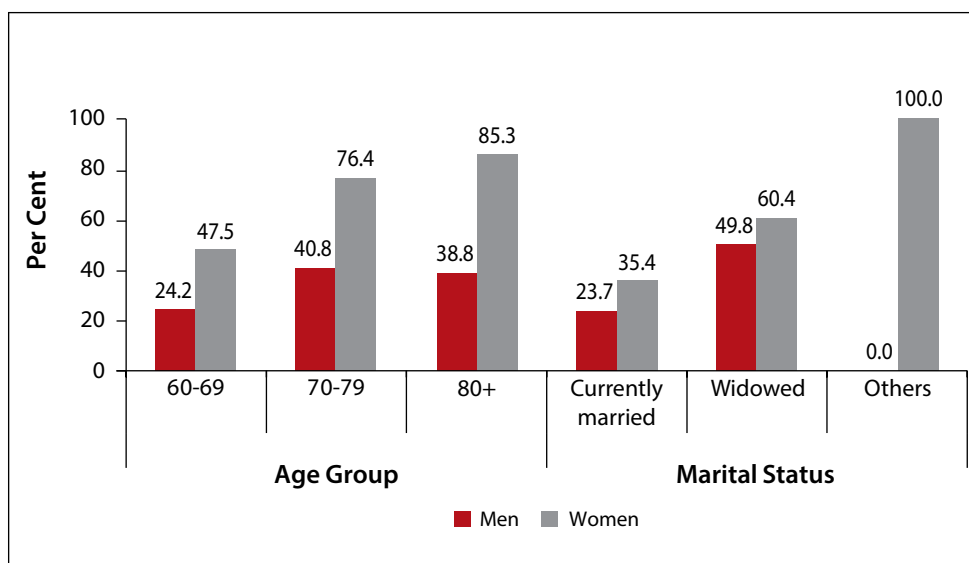
The majority of the elderly are satisfied with their present living arrangement, in both urban areas and rural areas. However, compared to urban areas, the elderly in rural areas are slightly less satisfied with their current situation, and women are slightly less satisfied than men (Fig. 4.4).

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



The perception of the elderly of whether they live with their children or their children live with them can be an indicator of their level of dependency and this is reflected in the fact that the majority of women feel that they are living with their children, while this is not the case with men. Also, with increasing age, women are more likely to perceive themselves as living with their children. The majority of men and women who have lost their spouse feel that they are living with their children (Fig. 4.5).

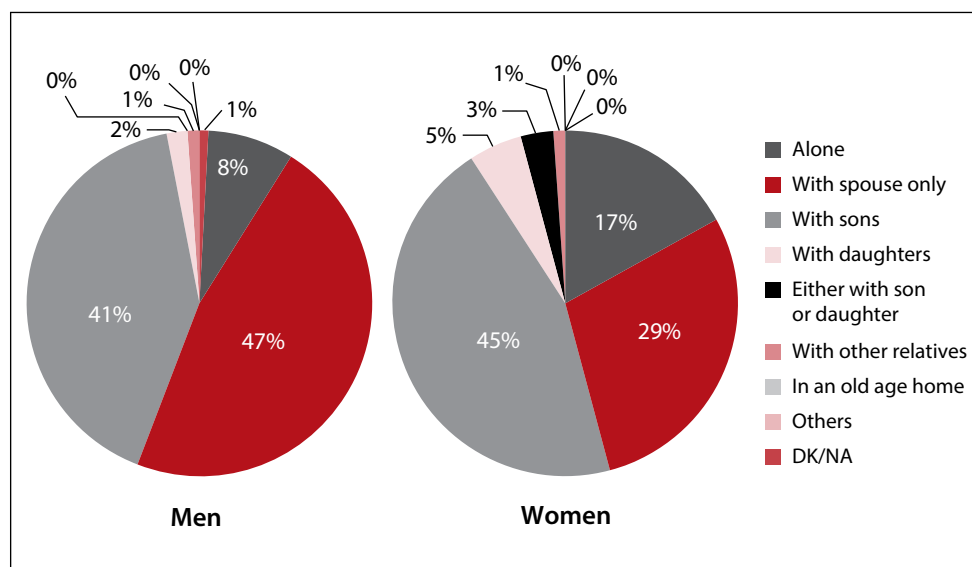
Figure 4.5: Elderly who think they are living with their children rather than children living with them by age and marital status, Tamil Nadu 2011



4.3 Preferred Living Arrangement

It has been seen that about half of the elderly live with their children and a significant proportion live alone, with more women living alone compared to men. These patterns are mirrored in their preferences for their living arrangements. While the majority of women and a high proportion of men say that the preferred living arrangement is to live with one’s son, 17 per cent of women and 8 per cent of men would prefer to live alone. The importance of sons to women can also be seen. A much higher proportion of women (45%) feel that the preferred living arrangement is to live with one’s son compared to the proportion of women (29%) who feel that the preferred living arrangement is to live with one’s spouse only (Fig. 4.6).

Figure 4.6: Preferred living arrangement of the elderly according to sex, Tamil Nadu 2011



4.4 Family Interaction and Monetary Transfers

Children who live separately from their parents might still have close interactions with them, resulting in elderly parents receiving or giving support. This can be in the form of money, or emotional support. In fact, only a small percentage of the elderly do not interact regularly with their children either through meetings or via the phone. Thus, the majority of the elderly in Tamil Nadu either live with their children, or interact with them closely (Fig. 4.7).

The flow of monetary transfers between the elderly and their children also attests to the close relationships between parents and their adult children. One-third of elderly in rural areas and 16 per cent of elderly in urban areas receive monetary transfers from their children. The elderly also provide monetary support to their children, particularly the elderly living in rural areas (Fig. 4.8).

Figure 4.7: Elderly with no meeting and no communication with non co-residing children, Tamil Nadu 2011

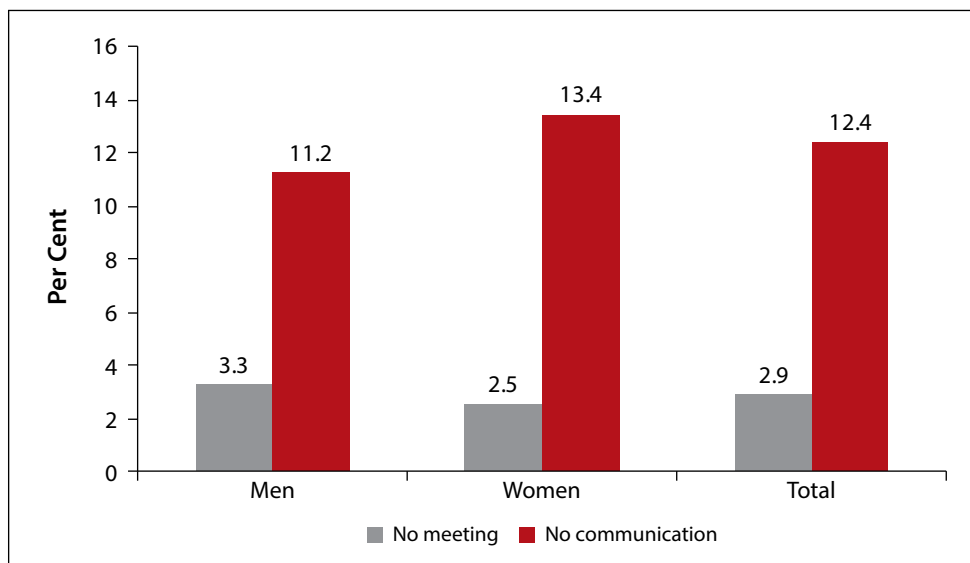
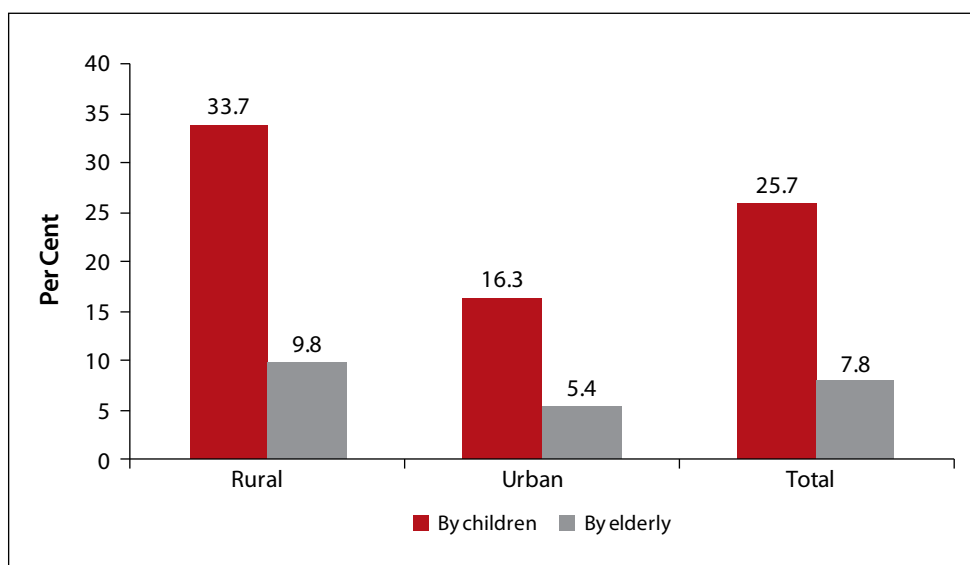


Figure 4.8: Monetary transfer between elderly and non co-residing children, Tamil Nadu 2011



4.5 Engagement in Family Activities and Decision Making

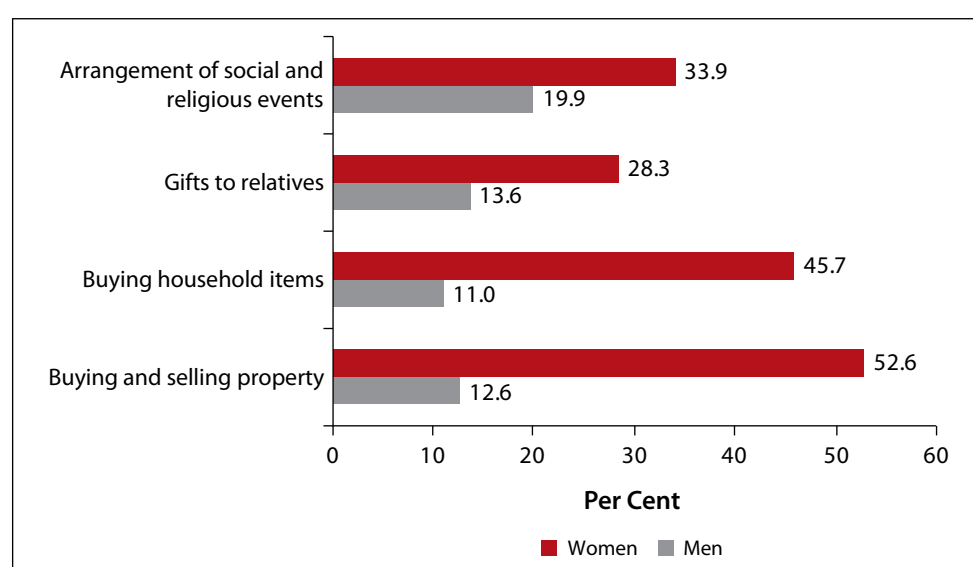
The level of participation of the elderly in family activities and household decision making is indicative of the level of their engagement with the family and society, and indirectly of the relevance of their lives. The majority of elderly women in Tamil Nadu are involved in household chores and shopping for the household and a significant proportion help take care of the grandchildren and are engaged in giving advice to children and settling disputes. On the other hand, elderly men are more likely to be involved in shopping for the household, paying bills, giving advice to children and settling disputes (Table 4.1).

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

	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Taking care of grandchildren	28.6	36.3	32.7	21.8	41.2	32.3	25.5	38.6	32.5
Cooking/Cleaning	14.8	77.7	48.2	4.2	80.9	45.9	10.1	79.2	47.1
Shopping for household	63.0	50.3	56.3	84.1	64.7	73.6	72.5	56.9	64.2
Payment of bills	61.2	27.0	43.0	82.3	18.9	47.8	70.6	23.2	45.2
Advice to children	42.5	38.1	40.2	52.5	48.3	50.2	47.0	42.8	44.7
Settling disputes	56.5	38.5	46.9	83.7	51.3	66.1	68.7	44.4	55.7

Elderly men also play a role in making important decisions regarding various activities outside the household such as buying and selling property, buying household items and giving gifts to relatives. Women are more likely to be engaged in decisions about giving gifts to relatives and arranging social and religious events (Fig. 4.9).

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



4.6 Social Engagements

A strong engagement in social activities keeps the elderly active and connected with society which, in turn, is likely to enhance their well-being. The survey gathered information on the frequency of attendance in public meetings and religious programmes outside the home. While almost all the elderly reported that they did not attend public meetings, they were more likely to attend religious programmes. Only about 37 per cent never attended a religious meeting. A slightly higher proportion of men attended religious meetings outside the home than women (66% of men and 60% of women) and the majority did so once or twice a year (Tables 4.2 and 4.3).

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

Frequency of Attendance in Public Meetings	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Never	89.2	96.1	92.9	95.3	98.1	96.8	92.0	97.0	94.7
Rarely	2.8	2.3	2.5	2.3	1.3	1.8	2.6	1.8	2.2
Occasionally	6.7	1.7	4.0	2.2	0.6	1.3	4.7	1.2	2.8
Frequently	1.3	0.0	0.6	0.2	0.0	0.1	0.8	0.0	0.4
Total	100	100	100	100	100	100	100	100	100
Number of elderly	351	390	741	319	384	703	670	774	1444

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

Frequency of Attendance in Religious Programmes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Never	47.3	54.1	50.9	16.0	24.6	20.7	33.2	40.5	37.1
Once or twice per year	32.6	29.3	30.9	67.3	56.8	61.6	48.2	42.0	44.9
Once or twice per month	14.8	11.4	13.0	11.9	12.1	12.0	13.5	11.7	12.6
Once or twice per week	5.3	5.2	5.3	4.2	6.4	5.4	4.8	5.8	5.3
Daily	0.0	0.0	0.0	0.6	0.0	0.3	0.3	0.0	0.1
Total	100	100	100	100	100	100	100	100	100
Number of elderly	351	390	741	319	384	703	670	774	1444

4.7 Elderly Abuse

The abuse directed at elderly men and women, either by family or by non-relatives, is important to assess as it can be detrimental to their well-being and can lead to poor physical and mental health. Information on various types of abuse directed at the elderly, including verbal, physical and mental abuse, as well as the sources of such abuse, was collected in the survey. Even though only 2 per cent of elderly in the state report being at the receiving end of abuse (Table 4.4), this aspect of their lives calls for further attention for two reasons. First, in terms of numbers this amounts to 15,000 elderly persons. Second, it is important to recognize that this figure might be an under-estimate as elderly parents might be unwilling to report abuse from their families, especially when they are living with them or are dependent on them.

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, Tamil Nadu 2011

Experienced Abuse	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Yes, after age 60	2.7	3.0	2.9	0.4	0.7	0.6	1.7	1.9	1.8
Yes, last month	0.5	0.7	0.6	0.1	0.7	0.4	0.3	0.7	0.5
Number of elderly	351	390	741	319	384	703	670	774	1444

While there is not much difference between elderly men and women it is striking that more elderly residing in rural areas report being abused at some point after they turned 60 years compared to their urban counterparts.

5. Health and Subjective Well-Being

In this section the subjective health and functionality of the elderly in Tamil Nadu is presented. Traditionally, subjective well-being of the elderly has been ignored as the focus has been on the immediate effects of infectious and chronic diseases. However, it is becoming increasingly clear that the mental health and well-being of the elderly population is an important aspect of growing older and requires urgent attention from researchers as well as policymakers.

5.1 Self-rated Health, Functionality and Well-Being

5.1.1 Self-rated Health

Self-rated health has been found to be a valid measure of an individual's health status. In Tamil Nadu, the majority of the elderly state that they have good (47%) or fair (40%) health, while about twice the proportion of women (9%) as men (5%) rate their health to be poor.

Among women, a higher proportion of rural women (11%) rate their health to be poor compared to women in urban areas (6%).

The proportion of men and women who have fair or poor health increases with age. However, the decline in health appears to begin at earlier ages for women compared to men (Fig. 5.1).

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

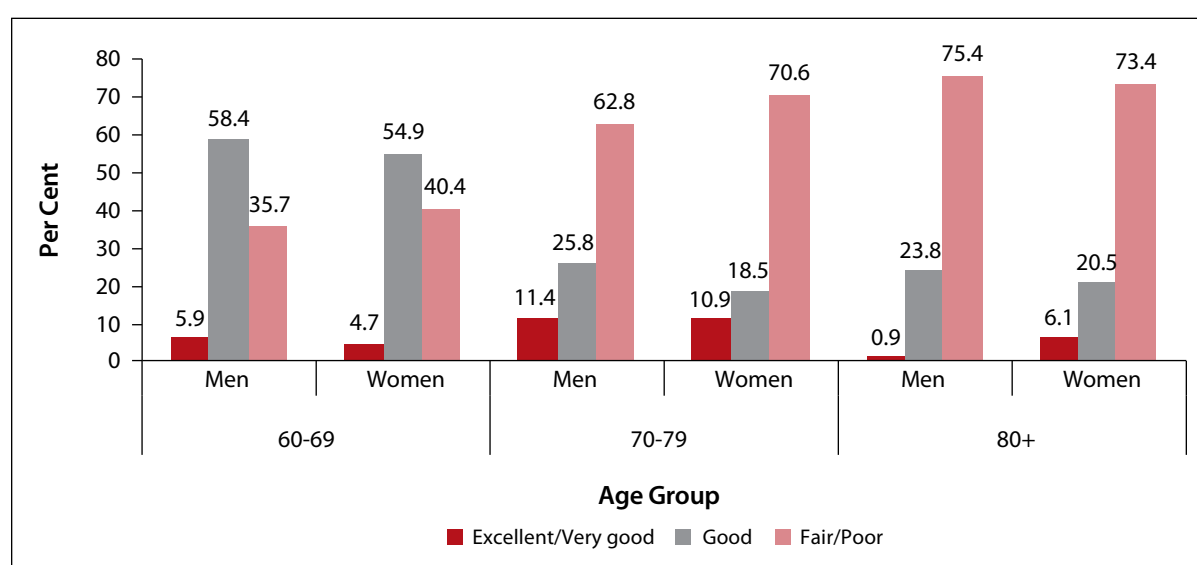
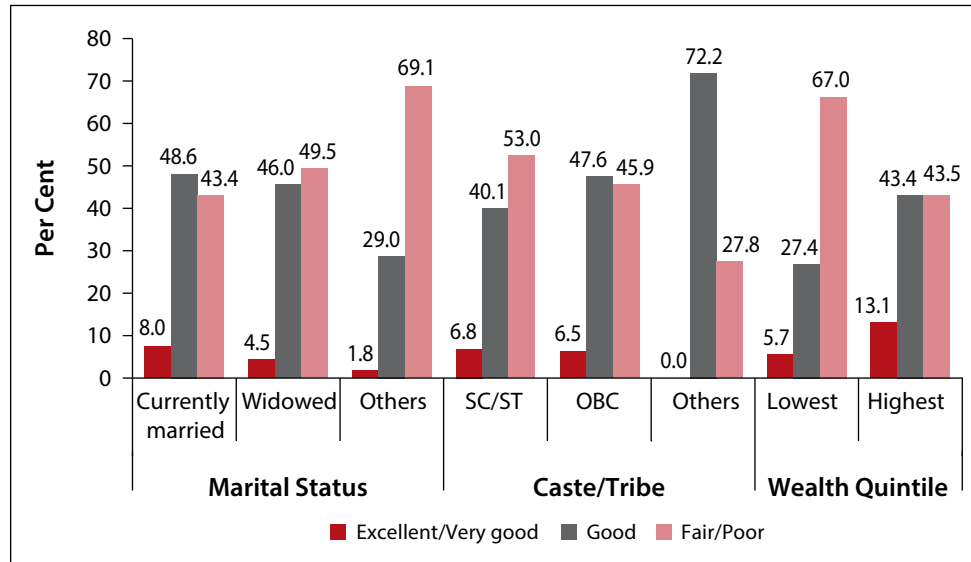


Figure 5.2: Self-rated current health by select background characteristics, Tamil Nadu 2011



Contrary to findings from Western countries, there is little variation in the way that married elderly and widowed elderly rate their health – have similarly high levels of elders with good and poor health. By contrast, a higher proportion of married elderly rate their health as ‘excellent’ or ‘very good’ compared to widowed elderly. It is also apparent that the elderly in the lowest wealth quintile has worse health than the elderly in the highest wealth quintile (Fig. 5.2).

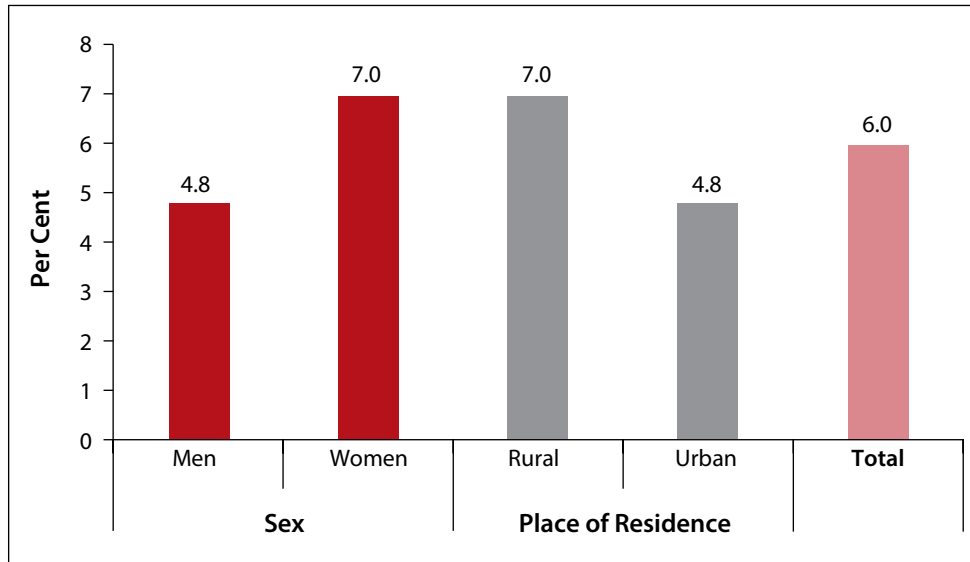
5.1.2 Functionality

Need for assistance with activities of daily living (ADL) helps assess the ability to take care of oneself in self-care activities which people perform on a daily basis while the need for assistance with the instrumental activities of daily living (IADL) helps assess the ability to take care of oneself in activities that people perform routinely in their life. The ADL and IADL have emerged as the most common approaches in empirical assessments of functionality among the elderly.

Respondents were asked about their level of independence in carrying out six different types of ADL activities covering physical domains of functionality namely, feeding, bathing, dressing, using the toilet, mobility (i.e., getting in and out of a bed or chair) and continence (controlling bladder and bowel movement).

About 6 per cent of the elderly need full or partial assistance for carrying out at least one of the above mentioned six activities. A marginally higher proportion of elderly from rural areas (7%) than from urban areas (5%) need assistance for any of the ADL activities; and slightly higher proportion of women than men require assistance (Fig. 5.3).

Figure 5.3: Elderly needing full/partial assistance in at least one ADL domain by sex and place of residence, Tamil Nadu 2011



Functionality as measured by the ability to independently take care of activities of personal care decreases with age and about one in four elderly aged above 80 years requires assistance with bathing. The level of poor functionality among the oldest-old group in all the other activities also suggests the need for physical care and assistance in the older ages (Fig. 5.4).

The 'instrumental activities of daily living' (IADLs) involve a more complex set of functioning that require ability in eight domains of life including the ability to use the telephone, go shopping, prepare food, do housekeeping, do laundry, travel, be responsible for own medication and handle finances. The need for full or partial assistance with instrumental activities is significantly high. Only 15 per cent of the elderly report that they can perform all the activities without assistance. The need for assistance increases significantly with age, while a higher proportion of men can perform all the IADLs than women (Fig. 5.5).

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

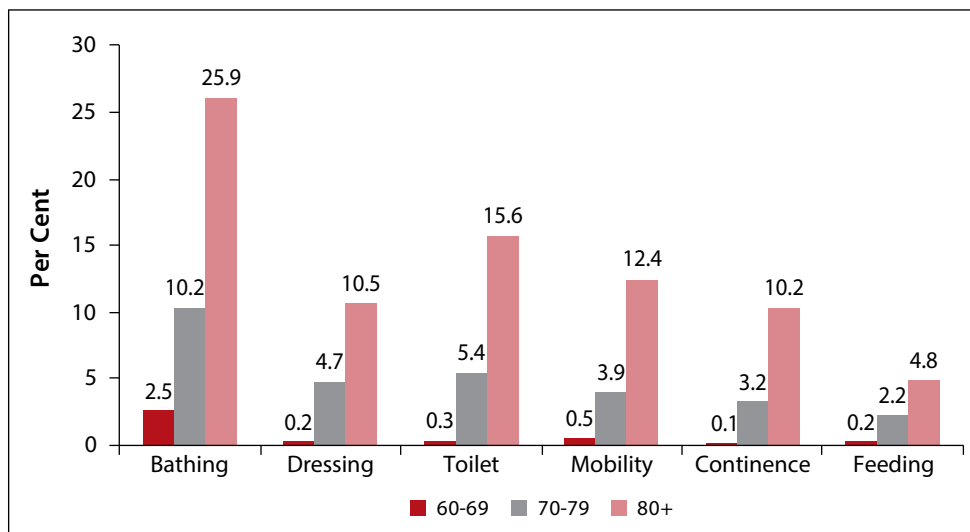
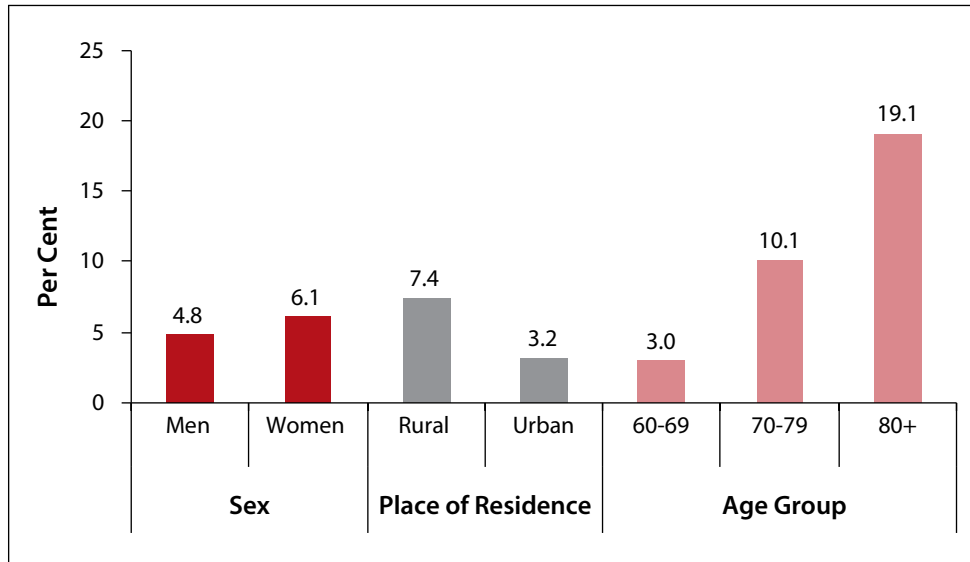


Figure 5.5: Elderly who cannot perform any IADL according to age, sex and place of residence, Tamil Nadu 2011



Information on difficulty with vision, speech, hearing, walking, chewing, and memory is an important indicator of level of disability in daily functioning. Difficulty in seeing is the main disability among the elderly in Tamil Nadu, followed by problems in hearing and walking. The prevalence of each disability increases with advancing age. Significant proportions of the oldest-old have difficulty with vision, hearing, walking and chewing (Fig. 5.6). It is also notable that the elderly belonging to SC/ST or OBC groups have higher proportions of disability than those who do not belong to these social groups.

Spectacles, walking sticks, dentures and hearing aids are available as aids to the elderly who have problems with their faculties. Spectacles are the most common form of disability aid used, followed by walking sticks (Fig. 5.7). However, there appears to be a serious unmet need for disability aids, especially spectacles and hearing aids, which can be easily addressed by the right policies and programmes.

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

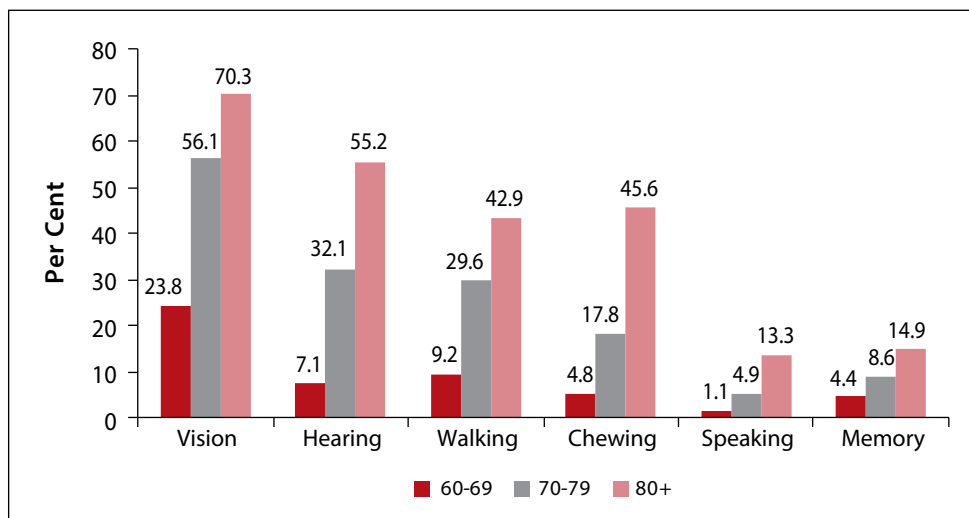
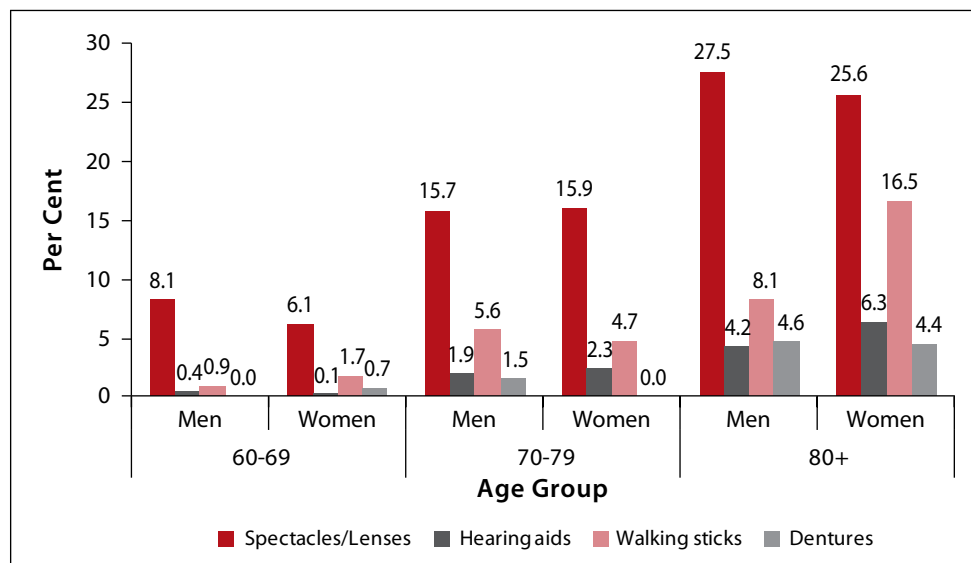


Figure 5.7: Elderly using disability aids according to sex and age, Tamil Nadu 2011



5.1.3 Mental Health and Cognitive Ability

Mental health was also assessed using the General Health Questionnaire (GHQ) and Subjective Well-being Inventory (SUBI) for the measurement of subjective well-being. Among all the elderly, 42 per cent scored below the threshold level of 12 in GHQ, indicating that they have good mental health status. A slightly higher proportion of men showed good mental health compared to women. A significantly higher proportion of elderly from urban areas (58%) than in rural areas (28%) has good mental health suggesting that the elderly in rural areas require urgent attention for the state of their well-being. The status of mental health deteriorates with advancing age and loss of a spouse (Table 5.1).

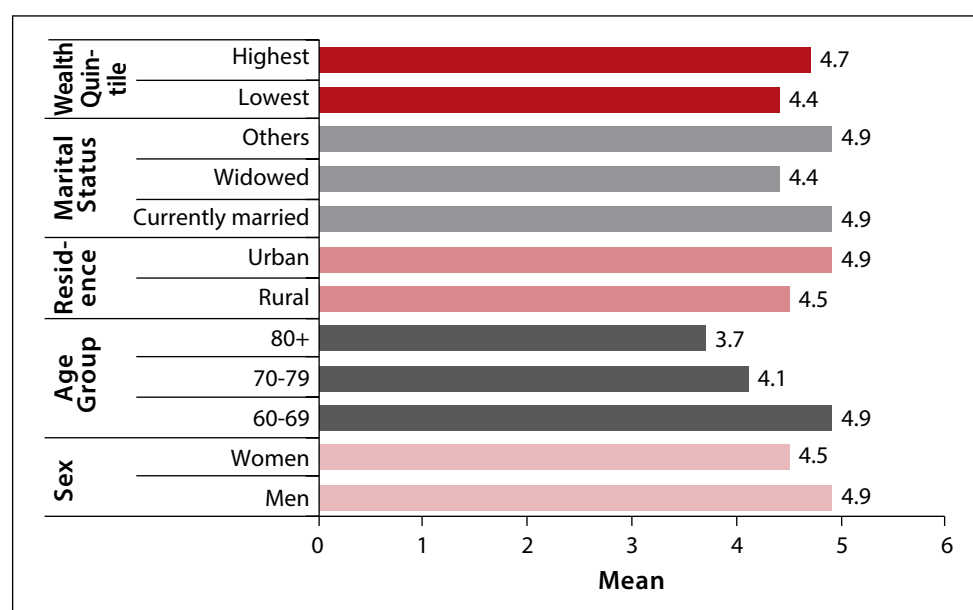
SUBI measures well-being on the basis of answers to a nine-item questionnaire with a lower score indicating better subjective well-being. The percentage of elderly scoring high on the scale in SUBI is in line with the patterns shown by GHQ in terms of high levels of poor subjective well-being and validate the measurement of mental health used in this study.

The immediate recall of words method was used to assess the degree of cognitive abilities among the elderly. A list of ten commonly used words was read out to the respondents, after which they were asked to recall the words within two minutes. About 10 per cent were unable to recall more than two words. However, about half recalled three to five words and 36 per cent recalled six to eight words, suggesting an average to good level of cognitive ability among the elderly in Tamil Nadu (Fig. 5.8 and Appendix Table A 5.11).

Table 5.1: Percentage of elderly classified based on GHQ-12 and SUBI according to age, sex and place of residence, Tamil Nadu 2011

Background Characteristics	GHQ Score above Threshold Level (>12)	SUBI (All Negative)
Sex		
Men	54.4	2.5
Women	61.3	5.8
Place of Residence		
Rural	71.8	5.3
Urban	41.9	2.9
Age Group		
60-69	51.1	2.8
70-79	75.8	6.9
80+	81.6	13.4
Marital Status		
Currently married	54.5	1.9
Widowed	62.2	6.9
Others	68.5	10.4
Wealth Quintile		
Lowest	81.1	7.2
Highest	60.9	0.0
Total	58.2	4.3

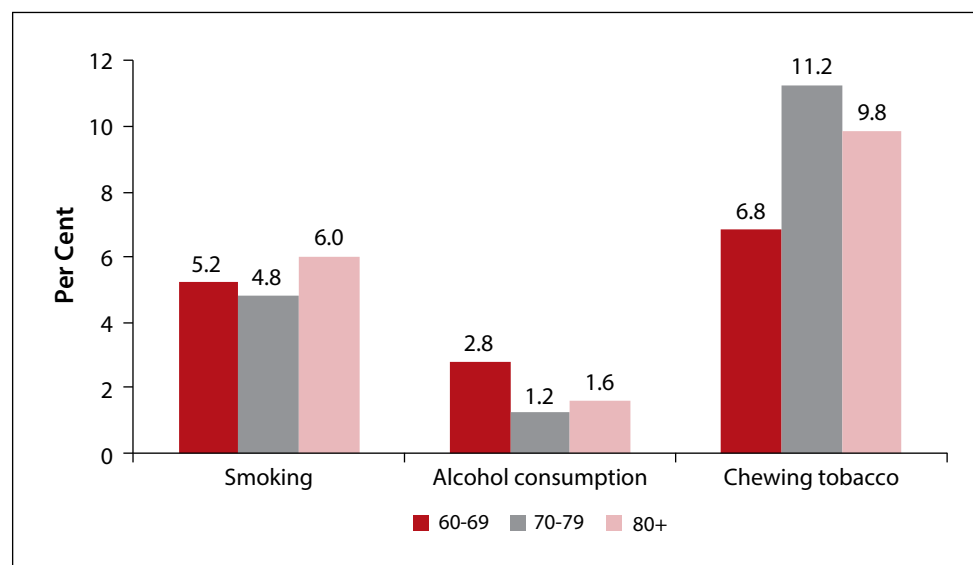
Figure 5.8: Mean number of words immediately recalled by the elderly according to sex, age, place of residence, marital status and wealth quintile, Tamil Nadu 2011



5.1.4 Risky Health Behaviours

One in every 10 elderly persons in Tamil Nadu currently indulges in at least one risky health behaviour: smoking, chewing tobacco or consuming alcohol. Of these, chewing tobacco is most prevalent (Fig. 5.9). The proportion that indulges in a risky health behaviour is much higher in rural areas (17%) than in urban areas (9%) and much higher among men (18%) than among women (9%).

Figure 5.9: Elderly who currently have risky health habits by age group, Tamil Nadu 2011



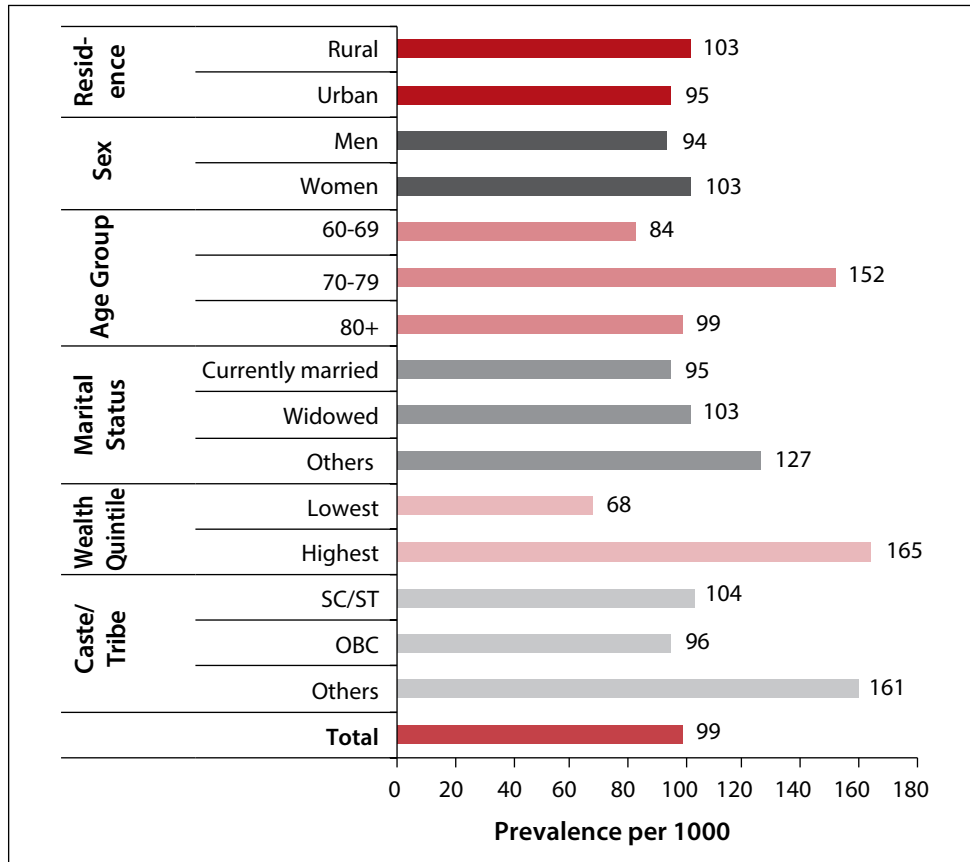
5.2 Morbidity, Health Care Access and Financing

The presence of acute and chronic morbidity or short and long standing illness is an important aspect of the study of health status of the elderly as morbidity increases with advancing age and both prevalence and incidence are likely to be high.

5.2.1 Acute Morbidity

Acute morbidity is defined as any event of sickness or ill health reported during the 15 days prior to the survey. The prevalence of acute morbidity, that is, any event of sickness or ill health during the 15 days prior to the survey, is 99 per 1000 elderly in Tamil Nadu. It is marginally higher among the elderly from rural areas than their urban counterparts and among women compared to men (Appendix Table A 5.14). Figure 5.10 highlights the fact that more elderly in the 70 to 79 age group reported having an acute morbidity compared to the other age groups. It is also notable that significantly higher numbers of acute morbidities are reported by those in the highest wealth category and by those belonging to non SC/ST or OBC social groups. The most commonly cited illness was gastro-intestine related, followed by fever.

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



The majority of those who reported an illness in the 15 days prior to the survey sought treatment. Higher proportions of women in urban areas sought treatment compared to their male counterparts, and higher proportions among those aged below 79 years sought treatment compared to the oldest age group (Fig. 5.11).

Figure 5.11: Elderly seeking treatment for episodes of acute morbidity according to place of residence, sex and age, Tamil Nadu 2011

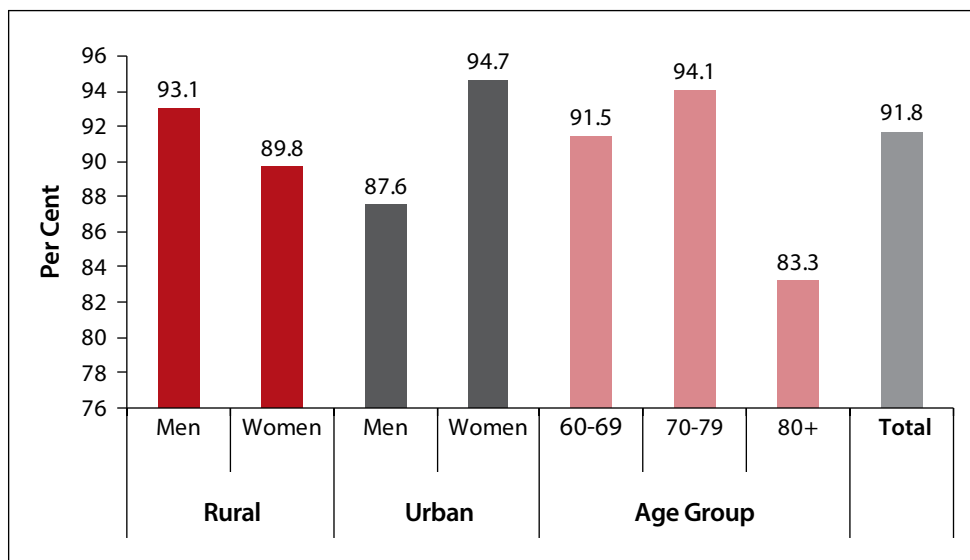
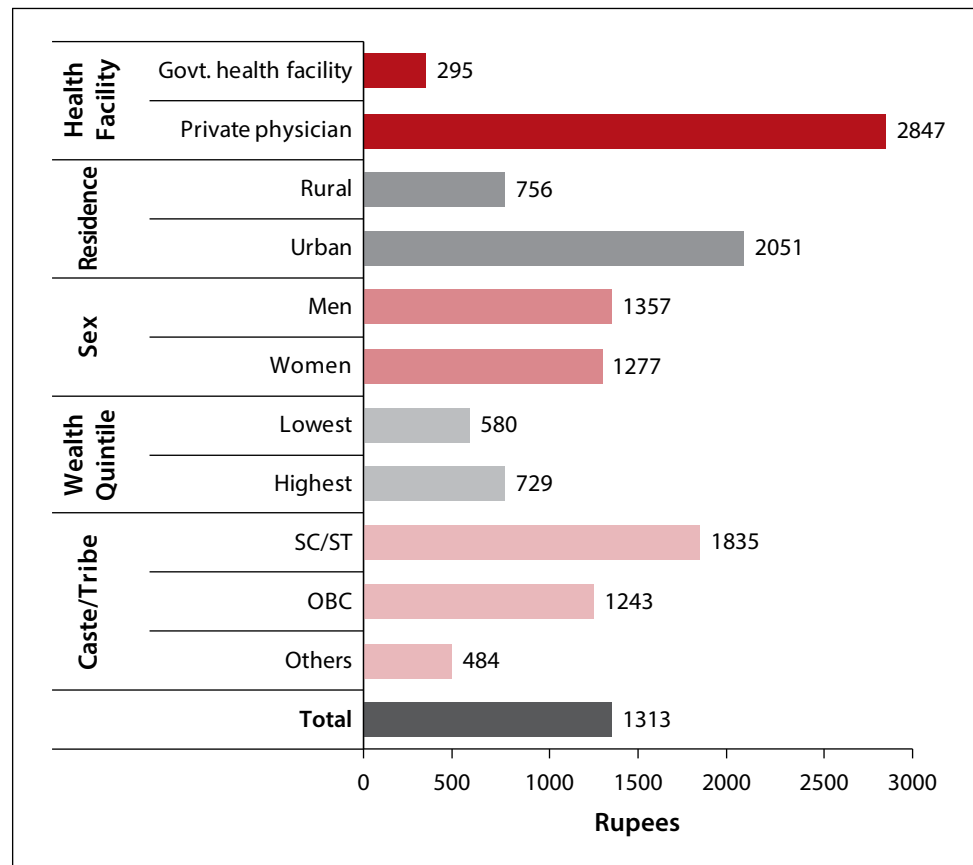


Figure 5.12: Average expenditure on treatment of last episode of acute morbidity by select background characteristics, Tamil Nadu 2011



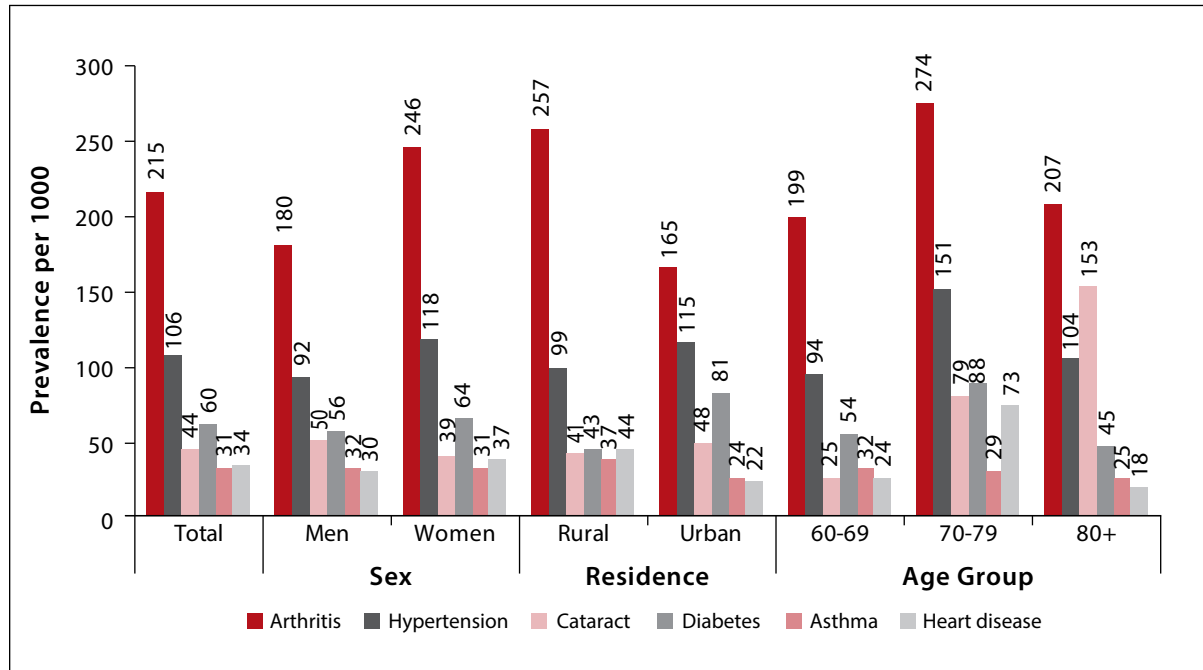
More than half of all those who sought treatment went to a government health facility. An interesting pattern is that while men in rural areas were more likely to approach a government health clinic, men in urban areas were more likely to approach private physicians. However, women in urban areas were more likely to approach a government health clinic than private physicians.

The expenditure on treatment of acute morbidities is revealing. By far the highest level of expenditure is incurred in private hospitals. High levels of expenditure are incurred on treatment in urban areas as well, and by the elderly belonging to SC/ST social group. In Government hospitals, the major expenditure is on diagnostic tests, while in private hospitals the major expenditure is on consultations (Fig. 5.12). This is one area where intervention can easily be made to reduce the cost of treatment in government hospitals.

5.2.2 Chronic Morbidities

Non-communicable diseases (NCDs) are being acknowledged as major contributors to the disease burden in India. With an increasing proportion of elderly in the population the burden of chronic diseases has been rising in India. Chronic ailments are illness suffered over the long term and the most common types of ailments reported by the elderly in Tamil Nadu are arthritis, hypertension, cataract, diabetes, asthma, and heart disease (Appendix Table A 5.22). Arthritis is the most commonly reported chronic ailment, and it affects more women than men and more elderly from rural areas than urban areas (Fig. 5.13).

Figure 5.13: Prevalence per 1000 elderly of six common chronic ailments by sex, age and place of residence, Tamil Nadu 2011



While the majority of the elderly who had hypertension, diabetes, asthma and heart disease sought treatment for their ailments, fewer of those who reported that they had arthritis or cataract (Appendix Table A 5.24) did so. There were no differences between men and women in the seeking of treatment for various chronic ailments except for asthma where more women sought treatment than men and cataract where more men sought treatment than women. More elderly in urban areas sought treatment for heart disease than their counterparts in rural areas. The elderly were significantly more likely to seek treatment for heart disease from private hospitals than from government hospitals (Fig. 5.14).

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

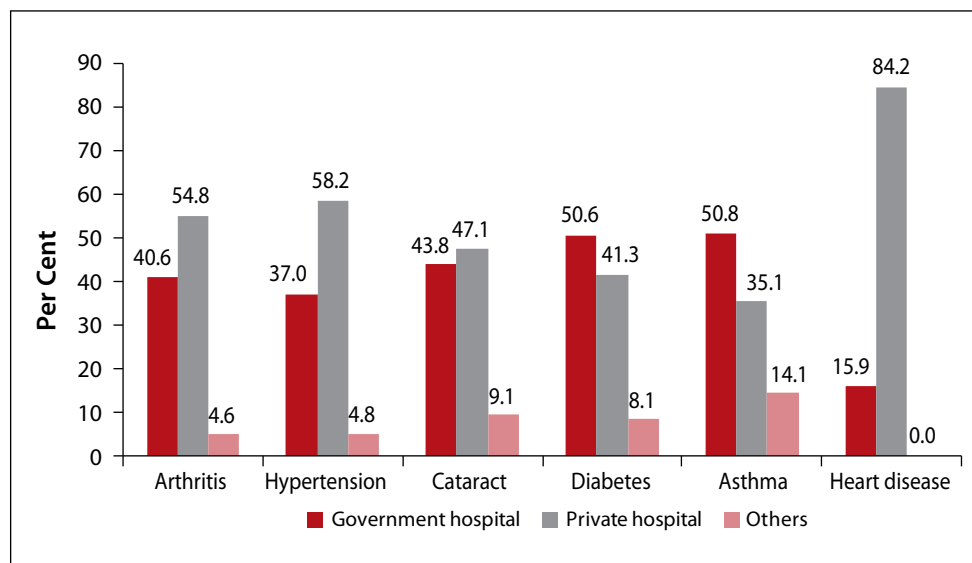
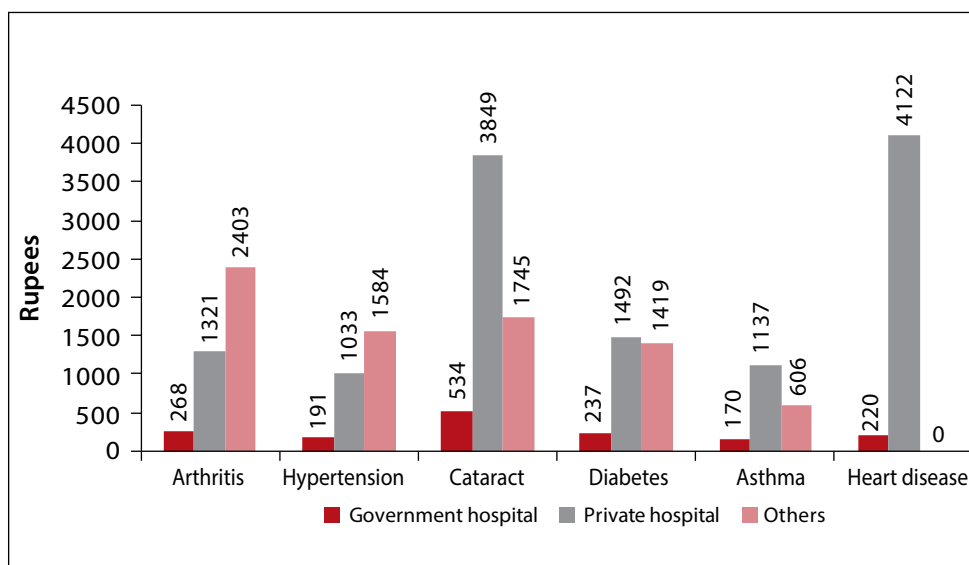


Figure 5.15: Average monthly expenditure on treatment of common chronic morbidities by source of treatment, Tamil Nadu 2011



Financial reasons were most commonly cited for not seeking treatment for hypertension; while a high proportion of the elderly did not consider ill health due to arthritis, cataract, diabetes, asthma and heart disease to be serious (Appendix Table A 5.25).

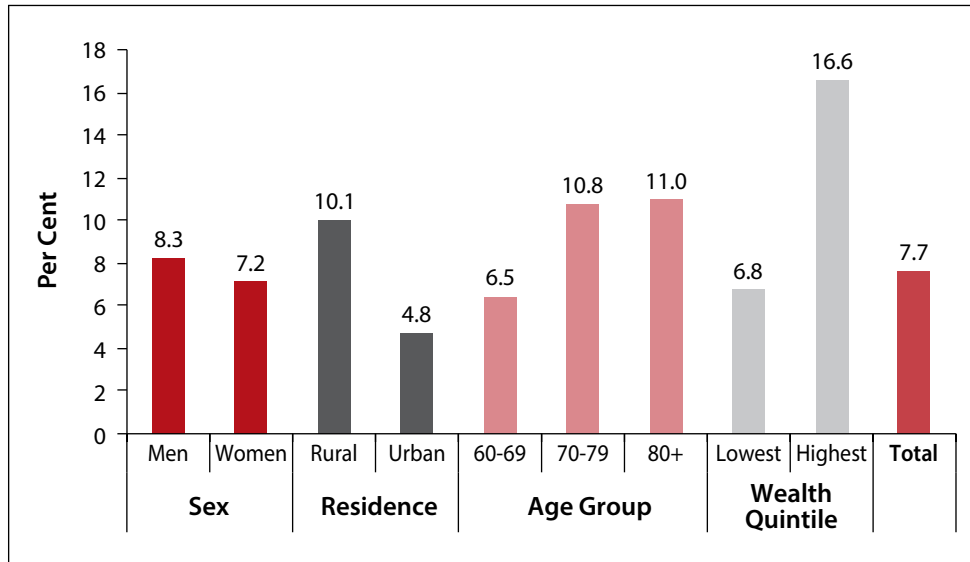
The elderly spent significantly more for the treatment of heart disease and cataract from private hospitals compared to the expenditure in either government or private hospitals for the other common ailments (Fig. 5.15). Most common sources of payment for treatment were self or children.

5.2.3 Hospitalisation

Hospitalisation provides an indirect approximation of the burden of the more severe forms of illnesses suffered by the elderly, and about 8 per cent of the elderly were hospitalized in the year prior to the survey. The proportion of elderly from rural areas who were hospitalized was twice that in urban areas. The rate of hospitalisation increased slightly with advancing age. Much higher proportions of elderly from the highest wealth category were hospitalised compared to the proportions of elderly from the lowest wealth category (Fig. 5.16). A slightly higher proportion of elderly were hospitalised in private hospitals compared to government health facilities. The most common ailments reported were cardio-vascular diseases, diabetes, conjunctivitis, asthma and eye ailments.

The majority of elderly men were accompanied by their spouse during their stay at the hospital while higher proportions of women were accompanied by their daughter or other relatives (Fig. 5.17).

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



The costs arising from hospitalisation form the major part of the aggregate health care expenses of the elderly. On an average, expenditure on hospitalisation was Rs. 9033 in Tamil Nadu. The average cost of hospitalisation in private hospitals (Rs. 16,234) was significantly higher than in Government hospital (Rs. 364). In private hospitals, a large share of the expenditure during hospitalisation is incurred in buying medicines and in consultations (Table 5.2).

Figure 5.17: Elderly with persons accompanying them during hospital stay (last episode) by sex, Tamil Nadu 2011

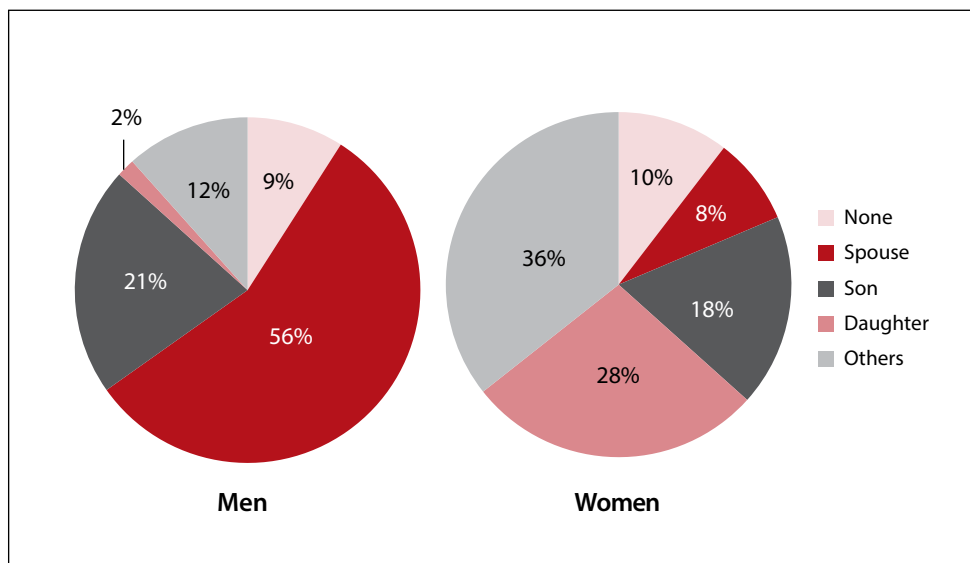
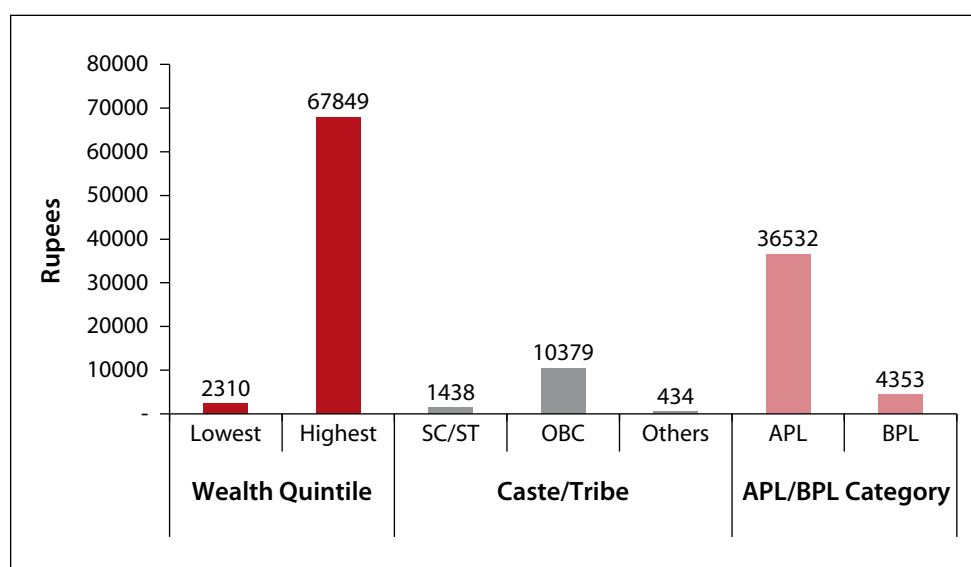


Table 5.2: Average expenditure on hospitalisation by type of hospitals according to major heads, Tamil Nadu 2011

Average Expenditure by Major Heads	Govt. Hospitals	Private Hospitals	Others	Total
Total	364	16,234	11,459	9033
Consultation	53	1048	0	569
Medicines	100	1820	0	991
Diagnostic tests	12	529	0	281
Hospitalisation	13	764	0	403
Transportation	116	238	0	175
Food	335	130	0	216
Others	96	40	0	63
Total	893	4768	0	2876
Others (indirect cost)	169	199	0	178

By far the highest expenditure is incurred by those in the highest wealth category. It is a cause for concern that those belonging to the OBC group have higher expenditure levels than the other two social groups (Fig. 5.18). However, it should be noted here that the OBC group is by far the largest social group in Tamil Nadu. For men, the primary source for expenditure on hospitalisation is self followed by children, whereas for women, the primary source is sons, followed by self.

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



6. Social Security Schemes

6.1 Introduction

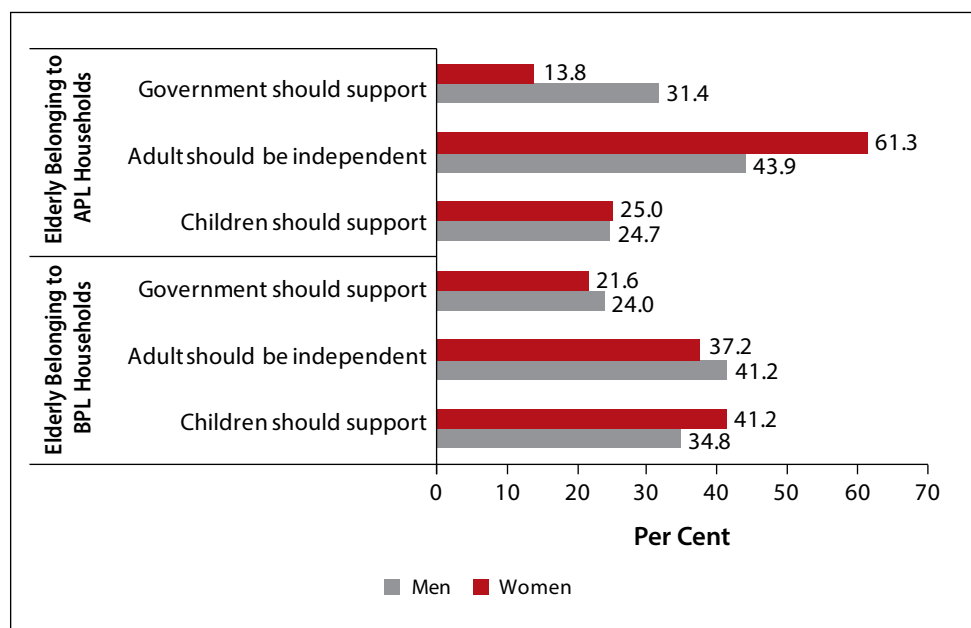
Tamil Nadu has a population of over 72 million as per the 2011 Census, just over half of whom live in rural areas. It is estimated that almost 10.4 per cent of the population of the state is 60 years or above. As per this estimate, 7.5 million people are in the elderly category and 1 per cent, i.e., over 720,000, are in the 'oldest-old' category (80 years and above).

Tamil Nadu is considered to be a demographically advanced state. The fertility level has been falling continuously and the state reached replacement level fertility in the early 1990s. As per SRS 2011, the total fertility rate (TFR) of the state is 1.7. Early attainment of replacement level fertility and the continuous fall in the fertility levels has resulted in a large proportion of older people in the population which will increase rapidly in the forthcoming years due to decline in mortality levels and improvement in general health conditions. In addition, the continuous decline in fertility has meant that there are fewer children available for the elderly to rely on in the older ages.

The common needs of the elderly are health care, income security, safety and security and emotional satisfaction. Various factors make certain groups within the elderly population more vulnerable and in need of help from external sources. Since a considerable proportion of the population live below the poverty line and in rural areas which are economically less developed, the elderly are not likely to meet these needs by themselves. However, it may be noted that needs may differ widely between sexes and across economic categories. The key factors that contribute to the problems of the elderly are (i) diminishing purchasing power, (ii) unavailability of children due to migration for economic mobility, (iii) disintegration of the joint family system and family support structure and (iv) isolation due to the absence of a peer group.

Traditionally children have been the main source of support for parents in their old age or when in need. The BKPAI survey provides an opportunity to investigate whether this holds true and to what extent. The elderly were asked whether their children were the preferred source of support or whether they preferred to rely on the government or be independent. The results of the analysis of the information collected from the elderly indicate that the majority of the elderly prefer to be independent of any support system.

Figure 6.1: Elderly by preferred support system in old age according to sex, APL/BPL household category, Tamil Nadu 2011



The majority of elderly men indicated that adults should be independent, followed by those who felt that children were a preferred source of support during old age. However, a significant proportion of men perceive that the government should support them during old age. It is interesting to note that a sizeable proportion of women feel that adults should be independent and not depend on either their children or the government (Fig. 6.1). This is likely to reflect the reality of the situation for the elderly wherein they are unable to count on their children for support in the older ages.

Information on social security schemes in the state are presented in the sections that follow. The coverage and expenditure of schemes in the state are based on data gathered from government sources. The information on levels of awareness and utilisation of major schemes at the national level were collected in the BKPAl survey.

6.2 Overview of Social Security Schemes

In Tamil Nadu, though no separate social welfare policy for the elderly has been announced so far, programmes for the elderly are designed by the Social Welfare and Nutritious Meal Programme Department. The Department is responsible for implementing four important welfare schemes (i) Women's welfare, (ii) Child welfare, (iii) Welfare of senior citizens, and (iv) Nutrition. The budget allocation to the Social Welfare and Nutritious Meal Programme Department is Rs. 4058.62 crore for 2013-14.

Social security pension schemes are implemented through a 'nodal agency', the Revenue Department, which is provided an amount of Rs. 3461.75 crore for implementing the schemes.

Thus, a total of Rs. 7520.38 crore is allocated to implement social welfare schemes in Tamil Nadu during 2013-14. About 46 per cent of the total amount spent on social security schemes is allocated to the schemes benefiting elderly. All pension amounts are planned to be dispersed through banks or their agents through bio-metric system, though the coverage is progressing in a slow phase, to pay the benefits to the actual beneficiary. Table 6.1 provides details of the major social security schemes in the state.

Table 6.1: Major social security schemes for the elderly in Tamil Nadu

Name of the Scheme	Year of Implementation by State	Eligibility Criteria	Type of Scheme	State/Central Scheme
Elderly Schemes				
Indira Gandhi National Old Age Pension Scheme	1962	Age 60 years and above and belonging to BPL families	Income Security	Central + State
Old age homes	1991-92	Support to non-governmental agencies	Residential and day care services	State
Integrated complex of special homes	2011-12		Residential and day care services	State
Other Schemes				
Indira Gandhi National Disability Pension Scheme	2010-11	Age 18-79 years and belonging to BPL families and having 80% disability	Income Security	Central + State
Indira Gandhi National Widow Pension Scheme	2010-11	Age 40-79 years and belonging to BPL families	Income Security	Central + State
Destitute Differently Abled Scheme	01.11.1974	Age 18 years and above with disability is more than 60%	Income Security	Central + State
Destitute Widows Pension Scheme	01.06.1975	Age 18 years and above and not remarried	Income Security	State
Destitute Agricultural Labourers Pension Scheme	15.03.1981	Age 60 years and above	Income Security	State
Destitute/Deserted Wives Pension Scheme	25.04.1986	Age not less than 30 years and deserted for not less than 5 years	Income Security	
Pension to unmarried, poor, incapacitated women age 50 years and above	01.07.2008	Incapacitated	Income Security	State
Widows Pension to Sri Lankan Tamils	01.08.2011	Sri Lankan Tamils living in refugee camps	Income Security	State
Old Age Pension to } Sri Lankan Tamils	01.08.2011	As above	Income Security	State
Differently Abled Pension Scheme to Sri Lankan Tamils	01.08.2011	As above	Income Security	State
Deserted Wives Pension to Sri Lankan Tamils	01.08.2011	As above	Income Security	State

Contd...

Name of the Scheme	Year of Implementation by State	Eligibility Criteria	Type of Scheme	State/Central Scheme
Pension Scheme for Destitute Transgenders	01.08.2011	Transgenders	Income Security	State
Saree and dhoti to all pensioners twice a year	1992-93	All pensioners	Other benefits	State
Mid-day Meal to Pensioners at Anganwadi Centres	1992-93	All pensioners	Food security	State
Free Rice to Pensioners	1992-93	All pensioners	Food security	State
Chief Minister's Revised Health Insurance Scheme [®]	2011-12	Annual family income <Rs. 72000	Health Insurance	State

[®]This scheme is an improvement on the existing scheme.

Health Care Schemes

Two medical officers, one of them a lady, are posted at each of the Primary Health Centres (PHCs) in Tamil Nadu. In addition to the allopathic medical officers, one medical officer of Indian System of Medicine and Homeopathy is posted at each of the Community Health Centres (CHC). All health care services, including laboratory services, at PHC and above are free of cost. Recently the Tamil Nadu Government has included screening and management of Non-Communicable Diseases (NCD) as part of the PHC services and one post of Staff Nurse has been sanctioned for this programme. The counsellor and the laboratory technician of the Integrated Counselling and Testing Centre (ICTC) have been inducted into the PHC services and are expected to extend the counselling and other services to the elderly too.

Under the National Rural Health Mission, one Mobile Medical Unit (MMU) is provided at each block level. The MMU comprises of one medical officer, one staff nurse and a driver. This unit serves the population living in difficult to reach places. Elderly living in these areas also benefit from this scheme.

The Tamil Nadu government has revamped the State Medical Insurance Scheme launched to benefit the people below poverty line by enabling them to avail medical services even at private health institutions. The Chief Minister's Comprehensive Health Insurance Scheme covers all families with an annual household income of Rs. 72,000 or less. The insured family members are covered for an amount of Rs. 1 lakh per year per family with a provision to pay up to Rs. 1.5 lakh for certain specified procedures.

Housing and Other Schemes

Old age homes run by non-Governmental organisations with the help of state grants

With the aim of providing food, shelter, care and protection to the elderly below the poverty line and destitute older persons abandoned by their families, the Tamil Nadu Government is supporting

NGOs to run old age homes. There are twenty six such homes; each housing 40 elderly. These homes bring elderly peers together. An amount of Rs. 2.00 lakh per year is provided to each NGO and the NGO has to contribute Rs. 40,000 per year as their share.

Integrated complex of special homes

The aim of the scheme is to ensure that destitute and abandoned senior citizens and children are provided with better quality care and protection in order to reduce their vulnerabilities, thereby creating an opportunity to live in a safe environment. The elders can share love and affection with the children in the home. This interaction is expected to fulfil the emotional needs of the elderly. In each integrated complex, 25 children and 25 senior citizens are accommodated. The aim is to have an integrated complex of special homes for each block of the state. Initially 64 integrated complexes of special homes, two in each district, have been established through NGOs. An amount of Rs. 2.75 lakh per unit is provided by the state as non-recurring expenditure. An amount of Rs. 18.40 lakh per year per unit is provided as recurring expenditure to be shared in the ratio 75:25 between the Government and the NGO. Apart from NGOs, it is proposed to include the Corporate Houses as part of their corporate social responsibilities.

Celebration of International Day of Senior Citizens

The United Nations suggested that every year, 1st October be celebrated as International Day of Senior Citizens to recognize the services of the elderly. This day is celebrated at state level and also at district level in Tamil Nadu. Events are organized to inform about the welfare schemes aimed to improve the conditions of the elderly. Food *melas*, health exhibitions and cultural events are also organized on this day.

Other Schemes

Annapurna scheme/Free food grains scheme

Under the Annapurna Scheme, the elderly who are not covered by the social security pension schemes are provided with 10 kg of food grain every month.

The Government of Tamil Nadu is implementing a free rice scheme for the BPL families through the public distribution system. Under this scheme every BPL household is given 30 kg of rice every month. All the elderly covered by the public distribution system will benefit under this scheme.

Another scheme of providing hot meal at the noon meal centre to all the beneficiaries of social security pension schemes is being implemented in the State. The beneficiaries who take food at the noon meal centres are given 2 kg of rice every month, while the pensioners who do not take food at the centre are given 4 kg of rice every month.

Welfare of parents

The Tamil Nadu Government enacted the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 in accordance with the National act and implemented it with effect from 29 September 2008. Following this, the Tamil Nadu State Maintenance and Welfare of Parents and Senior Citizens Rules were framed and notified on 31 December 2009. As per this Act, a senior citizen or a parent who is unable to maintain himself from his own earnings or out of the property owned by him, is entitled to make an application under Section 5 of the Act to obtain maintenance amount from his children/legal heirs. An application filed under this Act for monthly allowance shall be disposed of within 90 days.

A Tribunal, presided over by the Revenue Divisional Officer, has been constituted in each Revenue Division for speedy disposal of petitions under the Act. The District Social Welfare Officer is nominated as the Maintenance Officer, as well as the Conciliation Officer. An Appellate Tribunal, chaired by the District Collector, has been constituted for each district to hear appeals against the orders of the Tribunal.

In order to advise and supervise the effective and coordinated implementation of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 at the state and the district level, a High Level Advisory Committee has been constituted, with the Chief Secretary as Chairperson, and 15 official members and 7 non-official members. Likewise, District Level Committees have been constituted in each district, with the District Collector as the Chairperson, 3 official members and 4 non-official members including 2 senior citizens.

Rules have been framed and notified under the Maintenance and Welfare of Parents and Senior Citizens Act, 2007. These Acts give safety and security to the senior citizens.

Services Provided for the Elderly by Civil Society and Non-Government Organisations

HelpAge India

HelpAge India is a leading non-government organisation and a pioneer in delivering elderly focused services under the 'Age care programme'.

In Chennai, it has established an urban Age Care Centre. The services offered are toll free Helpline, health and physio-therapy services at home and fitness and wellness centres that are run by the elderly themselves. A directory of homes for the aged has been prepared with the aim of providing information to the needy.

For the rural poor, a model age care free stay facility, the *HelpAge India-NDTV Viewers' Elders' Village* has been established at Cuddalore to accommodate 100 elderly persons. This project has been recognized as a model demonstration project by the Government of Tamil Nadu.

The organisation is also managing a rural community based health care programme to provide primary health care and care giving by the communities themselves. This age care programme based on a self-help approach (elders for elders) has been planned on the 'Build – Operate – Transfer' method. For destitute elders, the organisation is having a 'Sponsor-a-Gran' programme.

Mobile Medical Units is another concept implemented by the organisation. These MMUs are functioning in the Cauvery Basin and in Chennai.

To develop standards in care giving to the elderly, HelpAge India organizes training programmes for the care givers. Many NGO staff have undergone this training and improved the quality of care being given by them to the elderly.

Other Organisations

Many NGOs are maintaining free old age homes for the destitute elderly. Notable among them are the Shivananda Gurukulam managed homes located in many places of Tamil Nadu, and homes for elderly run by Udhavum Karangal. These organisations mobilize funds from the public and also manage sponsorship programmes.

In the commercial housing sector, realtors are now promoting schemes designed for the elderly. A Coimbatore based real estate developer has developed a concept of 'serene homes'. All the required services are made available to the elderly community under this concept.

6.3 Awareness of Major Social Security Schemes

The government has implemented various welfare schemes for vulnerable elderly with the aim of ameliorating their situation. The national survey has assessed the level of knowledge among the elderly on three of these welfare schemes and their utilisation. The results are presented in this section. Information on schemes and programmes that are dedicated to Tamil Nadu citizens was also gathered and is presented here.

A significant proportion of the elderly are aware of the two schemes at the national level: the Indira Gandhi National Old Age Pension Scheme (IGNOAPS) and the Indira Gandhi National Widowhood Pension Scheme (IGNWPS). Almost 67 per cent of all elderly are aware of the IGNOAPS and 50 per cent are aware of the IGNWPS (Appendix Table A 6.1). There is a high level of awareness of the IGNOAPS and the IGNWPS schemes among elderly, both among those who belong to BPL households and are the primary targets for these schemes as well as among those who belong to APL households and do not qualify for these schemes.

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

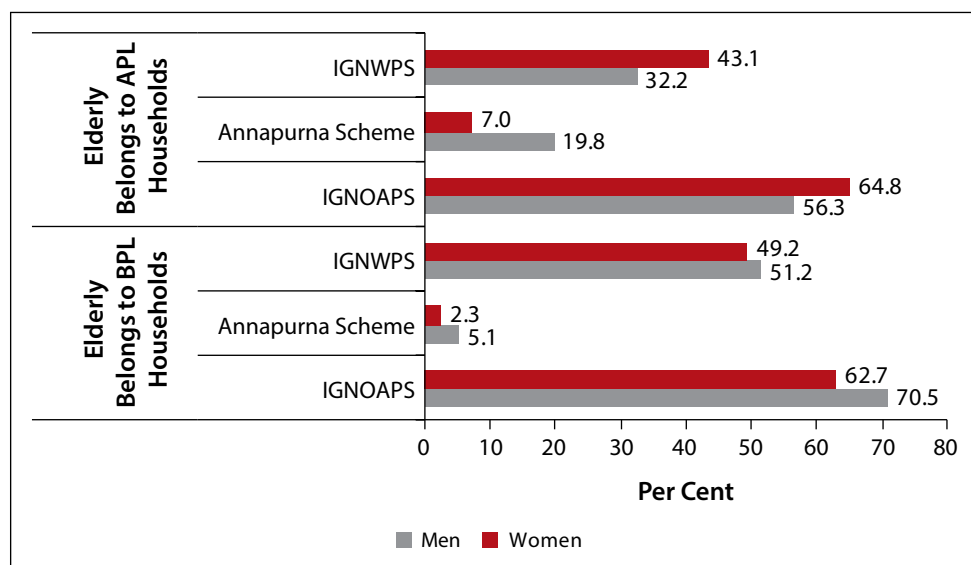


Figure 6.2 shows that about two-thirds of men and women who belong to BPL households were aware of the IGNOAPS and about half were aware of the scheme for widows (IGNWPS). However, only a small proportion (5%) of the targeted population has heard of the Annapurna scheme. Awareness levels are higher in urban areas compared to rural areas. It is likely that other free rice schemes implemented in the state mask the Annapurna scheme (Appendix Table A 6.1).

6.4 Coverage and Financing of Major Social Security Schemes

Major Schemes and Financing

The social security pension schemes designed by the Central Government are implemented by the State Government, along with supplemental contribution from the state. In addition, the State Government also plans and implements various social security schemes. Various schemes along with the number of beneficiaries covered during the past three years are listed in Table 6.2. A uniform amount of Rs. 1000 per month is given as pension to all those covered by the social security schemes. The IGNOAPS has the largest coverage among the social security schemes.

Table 6.2: Number of beneficiaries of major social schemes in Tamil Nadu based on information from government sources

Scheme	2010-11	2011-12	2012-13
Indira Gandhi National Old Age Pension Scheme	10,14,172	12,04,245	13,40,154
Indira Gandhi National Disability Pension Scheme	34,255	45,180	50,911
Indira Gandhi National Widow Pension Scheme	3,67,322	3,35,103	4,58,599
Destitute/Differently Abled Scheme	98,400	1,33,188	1,81,063
Destitute Widows Pension Scheme	3,88,829	4,24,367	4,54,361
Destitute Agricultural Labourers Pension Schemes	3,36,012	3,61,421	4,28,529
Destitute/Deserted Wives Pension Scheme	1,17,625	1,20,849	1,38,943
Pension to unmarried, poor, incapacitated women of age 50 years and above	14,755	16,768	19,424
Widows Pension to Sri Lankan Tamils		2213	2209
Old Age Pension to Sri Lankan Tamils		1540	1547
Differently Abled Pension Scheme to Sri Lankan Tamils		352	348
Deserted Wives Pension to Sri Lankan Tamils		311	309
Pension Scheme for Destitute Transgenders			500

The outlay of expenditure on three schemes including pension, the disbursement of rice, and *dhotis* and *sarees* is presented in Table 6.3.

Table 6.3: Expenditure incurred on pension, supply of free rice, and free *dhotis* and *sarees* for social security pensioners in Tamil Nadu

Year	Expenditure Incurred by State (Rs. in million)			
	Pension	<i>Dhotis and Sarees</i>	Rice	Total
2008-09	8023.26	313.08	70.98	8407.31
2009-10	9150.54	339.53	48.93	9538.99
2010-11	11,569.41	515.47	57.58	12,142.46
2011-12	27,203.18	637.35	174.69	28,015.21
2012-13	31,919.64	343.61	23.70	32,286.94

Utilisation of Social Security Schemes

While the awareness of the schemes is fairly high as seen earlier, the utilisation among BPL households who are the target beneficiaries of these government schemes is extremely low. Figure 6.3 and Appendix Table A 6.2 present information on the levels of utilisation. Only 10 per cent of BPL households avail of the IGNOAPS and only 7 per cent avail of the IGNWPS. Women in rural areas (10%) are more likely to avail of the IGNWPS compared to women in urban areas (3%). A slightly higher proportion on women than men in BPL households avail the IGNOAPS.

It is a matter of serious concern that 17 per cent of elderly from non-BPL households utilize the IGNOAPS and 19 per cent utilize the IGNWPS since these households are not the intended beneficiaries. The utilisation of the IGNOAPS by elderly from non-BPL households is higher in urban areas whereas utilisation of IGNWPS is higher in rural areas.

It is also apparent that those belonging to the highest wealth categories are just as likely to avail of the schemes meant to ameliorate the situation of the poor as the groups that are the intended target.

In the distribution of households according to assets and wealth, higher proportions of elderly in both the lowest quintile as well as the highest quintile utilised the IGNOAPS and the IGNWPS (Fig. 6.4). Since the aim of social security schemes is to benefit the elderly in poorer households, the high level of utilisation among the elderly in the highest wealth quintile raises questions about the proper implementation of the schemes. Comparing utilisation according to caste groups, higher proportions of elderly who belong to the SC/ST community avail both the national schemes compared to elderly in the other groups.

Figure 6.3: Elderly utilising national social security schemes according to sex for BPL households, Tamil Nadu 2011

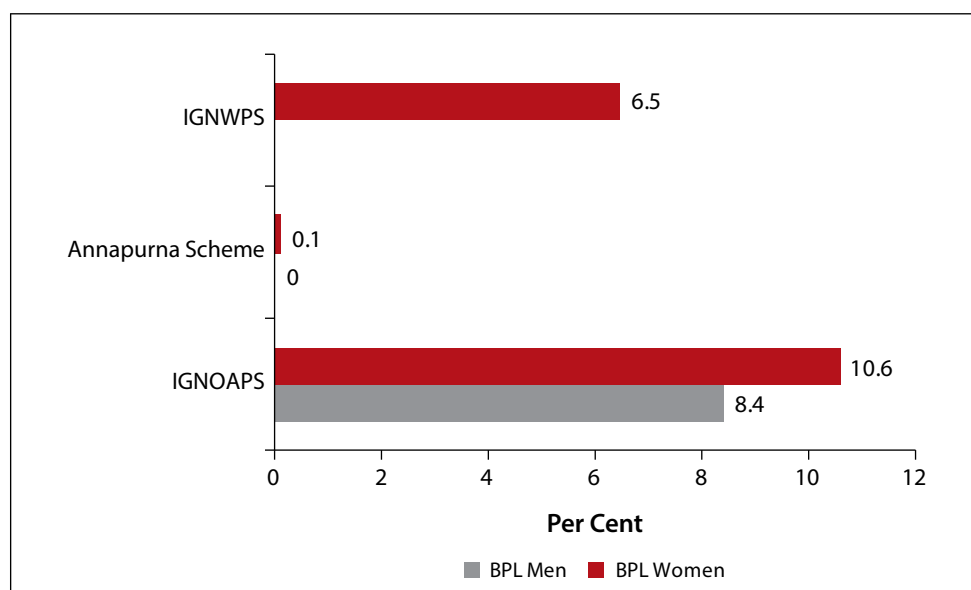
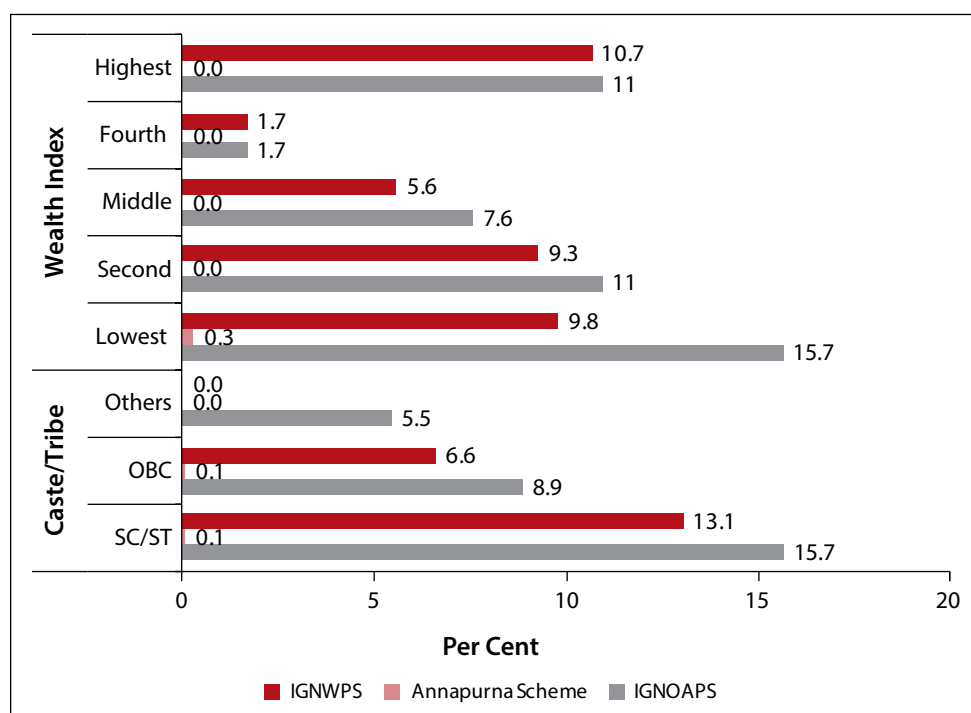


Figure 6.4: Elderly utilising national social security schemes according to wealth index and caste/tribe, Tamil Nadu 2011

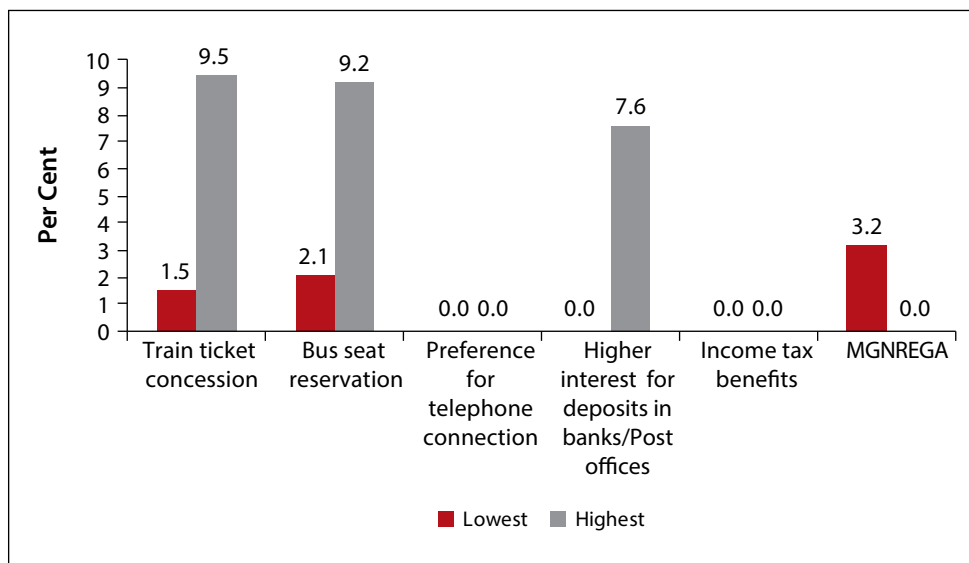


Other Schemes and Facilities

Other special government schemes directed at the elderly population such as concessions in train tickets, preference in reservation of bus seats, preference for phone connections, higher interest rates for deposits in banks/post offices are known to between 28 and 40 per cent of the elderly. However, utilisation of these schemes is again marginal – only about 7 per cent of the elderly avail of concessions in bus tickets, and 3 per cent avail of bus seat reservations (Appendix Table A 6.3).

Only about 5 per cent of the elderly are aware of the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) and even fewer (1.6%) use this scheme as a source of employment. The distribution by wealth categories indicates that those belonging to the highest wealth quintile are more likely to avail of these schemes compared to those belonging to the lowest wealth quintile (Fig. 6.5).

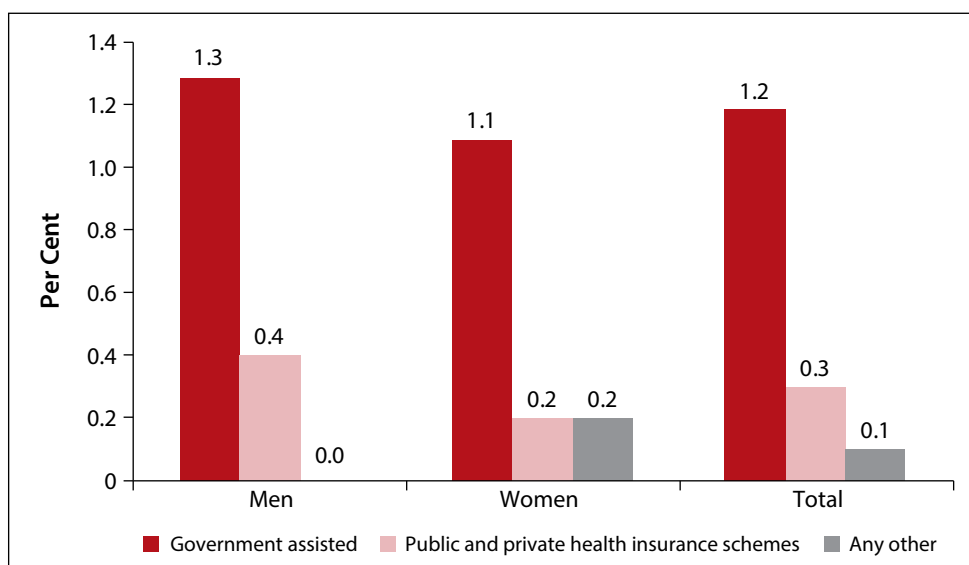
Figure 6.5: Elderly utilising facilities/schemes by lowest and highest wealth quintile, Tamil Nadu 2011



Health Insurance Scheme

The elderly population is more at risk of suffering from health related problems compared to other age groups. The Rastriya Swasthya Beema Yojana (RSBY) is a national programme which is aimed at reducing the financial burden that arises due to expenditure on the treatment of these illnesses. It is apparent that the coverage of this scheme is low in the state. Data from the survey indicates that less than 2 per cent of the elderly are covered by any type of health insurance (Fig. 6.6). However, the state government implements a Comprehensive Health Care Scheme which the BPL families are entitled to. This scheme is expected to cover the elderly too.

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



7. The Way Forward

Using data from the sample survey in Tamil Nadu, this report presented the profile of the elderly as well as certain characteristics of their households. The quality of life of the Tamil Nadu elderly has been analysed using five specific attributes: (i) work participation, intensity and reasons for working in later years; (ii) personal income and economic dependency; (iii) living arrangements and family relations; (iv) health status and health care, including treatment seeking behaviour and (v) access to and utilisation of social security schemes specially meant for the elderly. The survey found that the elderly are active citizens who participate in productive work and contribute to the day-to-day expenses of their families in particular and to their well-being in general, contradicting the idea that the elderly are passive victims of their circumstances. However, there are challenges that the elderly face which require strategies for action to be formulated by those who are interested in their welfare. Some suggestions for action based on the information gathered in the survey are listed below.

Protect elderly from age and gender based vulnerability

In general, there are more women than men in every broad age group, especially in the oldest age group of 80 years and above, reflecting the biological advantage in longevity which women have over men. At the same time, years of gender based discrimination in terms of lack of access to education, poor capacity for wage employment and therefore limited income, and limited ability to accrue assets, all put together lead to a higher level of vulnerability for women in the older ages. These factors lead to increased insecurity among older women, the majority of whom have lost their spouse and have become completely dependent on their children and relatives. The government of Tamil Nadu has recognised this fact and has instituted several social security schemes dedicated to poor elderly women. However, more has to be done to provide women with financial security in the older ages. In the short term, schemes such as those which engage elderly women who live alone in home based income generating activities through SHGs should be explored. In the long term, research as well as policy should be aimed at making women less vulnerable as they age and more financially secure.

Effective implementation of policies and programmes for the elderly

Enhance old age social pension: The survey shows that a large number of the elderly in Tamil Nadu are still in the labour force. They have no or very little formal education, belong to socially and economically disadvantaged groups and are from the lowest wealth quintiles. This finding suggests that this group's participation in the labour force is due to poverty and economic compulsion. Also, the majority of those still working are in the informal sector where benefits and pensions are non-

existent. The state government should therefore seriously consider enhancing pensions for the elderly, starting with those who belong to BPL families. Further, the old age pension scheme can be universalised to cover all those who are not in receipt of any kind of pension and are above 70 years of age. Older women, irrespective of whether their husbands get any pension, also need to be included in the OAP scheme.

Remove access bottlenecks and increase awareness: There is continuing need for policy and programme reforms that will be age friendly as well as equitable for the elderly. Increasing the awareness of the elderly about schemes and programmes especially meant for them is of immediate concern. To this extent, multi-media activities should be taken up targeting the elderly population. There are many administrative bottlenecks and hurdles that negate easy access to these schemes. This situation needs further exploration and action in consultation with the elderly and with their participation.

Policy and programme audits: Adequate budgetary allocations should be made, not just for implementation of the various schemes, but also for monitoring mechanisms to ensure that the schemes are indeed enabling. All policies and programmes should be age- and gender-sensitive in their design as well as in their implementation.

Focus on results rather than actions: There are many schemes and funding sources but the reach and access to these appear to be limited. There is a need to institute participatory monitoring and evaluation systems that focus on how exactly the social security schemes have improved lives of elderly, as reported by the elderly. These efforts should not treat all elderly as one homogenous group but include differentials by age (60–69; 70–79 and 80 plus) and other carefully chosen status indicators that show high levels of vulnerability. The audits, reviews and monitoring exercises should be conducted at regular intervals to assess the trajectory of progress in the status and well-being of the elderly, not just how many elderly are covered or how much of resources are spent.

Increasing the scope of geriatric health care

Where health status and health care are concerned, the study indicates areas which need further investigation. Besides acute and chronic illnesses, the data show that there are high levels of mental distress among the elderly, particularly in rural areas, resulting mostly from socio-economic and health concerns that do not permit them to live in dignity and some level of comfort. The research on the mental well-being of the population, and the elderly in particular, is sparse in India. This is an aspect of health which does not feature in general discussions on programmes to improve health and well-being of the population, and the causes of mental distress as well as the relationship to physical health requires attention. Social engagement and being part of a network of relatives and friends has a positive influence on mental well-being. While it has been observed that the elderly in Tamil Nadu are engaged to some extent in social activities such as making religious pilgrimages or attending family social events, travel concessions or a free transport scheme may facilitate increased mobility and activity among the elderly. In addition, the proportions of elderly who use aids for

disabilities such as loss of vision, hearing, motor skills, and ability to chew is small, given that low cost aids are available. The reason for this should be investigated as this need can be easily met in order to improve the daily lives of elderly.

Health and the economic burden of health care in terms of medicines and doctor's fees continue to be an issue faced by large numbers of the elderly. The Tamil Nadu government has effectively implemented national health programmes to provide free primary health services to the poor. Health insurance schemes for poor households have also been instituted. However, the severe burden on the elderly and their families of the health care costs that are incurred during old age is yet to be recognised. If access to affordable health care at minimal cost to the elderly and their families is available either through health insurance or low cost options for health care, a huge burden would be lifted and it is likely that the family will be better able to care for their elderly.

Promoting policy oriented research

Evidence based programmes and policy as well as advocacy require rigorous well-rounded research on the issues that affect the elderly population. An in-depth qualitative study by research organisations in Tamil Nadu is forthcoming which is aimed at better understanding the situation of elderly women, especially those who live alone, since the proportion is higher in comparison to other states. This study is important from the policy and programme perspective. Similarly, more research organisations in the state could be encouraged to conduct research on issues affecting the elderly such as causes and impact of mental well-being, strengthening of community based institutions that provide support to the elderly and financial inclusion which would better inform policy and programmes in order to enhance the quality of life of the elderly.

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, Tamil Nadu 2011

Housing Characteristics	BKPAI			Census 2011
	Rural	Urban	Total	Total
Number of Usual Members				
1	19.1	15.7	17.5	5.3
2	28.7	24.5	26.7	13.9
3-5	36.1	46.2	40.9	67.5
6+	16.2	13.6	15.0	13.4
Total	100.0	100.0	100.0	
Mean HH size	3.4	3.5	3.4	4.0
Head of the Household				
Elderly men headed HHs	44.5	43.3	43.9	
Elderly women headed HHs	20.8	21.0	20.9	NA
Non-elderly headed HHs	34.8	35.7	35.2	
Age Group				
<15	14.4	13.1	13.8	
15-59	49.0	53.2	51.0	NA
60+	36.6	33.7	35.2	
Sex Ratio (Females per 1,000 Males)				
<15	1,025	786	909	
15-59	1,183	1,167	1,175	NA
60+	1,117	1,147	1,130	
Total	1,135	1,102	1,119	995
Religion of the HH Head				
Hindu	98.2	91.6	95.1	
Muslim	1.0	6.1	3.4	NA
Sikh	0.0	0.0	0.0	
Others	0.8	2.4	1.5	
Caste/Tribe of the HH Head				
SC	18.2	17.8	18.0	
ST	1.8	0.4	1.2	NA
OBC	78.2	77.8	78.0	
Others	1.8	4.0	2.8	
Main Source of Drinking Water				
Piped water public	77.6	76.8	77.2	79.8
Piped water private	18.9	18.5	18.7	
Well/bore well (public)	1.4	0.2	0.8	13.3
Well/bore well (private)	1.8	2.5	2.2	
Others	0.4	2.0	1.1	6.9

Contd...

Housing Characteristics	BKPAI			Census 2011
	Rural	Urban	Total	Total
Sanitation Facility				
Septic tank/Flush system	19.0	73.9	44.8	41.2
Pit latrine	0.7	0.6	0.7	6.0
Public latrine	2.1	5.7	3.8	6.0
No facility (Open space)	78.2	19.9	50.8	46.8
Type of House				
<i>Kachha</i>	16.9	5.9	11.7	
<i>Semi-pucca</i>	44.1	32.4	38.6	NA
<i>Pucca</i>	39.1	61.6	49.6	
DK/NA	0.0	0.1	0.1	
No. of Rooms				
1	38.1	23.9	31.4	39.7
2	29.2	16.5	23.2	30.5
3	16.1	19.2	17.6	13.8
4+	16.4	40.3	27.6	7.5
DK/NA	0.2	0.1	0.2	
Cooking Fuel				
Electricity	0.1	0.0	0.0	0.1
LPG/Natural gas	23.9	73.7	47.3	47.9
Biogas	1.5	4.2	2.8	0.3
Kerosene	1.6	4.0	2.7	6.9
Coal/Lignite	0.4	0.1	0.3	0.1
Charcoal	72.0	18.0	46.6	
Wood	0.2	0.0	0.1	43.5
Straw/Shrubs/Grass	0.2	0.0	0.1	0.6
Agricultural crop waste	0.2	0.1	0.2	
Dung cakes	0.1	0.0	0.0	0.2
Others	23.9	73.7	47.3	0.0
Total	100.0	100.0	100.0	
No. of Elderly HHs	618	625	1,243	

NA: Not applicable

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

Household Possessions	BKPAI			Census 2011
	Rural	Urban	Total	Total
Household Goods				
Electricity	97.8	99.1	98.4	93.4
Mattress	99.7	99.1	99.5	NA
Pressure cooker	25.0	67.2	44.8	
Chair	57.1	87.9	71.5	
Cot or bed	52.1	73.8	62.3	
Table	29.9	26.6	28.4	

Contd...

Household Possessions	BKPAI			Census 2011
	Rural	Urban	Total	Total
Electric fan	78.4	94.3	85.9	
Radio or transistor	6.3	7.9	7.1	22.7
Black and white television	0.7	1.9	1.2	87.0
Colour television	82.6	92.2	87.1	
Sewing machine	2.9	5.7	4.3	NA
Mobile phone	43.1	76.8	58.9	62.1
Any landline phone	5.6	3.8	4.8	5.7
Computer	0.6	0.8	0.7	10.6
Internet facility	0.5	0.5	0.5	4.2
Refrigerator	8.2	27.5	17.2	
Watch or wall/Alarm clock	61.6	82.3	71.3	
Water pump	31.8	24.5	28.4	NA
Thresher	16.9	38.5	27.1	
Tractor	0.3	0.1	0.2	
Bicycle	0.5	0.0	0.3	45.2
Motorcycle or scooter	2.8	1.0	1.9	32.3
Animal-drawn cart	0.0	0.0	0.0	NA
Car/Jeep	0.4	0.0	0.2	4.3
Account in bank/Post office	27.7	47.3	36.9	52.5
Households Possessing Card				
APL	4.4	1.2	2.9	
BPL	82.6	92.6	87.3	
Antyodaya	8.3	5.2	6.8	NA
Not in possession of any card	4.2	1.0	2.7	
Don't know/No response	0.5	0.0	0.3	
Own Any Agriculture Land				
No land	70.3	94.7	81.8	
Only irrigated land	12.4	3.9	8.4	
Only non-irrigated land	15.2	1.3	8.7	NA
Both	2.1	0.0	1.1	
Don't know/No answer	0.0	0.0	0.0	
Monthly Per Capita Consumption Expenditure (MPCE)				
≤1000	55.0	27.9	42.3	
1001-1500	19.7	22.0	20.8	NA
1501-2500	15.1	42.6	28.0	
2501+	10.2	7.4	8.9	
Wealth Quintile				
Lowest	46.4	7.8	28.3	
Second	31.7	25.4	28.7	
Middle	13.6	30.7	21.6	NA
Fourth	4.8	31.9	17.5	
Highest	3.6	4.2	3.9	

Contd...

Household Possessions	BKPAI			Census 2011
	Rural	Urban	Total	Total
Amount of Outstanding Loan (Rs.)				
None	69.8	81.5	75.3	
<15000	2.6	3.9	3.2	
15000 – 30000	4.4	2.1	3.3	
30000 – 60000	5.5	3.2	4.4	
60000 – 100000	2.3	1.0	1.7	NA
100000 – 150000	4.0	3.3	3.7	
150000 – 200000	0.6	0.3	0.4	
200000 +	7.0	3.8	5.5	
DK/No answer	3.8	1.1	2.5	
No. of Elderly HHs	618	625	1,243	
Purpose of Loan				
Expenditure on health of elderly	21.8	10.1	17.4	
Expenditure on health of others	21.4	19.3	20.6	
Agriculture	28.8	5.1	20.1	
Business	16.9	21.2	18.5	NA
Education	16.9	22.4	18.9	
Marriage	19.8	25.1	21.8	
Home/Vehicle loan	30.2	32.5	31.1	
Others	7.8	6.2	7.2	
No. of Elderly HHs	173	106	279	

NA: Not applicable

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

Elderly Characteristics	BKPAI		
	Male	Female	Total
Age Groups (Years)			
60-64	48.1	48.4	48.2
65-69	24.9	24.4	24.7
70-74	15.0	13.7	14.3
75-79	5.7	7.0	6.4
80-84	4.0	4.3	4.1
85-89	0.9	1.4	1.2
90+	1.3	0.9	1.1
Education Categories			
No formal education	33.5	59.8	47.6
<5 years completed	7.4	6.6	7.0
5-7 years completed	11.9	15.0	13.6
8 years and above	46.7	18.6	31.7
Don't know/No response	0.5	0.0	0.2

Contd...

Elderly Characteristics	BKPAI		
	Male	Female	Total
Marital Status			
Never married	0.3	0.3	0.3
Currently married	87.6	26.7	54.9
Widowed	11.6	71.5	43.7
Others	0.5	1.5	1.0
Mean children ever born	2.8	2.9	2.9
Re-marriage among Ever Married			
Rural	6.0	0.7	3.2
Urban	1.3	0.1	0.6
Total	3.9	0.4	2.0
Migration Status			
Migrated after 60 years of age	10.9	54.2	34.1
Migrated before 60 years of age	1.7	2.2	2.0
Did not migrate	86.5	33.0	57.8
Don't know/No response	0.9	10.6	6.1
Number of Elderly	670	774	1,444

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

Work Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Ever worked	68.2	53.0	60.1	77.5	24.3	48.6	72.4	39.8	54.9
Currently working	30.7	20.4	25.2	21.5	7.6	13.9	26.6	14.5	20.1
Number of elderly	351	390	741	319	384	703	670	774	1,444

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

Background Characteristics	Currently Working	Main Worker (More Than 6 Months Per Year)	More Than Four Hours a Day	Number of Elderly
Age Groups				
60-69	23.5	14.3	22.1	1,058
70-79	12.9	5.9	12.9	295
80+	3.9	2.0	2.4	91
Sex				
Male	26.5	17.6	25.3	670
Female	14.5	6.7	13.4	774
Residence				
Rural	25.2	15.0	23.4	741
Urban	13.9	7.9	13.6	703
Marital Status				
Currently married	25.7	15.9	24.4	781
Widowed	12.2	6.2	11.4	639
Others	42.4	22.5	37.2	24

Contd...

Background Characteristics	Currently Working	Main Worker (More Than 6 Months Per Year)	More Than Four Hours a Day	Number of Elderly
Education Categories				
None	23.7	11.9	21.8	688
1-4 years	25.9	16.9	25.9	97
5-7 years	19.4	11.9	18.3	207
8+ years	13.3	10.1	13.1	449
Religion				
Hindu	20.2	11.7	19.0	1,364
Muslim	22.6	16.5	22.6	53
Others	5.4	5.4	5.4	27
Caste/Tribe				
SC/ST	27.8	14.4	25.1	257
OBC	18.4	10.9	17.6	1,144
Others	21.5	18.4	21.5	43
Wealth Index				
Lowest	23.9	12.2	21.9	384
Second	25.9	15.7	25.1	425
Middle	18.3	12.2	17.1	330
Fourth	7.8	4.1	7.4	255
Highest	13.4	11.0	13.4	49
Living Arrangement				
Living alone	15.1	6.2	14.3	228
With spouse	21.4	12.3	20.7	1,165
Others	20.9	13.1	19.4	815
Total	20.1	11.7	18.9	1,444

Note: The number of elderly may not always add 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, Tamil Nadu 2011

Employment Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Type of Occupation									
Technician/ Professional	2.3	0.0	1.3	0.7	0.0	0.5	1.8	0.0	1.1
Executive/ Clerical	2.9	0.0	1.7	11.9	0.0	8.2	6.1	0.0	3.7
Cultivator	4.5	1.5	3.2	0.0	0.0	0.0	2.9	1.1	2.2
Petty trader/ Worker	15.1	8.7	12.3	24.5	10.1	20.0	18.3	9.0	14.7
Agricultural labourer	69.6	81.0	74.5	52.9	78.5	60.9	63.8	80.4	70.3
Other work	5.6	8.8	7.0	10.0	11.4	10.5	7.1	9.5	8.1

Contd..

Employment Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Sector of Employment									
Public sector	1.1	1.6	1.3				0.7	1.2	0.9
Private organised	3.3	3.8	3.5	4.3	9.5	5.8	3.6	5.1	4.2
Self-employed	12.6	9.1	11.1	31.9	8.7	25.0	19.6	9.0	15.5
Informal employment	78.0	81.3	79.4	63.9	77.2	67.8	72.8	80.3	75.7
Others	5.0	4.2	4.7	0.0	4.6	1.4	3.2	4.3	3.6
Number of Elderly	106	88	194	71	29	100	177	117	294

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

Background Characteristics	By Choice	By Economic/ Other Compulsion	Total	No. of Elderly
Age Group				
60-69	28.2	71.8	100.0	253
70-79	19.1	80.9	100.0	36
80+	27.7	72.3	100.0	5
Sex				
Men	30.9	69.1	100.0	177
Women	20.9	79.2	100.0	117
Residence				
Rural	29.7	70.3	100.0	194
Urban	21.2	78.8	100.0	100
Marital Status				
Currently married	28.7	71.3	100.0	207
Widowed	24.9	75.1	100.0	77
Others	9.2	90.9	100.0	10
Education Categories				
None	21.6	78.4	100.0	168
1-4 years	31.7	68.3	100.0	23
5-7 years	33.9	66.1	100.0	43
8+ years	35.8	64.2	100.0	58
Religion				
Hindu	27.6	72.4	100.0	281
Muslim	14.6	85.4	100.0	12
Others	0.0	100.0	100.0	1
Caste/Tribe				
ST/SC	25.4	74.6	100.0	68
OBC	28.2	71.8	100.0	217
Others	11.3	88.7	100.0	9

Contd..

Background Characteristics	By Choice	By Economic/ Other Compulsion	Total	No. of Elderly
Living Arrangement				
Living alone	17.7	82.3	100.0	34
With spouse	25.1	74.9	100.0	90
Others	29.9	70.1	100.0	170
Wealth Index				
Lowest	20.9	79.1	100.0	103
Second	28.6	71.4	100.0	106
Middle	27.6	72.4	100.0	56
Fourth	36.3	63.8	100.0	24
Highest	55.8	44.2	100.0	5
Total	27.0	73.0	100.0	294

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, Tamil Nadu 2011

Background Characteristics	Retirement	Pension	Both Retirement and Pension	None	Number of Elderly
Age Group					
60-69	15.1	3.5	3.4	84.7	1,058
70-79	6.1	6.6	6.1	93.4	295
80+	4.7	4.6	4.6	95.4	91
Sex					
Male	25.9	7.8	7.4	73.7	670
Female	1.1	1.1	1.1	98.9	774
Residence					
Rural	5.7	3.8	3.6	94.1	741
Urban	20.8	4.6	4.4	78.9	703
Marital Status					
Currently married	21.9	6.8	6.5	77.8	781
Widowed	1.4	0.9	0.9	98.6	639
Others	1.8	1.8	1.8	98.2	24
Education Categories					
None	0.2	0.2	0.2	99.8	688
1-4 years	2.4	2.4	2.4	97.6	97
5-7 years	0.0	0.7	0.0	99.3	207
8+ years	38.9	12.1	11.8	60.8	449
Religion					
Hindu	12.8	4.0	3.9	87.1	1,364
Muslim	7.7	7.7	7.7	92.3	53
Others	7.8	7.9	1.9	86.2	27
Caste/Tribe					
SC/ST	9.0	3.9	3.9	90.9	257
OBC	13.7	4.4	4.2	86.1	1,144
Others	3.1	0.0	0.0	96.9	43

Background Characteristics	Retirement	Pension	Both Retirement and Pension	None	Number of Elderly
Wealth Index					
Lowest	0.8	0.7	0.7	99.2	384
Second	3.3	1.8	1.9	96.7	425
Middle	20.1	2.8	2.8	79.9	330
Fourth	34.7	9.2	9.2	65.3	255
Highest	27.6	32.5	27.6	67.5	49
Living Arrangement					
Living alone	1.9	1.9	1.9	98.0	228
With spouse	23.2	5.8	5.5	76.5	400
Others	10.4	4.0	3.9	89.4	815
Total	12.6	4.2	4.0	87.2	1,444

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

Income (in Rupees)	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
No income	46.5	59.7	53.5	41.4	66.9	55.2	44.3	63.0	54.3
≤12,000	19.3	28.8	24.3	8.5	16.6	12.9	14.4	23.2	19.1
12,001–24,000	14.2	5.2	9.4	19.2	13.5	16.1	16.4	9.0	12.5
24,001–50,000	11.3	2.9	6.9	19.5	1.1	9.5	15.0	2.1	8.1
50,001+	7.6	1.5	4.3	11.1	1.5	5.9	9.1	1.5	5.0
Don't know/NA	1.1	2.0	1.6	0.3	0.4	0.4	0.8	1.3	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean	16,045	5,032	10,230	22,825	6,020	13,703	19,101	5,492	11,823
Number of elderly	351	390	741	319	384	703	670	774	1,444

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

Sources of Income*	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Salary/Wages	25.6	18.2	21.6	16.0	7.8	11.5	21.3	13.4	17.0
Employer's pension (government or other)	7.0	3.5	5.2	8.5	2.1	5.0	7.7	2.9	5.1
Social pension (old age/widow)	7.4	13.8	10.8	3.3	10.2	7.0	5.5	12.1	9.1
Agricultural/Farm income	15.5	6.4	10.6	0.5	0.0	0.2	8.7	3.5	5.9
Other sources of income	6.4	2.9	4.5	32.3	13.7	22.2	18.0	7.9	12.6
No income	46.5	59.7	53.5	41.4	66.9	55.2	44.2	63.0	54.3
Number of elderly	351	390	741	319	384	703	670	774	1,444

* 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, Tamil Nadu 2011

Proportion of Contribution	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
No income/ No contribution	48.3	65.4	57.4	42.5	68.8	56.8	45.7	67.0	57.1
<40%	3.0	6.6	4.9	2.1	1.7	1.9	2.6	4.3	3.5
40-60%	4.5	5.7	5.1	2.7	3.3	3.0	3.7	4.6	4.2
60-80%	13.9	4.4	8.9	5.5	1.9	3.6	10.1	3.3	6.5
80+	30.2	17.6	23.5	47.3	24.2	34.7	37.9	20.6	28.6
DK/NA	0.1	0.3	0.2	0.0	0.0	0.0	0.1	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	351	390	741	319	384	703	670	774	1,444

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, Tamil Nadu 2011

	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Financial Dependence									
Fully dependent	51.6	65.7	59.1	44.2	68.8	57.6	48.3	67.2	58.4
Partially dependent	23.8	14.7	19.0	11.0	7.3	9.0	18.0	11.3	14.4
Not dependent	24.7	19.5	22.0	44.6	23.9	33.3	33.6	21.6	27.2
DK/NA	0.0	0.0	0.0	0.2	0.0	0.1	0.1	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Source of Economic Support									
Son	48.2	48.5	48.3	40.6	47.2	44.2	44.8	47.9	46.4
Spouse	13.4	12.9	13.1	8.5	12.3	10.6	11.2	12.6	12.0
Daughter	6.3	10.7	8.7	1.5	8.6	5.3	4.1	9.7	7.1
Others	7.5	8.3	7.9	4.8	8.1	6.6	6.3	8.2	7.3
Not dependent on anyone	24.7	19.5	22.0	44.6	23.9	33.3	33.6	21.6	27.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Elderly	351	390	741	319	384	703	670	774	1,444

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

Background Characteristics	Alone	Spouse Only	Spouse, Children and Grandchildren	Children and Grandchildren	Others	Total	Number of Elderly
Age Group							
60-69	14.8	27.9	29.1	24.8	3.4	100.0	1058
70-79	18.9	29.7	14.7	31.4	5.4	100.0	295
80+	24.1	21.2	9.7	38.7	6.3	100.0	91
Sex							
Men	4.7	41.5	42.6	8.1	3.2	100.0	670
Women	26.3	16.0	9.6	43.5	4.6	100.0	774
Residence							
Rural	17.0	29.1	25.6	24.5	3.8	100.0	741
Urban	15.4	26.3	24.1	30.2	4.1	100.0	703
Marital Status							
Currently married	1.4	50.4	45.6	0.0	2.7	100.0	781
Widowed	34.0	0.3	0.0	60.7	4.9	100.0	639
Others	36.4	11.4	0.0	31.4	20.8	100.0	24
Education Categories							
None	20.8	20.1	19.1	34.9	5.2	100.0	688
1-4 years	13.1	35.6	22.6	23.1	5.7	100.0	97
5-7 years	14.9	22.1	23.0	36.9	3.2	100.0	207
8+ years	10.9	40.1	34.8	12.2	2.1	100.0	449
Employment							
Never worked	25.3	14.7	9.1	47.1	3.8	100.0	377
Previously worked	13.6	33.1	27.4	22.1	3.8	100.0	773
Currently working	12.3	29.6	37.8	15.8	4.6	100.0	294
Religion							
Hindu	16.1	28.5	24.8	26.5	4.1	100.0	1,364
Muslim	18.1	16.8	31.8	32.1	1.2	100.0	53
Others	19.4	11.9	18.5	48.4	1.8	100.0	27
Caste/Tribe							
SC/ST	19.3	26.4	24.4	23.4	6.5	100.0	257
OBC	15.5	28.0	25.1	28.0	3.4	100.0	1,144
Others	20.1	30.0	22.0	22.4	5.5	100.0	43
Wealth Index							
Lowest	29.6	32.3	13.5	18.7	5.8	100.0	384
Second	17.0	23.4	27.7	27.5	4.5	100.0	425
Middle	13.4	35.1	18.9	29.9	2.8	100.0	330
Fourth	0.6	22.7	38.5	35.8	2.4	100.0	255
Highest	0.0	9.2	60.1	30.7	0.0	100.0	49
Total	16.3	27.8	24.9	27.1	4.0	100.0	1,444

Note: Category totals may not add to entire sample of 1,444 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, Tamil Nadu 2011

	Preferred Living Arrangement				
		Alone	Spouse Only	Children and Others	Total
Present Living Arrangement	Men				
	Alone	25.0	4.5	1.3	4.7
	Spouse only	27.2	51.7	33.3	41.5
	Children and others	47.8	43.8	65.3	53.9
	Total	100.0	100.0	100.0	100.0
	Women				
	Alone	64.6	15.5	19.9	26.3
	Spouse only	7.2	43.2	4.5	16.0
	Children and others	28.2	41.3	75.6	57.7
	Total	100.0	100.0	100.0	100.0
	Total				
	Alone	53.1	9.0	12.1	16.2
	Spouse only	13.0	48.2	16.6	27.8
Children and others	33.9	42.8	71.3	55.9	
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, Tamil Nadu 2011

Background Characteristics	No Meeting	No Communication	No. of Elderly
Age Group			
60-69	1.9	10.9	774
70-79	5.1	13.3	248
80+	5.8	24.3	70
Sex			
Men	3.3	11.2	518
Women	2.5	13.4	574
Residence			
Rural	3.1	17.4	605
Urban	2.5	5.1	487
Marital Status			
Currently married	2.7	9.9	631
Widowed	3.2	15.7	447
Others	3.3	22.0	14
Education Categories			
None	3.9	19.9	550
1-4 years	2.2	2.9	77
5-7 years	4.8	6.3	149
8+ years	0.4	3.6	313

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Background Characteristics	No Meeting	No Communication	No. of Elderly
Employment			
Never worked	1.3	6.6	239
Previously worked	3.2	15.8	612
Currently working	3.5	8.5	241
Religion			
Hindu	3.0	12.7	1,037
Muslim	0.0	1.9	35
Others	0.0	9.7	20
Caste/Tribe			
SC/ST	3.3	13.9	195
OBC	2.9	12.4	873
Others	0.0	0.0	24
Wealth Index			
Lowest	5.0	25.2	312
Second	2.8	10.8	347
Middle	1.6	4.3	241
Fourth	1.1	2.6	149
Highest	0.0	1.8	43
Total	2.9	12.4	1,092

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

	Age Group			Total
	60-69	70-79	80+	
Taking care of grandchildren	33.1	31.8	28.8	32.5
Cooking/Cleaning	50.1	41.1	32.6	47.1
Shopping for household	71.0	49.0	35.6	64.2
Payment of bills	48.6	38.3	29.5	45.2
Advice to children	49.1	35.1	26.6	44.7
Settling disputes	61.7	42.2	30.5	55.7

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, Tamil Nadu 2011

Main Reason for Not Going Out More	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Health problems	71.0	63.0	67.1	4.1	67.4	44.1	58.8	64.3	61.7
Safety concerns	6.8	2.8	4.8	0.0	0.0	0.0	5.6	2.0	3.7
Financial problems	19.5	27.4	23.4	22.1	10.5	14.8	20.0	22.6	21.3
Not allowed by family	2.7	6.8	4.7	29.3	0.0	10.7	7.6	4.9	6.2
Nobody to accompany	0.0	0.0	0.0	21.5	9.3	13.8	3.9	2.7	3.3
Others	0.0	0.0	0.0	23.0	12.8	16.6	4.2	3.7	3.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	27	29	56	7	12	19	34	41	75

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, Tamil Nadu 2011

Background Characteristics	Experience of Abuse		
	After Age 60	Last One Month	Number of Elderly
Age Group			
60-69	1.6	0.2	1,058
70-79	2.5	1.9	295
80+	1.7	0.4	91
Sex			
Male	1.7	0.3	670
Female	1.9	0.7	774
Residence			
Rural	2.9	0.6	741
Urban	0.6	0.4	703
Marital Status			
Currently married	1.5	0.2	781
Widowed	2.1	0.8	639
Others	5.1	5.1	24
Education Categories			
None	2.5	0.8	688
1-4 years	4.6	1.9	97
5-7 years	1.7	0.0	207
8+ years	0.3	0.07	449
Employment			
Never worked	0.6	0.1	377
Previously worked	1.4	0.5	773
Currently working	4.6	1.1	294
Religion			
Hindu	1.9	0.5	1,364
Muslim	1.2	0.0	53
Others	0.0	0.0	27
Caste/Tribe			
SC/ST	2.6	0.5	257
OBC	1.7	0.5	1,144
Others	0.0	0.0	43
Wealth Index			
Lowest	3.0	0.8	384
Second	1.9	0.2	425
Middle	1.1	0.8	330
Fourth	1.0	0.3	255
Highest	0.0	0.0	49
Living Arrangement			
Alone	1.9	0.0	227
Spouse only	1.0	0.3	400
Spouse, children and grandchildren	2.2	0.1	357
Children and grandchildren	2.0	1.0	402
Others	3.8	3.8	58
Total	1.8	0.5	1,444

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

Self Rated Health	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Current Health									
Excellent	0.2	0.5	0.4	1.0	0.9	0.9	0.6	0.7	0.6
Very good	5.9	4.2	5.0	6.4	6.7	6.6	6.1	5.4	5.7
Good	39.0	36.8	37.8	62.4	54.8	58.3	49.5	45.1	47.1
Fair	49.2	47.5	48.3	26.3	31.7	29.2	38.9	40.2	39.6
Poor	5.7	11.0	8.5	3.9	5.9	5.0	4.9	8.6	6.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Current Health Compared to One Year Before									
Better	1.0	1.6	1.3	2.0	2.0	2.0	1.5	1.8	1.6
Same	59.9	57.4	58.6	77.0	71.3	73.9	67.6	63.8	65.5
Worse	32.8	35.3	34.1	19.8	21.9	20.9	27.0	29.1	28.1
DK/NA	6.2	5.7	6.0	1.2	4.9	3.2	4.0	5.3	4.7
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	7.9	4.9	6.3	7.1	5.1	6.0	7.5	5.0	6.2
Same	51.0	52.2	51.6	75.0	67.9	71.1	61.7	59.4	60.5
Worse	31.2	31.5	31.4	15.9	20.8	18.6	24.3	26.6	25.5
DK/NA	10.0	11.4	10.7	2.0	6.2	4.3	6.4	9.0	7.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Elderly	351	390	741	319	384	703	670	774	1,444

Table A 5.2: Percentage of elderly by self rated health according to background characteristics, Tamil Nadu 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	5.2	71.5	72.5	1,058
70-79	11.1	56.6	52.0	295
80+	3.7	52.5	47.5	91
Sex				
Men	6.7	69.0	69.3	670
Women	6.1	65.6	64.4	774
Residence				
Rural	5.4	59.9	57.9	741
Urban	7.5	75.9	77.1	703
Marital Status				
Currently married	7.9	70.0	71.2	781
Widowed	4.5	63.4	60.9	639
Others	1.8	73.7	68.6	24
Education Categories				
None	5.8	53.8	51.5	688
1-4 years	6.8	59.6	61.7	97
5-7 years	6.4	67.9	70.2	207
8+ years	7.1	88.9	89.4	449
Employment				
Never	5.6	79.9	78.9	377
Previously worked	6.4	64.1	62.7	773
Currently working	7.1	59.7	62.2	294
Religion				
Hindu	6.4	67.3	66.7	1,364
Muslim	3.7	64.2	58.7	53
Others	5.9	67.9	77.7	27
Caste/Tribe				
SC/ST	6.8	64.3	63.4	257
OBC	6.5	67.5	66.6	1,144
Others	0.0	74.8	84.9	43
Wealth Index				
Lowest	5.7	58.4	53.9	384
Second	6.9	61.3	62.3	425
Middle	6.1	75.2	72.4	330
Fourth	5.4	82.6	86.3	255
Highest	13.1	60.4	71.5	49
Living Arrangement				
Living alone	4.4	68.8	63.6	228
Living with spouse	7.4	70.7	70.5	400
Living with all others	6.4	64.9	65.6	815
Total	6.4	67.2	66.7	1,444

Table A 5.3: Per cent of elderly needing full/partial assistance in ADL according to sex and residence, Tamil Nadu 2011

Type of ADL	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Bathing	5.7	7.1	6.4	2.6	6.3	4.6	4.3	6.8	5.6
Dressing	3.0	2.0	2.5	0.5	1.5	1.0	1.9	1.8	1.8
Toilet	3.2	2.7	2.9	1.0	2.1	1.6	2.2	2.5	2.3
Mobility	3.6	1.9	2.7	0.2	1.9	1.1	2.1	1.9	2.0
Continance	2.4	1.4	1.9	0.2	1.3	0.8	1.4	1.3	1.4
Feeding	1.4	0.9	1.2	0.0	1.2	0.7	0.8	1.1	0.9
Needs at least one assistance	6.4	7.6	7.0	3.0	6.4	4.8	4.8	7.0	6.0
Needs full assistance	1.1	0.7	0.9	0.0	1.0	0.5	0.6	0.9	0.7
Number of elderly	351	390	741	319	384	703	670	774	1,444

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

Type of Activity	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Use of Phone	22.3	29.1	25.9	8.6	21.7	15.7	16.2	25.7	21.3
Shopping	49.2	58.6	54.2	20.3	43.7	33.0	36.3	51.7	44.6
Preparation of meals	80.2	43.0	60.5	89.3	29.6	56.9	84.3	36.8	58.8
Housekeeping tasks	34.3	13.5	23.3	60.7	10.8	33.6	46.2	12.3	28.0
Laundry	40.0	14.9	26.7	63.8	13.1	36.3	50.7	14.1	31.1
Travel independently	12.5	19.4	16.2	7.8	15.2	11.8	10.4	17.5	14.2
Dispensing own medicines	41.4	61.7	52.2	21.4	38.1	30.4	32.4	50.8	42.3
Handling finances	17.6	32.2	25.3	9.3	45.6	29.0	13.9	38.4	27.0
Can perform none	7.0	7.8	7.4	2.1	4.1	3.2	4.8	6.1	5.5
1-3	12.2	11.3	11.7	6.4	10.6	8.7	9.6	11.0	10.3
4-5	40.4	31.2	35.5	64.0	18.5	39.3	51.0	25.3	37.2
6-7	29.1	31.4	30.3	20.1	45.2	33.7	25.1	37.7	31.9
Can perform all	11.4	18.5	15.1	7.4	21.6	15.1	9.6	19.9	15.1
Don't know/NA	22.3	29.1	25.9	8.6	21.7	15.7	16.2	25.7	21.3
Number of elderly	351	390	741	319	384	703	670	774	1,444

Table A 5.5: Percentage of elderly by ADL and IADL limitations according to background characteristics, Tamil Nadu 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	2.7	0.3	0.1	3.0	17.4	6.4	73.2	1,058
70-79	11.2	4.1	1.7	10.1	9.9	18.5	61.5	295
80+	27.4	13.0	4.8	19.1	6.1	28.3	46.6	91
Sex								
Men	4.8	1.9	0.6	4.8	9.6	9.6	76.0	670
Women	7.0	1.8	0.9	6.1	19.9	11.0	63.0	774
Residence								
Rural	6.9	2.4	0.9	7.4	15.1	11.7	65.8	741
Urban	4.8	1.3	0.5	3.2	15.1	8.7	73.0	703
Marital Status								
Currently married	3.3	1.1	0.3	3.22	13.4	8.9	74.4	781
Widowed	9.5	3.0	1.3	8.28	17.5	12.0	62.3	639
Others	1.8	0.0	0.0	5.72	8.74	12.4	73.1	24
Wealth Index								
Lowest	8.3	2.9	1.1	6.8	10.9	11.5	70.8	384
Second	6.0	1.8	0.4	8.0	20.4	14.4	57.3	425
Middle	5.2	1.2	0.9	3.9	15.6	6.9	73.6	330
Fourth	2.1	0.6	0.6	1.4	10.1	5.6	82.9	255
Highest	11.7	4.4	0.0	4.4	27.3	12.2	56.2	49
Living Arrangement								
Alone	5.7	0.8	0.4	2.9	33.2	8.5	55.4	228
Spouse only	3.5	1.2	0.5	2.6	13.6	8.0	75.9	400
Children and others	7.3	2.6	0.9	7.7	10.6	12.0	69.7	815
Total	6.0	1.9	0.7	5.5	15.1	10.3	69.1	1,444

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

Type of Disabilities	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Vision									
Full	4.4	4.1	4.2	1.6	4.3	3.1	3.1	4.2	3.7
Partial	29.5	37.2	33.6	22.4	27.6	25.2	26.3	32.7	29.8
Hearing									
Full	2.6	1.6	2.1	0.6	0.5	0.5	1.7	1.1	1.4
Partial	15.3	17.5	16.5	7.2	14.3	11.0	11.7	16.0	14.0

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Type of Disabilities	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Walking									
Full	2.2	1.8	2.0	0.4	2.0	1.3	1.4	1.9	1.7
Partial	16.6	16.4	16.5	6.6	14.3	10.8	12.1	15.4	13.9
Chewing									
Full	3.9	5.0	4.5	1.1	3.6	2.5	2.7	4.3	3.6
Partial	6.0	7.2	6.6	4.6	7.9	6.4	5.3	7.5	6.5
Speaking									
Full	0.7	0.3	0.5	0.6	0.5	0.5	0.6	0.4	0.5
Partial	2.5	2.6	2.6	1.0	2.2	1.7	1.8	2.4	2.1
Memory									
Full	0.7	1.3	1.0	0.5	0.0	0.2	0.6	0.7	0.6
Partial	4.9	7.3	6.2	2.3	5.8	4.2	3.7	6.6	5.3
Number of Elderly	351	390	741	319	384	703	670	774	1,444

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

Background Characteristics	Vision	Hearing	Walking	Chewing	Speaking	Memory	Number of Elderly
Age Group							
60-69	23.8	7.1	9.2	4.8	1.1	4.4	1,058
70-79	56.1	32.1	29.6	17.8	4.9	8.6	295
80+	70.3	55.2	42.9	45.6	13.3	14.9	91
Sex							
Men	29.5	13.4	13.5	8.0	2.5	4.3	670
Women	36.9	17.1	17.3	11.9	2.8	7.3	774
Residence							
Rural	37.8	18.6	18.5	11.1	3.0	7.2	741
Urban	28.3	11.6	12.1	8.8	2.2	4.4	703
Marital Status							
Currently married	26.4	11.1	11.3	4.6	0.9	3.5	781
Widowed	42.9	21.4	21.4	17.2	4.9	8.9	639
Others	17.8	0.0	1.8	1.8	1.8	8.3	24
Caste/Tribe							
SC/ST	42.8	18.6	13.1	9.6	1.1	5.6	257
OBC	32.4	14.9	16.0	10.4	2.9	6.0	1,144
Others	11.3	8.6	16.9	4.7	2.8	5.9	43
Wealth Index							
Lowest	41.8	22.8	22.0	14.2	4.9	9.3	384
Second	39.2	16.7	15.6	10.3	2.0	6.5	425
Middle	29.2	12.6	14.1	6.9	2.4	3.4	330
Fourth	16.1	4.4	6.1	6.3	0.5	3.1	255
Highest	32.5	16.9	19.3	12.5	1.8	3.6	49
Total	33.5	15.4	15.6	10.1	2.7	5.9	1,444

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

Form of Assistance	Sex		Residence			Number of Elderly
	Men	Women	Rural	Urban	Total	
Spectacles/Lenses	10.8	9.4	10.5	9.5	10.1	144
Hearing aids	1.0	1.0	1.5	0.4	1.0	11
Walking sticks	2.4	3.3	3.3	2.4	2.9	40
Denture	0.6	0.8	0.7	0.7	0.7	4

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, Tamil Nadu 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	31.2	25.6	28.2	63.3	53.8	58.1	45.6	38.7	41.9
Mean score	17.1	17.7	17.4	15.1	16.0	15.6	16.2	16.9	16.6
Number of elderly	347	385	732	316	383	699	663	768	1,431
Subjective Well-being Inventory (SUBI- 9 items) (Score 9-27)									
Mean score	19.8	20.7	20.3	19.0	19.1	19.1	19.4	20.1	19.7
Number of elderly	334	375	709	305	367	672	639	742	1,381

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, Tamil Nadu 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	41.3	47.6	44.7	66.8	69.8	68.4	72.5	85.4	79.8
All negative	1.5	3.8	2.8	3.7	9.6	6.9	9.9	16.1	13.4
All positive	0.9	0.4	0.7	2.7	2.9	2.8	0.0	0.0	0.0
Mean score	19.2	19.5	19.4	20.1	21.1	20.6	20.5	21.9	21.3
Number of elderly	476	543	1,019	125	154	279	38	45	83

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, Tamil Nadu 2011

Number of Words	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
None to 2	11.4	13.0	12.3	3.6	9.5	6.8	7.9	11.4	9.8
3 to 5	54.4	64.0	59.5	37.7	51.8	45.4	46.9	58.4	53.1
6 to 8	32.9	22.8	27.6	56.7	38.6	46.9	43.6	30.1	36.4
More than 8	1.3	0.1	0.7	1.9	0.1	0.9	1.6	0.1	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean number of immediately recalled words	4.7	4.3	4.5	5.3	4.7	5.0	5.0	4.5	4.7
Number of elderly	351	390	741	319	384	703	670	774	1,444

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

Type of Substance	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Current Use									
Smoking	11.5	0.3	5.6	10.3	0.0	4.7	10.9	0.2	5.2
Alcohol consumption	5.7	0.0	2.7	4.5	0.0	2.1	5.2	0.0	2.4
Chewing tobacco	10.3	12.1	11.3	2.2	5.2	3.8	6.7	8.9	7.9
Any of the three risk behaviours	22.1	12.4	16.9	13.2	5.2	8.9	18.1	9.1	13.3
Ever Use									
Smoking	17.3	0.3	8.3	15.4	0.0	7.0	16.4	0.2	7.7
Alcohol consumption	10.8	0.0	5.1	9.3	0.0	4.2	10.1	0.0	4.7
Chewing tobacco	12.1	15.5	13.9	3.5	11.3	7.7	8.2	13.6	11.1
Number of Elderly	351	390	741	319	384	703	670	774	1,444

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, Tamil Nadu 2011

Health Check-Ups	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Undergoes Routine Check-Up	12.4	12.2	12.3	8.7	10.5	9.7	10.7	11.4	11.1
No. of elderly	351	390	741	319	384	703	670	774	1,444
Frequency for Medical Check-Ups									
Weekly/ Fortnightly	25.6	34.2	30.1	22.8	24.5	23.8	24.6	30.1	27.6
Monthly	53.7	53.7	53.7	62.0	55.3	58.1	56.7	54.4	55.4
Half-Yearly and more	16.8	9.3	12.9	15.2	20.2	18.1	16.2	13.9	15.0
Others	3.9	2.8	3.3	0.0	0.0	0.0	2.5	1.6	2.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Elderly	41	43	44	34	46	80	75	89	164

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

Acute Morbidity	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Prevalence rate	10.6	9.9	10.3	7.9	10.7	9.5	9.4	10.3	9.9
Number of elderly	351	390	741	319	384	703	670	774	1,444
Mean number of episode per sick person	1.1	1.1	1.1	1.0	1.2	1.1	1.1	1.1	1.1
Number of elderly reporting acute morbidity	40	41	81	29	45	74	69	86	155

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

Background Characteristics	Prevalence Rate	Number of Elderly
Age Group		
60-69	84	1,058
70-79	152	295
80+	99	91
Sex		
Men	94	670
Women	103	774
Residence		
Rural	103	741
Urban	95	703

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Background Characteristics	Prevalence Rate	Number of Elderly
Marital Status		
Currently married	95	781
Widowed	103	639
Others	127	24
Caste/Tribe		
SC/ST	104	257
OBC	96	1,144
Others	161	43
Wealth Index		
Lowest	69	384
Second	123	425
Middle	94	330
Fourth	99	255
Highest	165	49
Living Arrangement		
Alone	71	228
Spouse only	64	400
Children and others	124	815
Total	99	1,444

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

Morbidities	Sex		Place of Residence		Total
	Men	Women	Rural	Urban	
Cardio-vascular disease	16.5	31.2	20.2	30.5	24.7
Diabetes	10.3	7.7	4.2	14.8	8.8
Fever	10.3	6.2	11.2	3.8	8.0
Neurological disorder	4.7	4.4	1.5	8.5	4.5
Respiratory ailment	3.0	2.9	5.2	0.0	2.9
Disorder of joints and pain	2.1	3.0	3.9	1.0	2.6
Asthma	1.3	0.0	1.0	0.0	0.6
Gastro-intestinal	0.0	3.1	1.0	2.7	1.8
Others	7.6	3.3	6.2	3.8	5.2
Don't know/No response	44.3	38.3	45.6	34.9	40.9
Total	100.0	100.0	100.0	100.0	100.0
Number of elderly	69	86	81	74	155

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

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

Place of Residence	Men	Women	Total	Number of Episode
Rural	93.1	89.8	91.5	89
Urban	87.6	94.7	92.2	84
Total	91.1	92.3	91.8	173
Number of episodes	74	99	173	

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, Tamil Nadu 2011

Source of Treatment	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Government health facilities	67.5	43.8	55.7	39.9	59.3	52.2	57.6	51.5	54.2
Private physicians	25.2	45.9	35.5	46.5	37.9	41.0	32.8	41.9	37.9
AYUSH hospital/Clinic	0.0	1.8	0.9	13.6	2.8	6.8	0.0	0.9	0.5
Others	7.3	8.6	7.9	0.0	0.0	0.0	9.6	5.7	7.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly who sought treatment	37	37	74	25	42	67	62	79	141

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

Background Characteristics	Source of Treatment					Number of Elderly
	Government Health Facilities	Private Physicians	AYUSH Hospital/Clinic	Others	Total	
Age Group						
60-69	48.6	43.5	0.0	7.9	100.0	86
70-79	67.3	26.5	1.5	4.7	100.0	46
80+	36.9	44.0	0.0	19.1	100.0	9
Sex						
Men	57.6	32.8	0.0	9.6	100.0	62
Women	51.5	41.9	0.9	5.7	100.0	79
Residence						
Rural	55.7	35.5	0.9	7.9	100.0	74
Urban	52.2	41.0	0.0	6.8	100.0	67
Caste/Tribe						
SC/ST	55.2	41.4	0.0	3.4	100.0	25
OBC	55.0	35.5	0.6	8.8	100.0	111
Others	36.2	63.8	0.0	0.0	100.0	5
Wealth Index						
Lowest	77.7	12.6	0.0	9.8	100.0	27
Second	70.0	22.7	0.0	7.3	100.0	50
Middle	39.3	53.1	2.4	5.2	100.0	30
Fourth	28.9	60.3	0.0	10.8	100.0	26
Highest	14.7	85.3	0.0	0.0	100.0	8

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

Average Expenditure by Major Heads	For Last 15 Days Expenditure				No. of Episodes
	Government Health Facility	Private Physicians	Others	Total	
Total Average Expenses	289	2,847	678	1,281	141
% Distribution by item of expenses (based on the valid cases for which component wise details were available)					
Consultation	11.4	49.7	9.2	26.4	140
Medicines	11.7	19.3	81.7	15.5	140
Diagnostic tests	73.4	5.6	9.2	45.9	140
Transportation	2.1	3.4	0.0	2.6	140
Others	1.5	22.0	0.0	9.6	140

Note: Out of 158 episodes of acute morbidity accessing health care, there was information on expenditure for 141 episodes. For item wise expenses, there were 140 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, Tamil Nadu 2011

Source of Payment	Men	Women	Total
Self	44.0	22.3	31.9
Spouse	16.3	20.0	18.4
Children	34.5	45.4	40.6
Relatives/Friends/Insurance/Others	5.2	12.3	9.1
Total	100.0	100.0	100.0
Number of elderly who sought treatment	61	77	138

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

Chronic Ailments	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Arthritis	233	279	257	115	207	165	180	246	215
Hypertension	89	108	99	97	130	115	92	118	106
Cataract	46	36	41	54	44	49	50	39	44
Diabetes	47	39	43	68	92	81	56	64	60
Asthma	38	36	37	24	25	24	32	31	31
Heart diseases	33	53	44	27	18	22	30	37	34
Osteoporosis	1	0	0	0	1	1	1	0	0
Skin disease	19	11	14	10	0	5	15	6	10
Renal diseases	14	15	14	13	13	13	14	14	14
Paralysis	22	18	20	2	7	5	13	13	13
Liver diseases	0	0	0	0	1	1	0	0	0
Chronic lung diseases	5	4	4	22	7	14	13	5	9

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Chronic Ailments	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Depression	11	13	12	11	15	13	11	14	13
Alzheimer	8	10	9	0	1	1	5	6	5
Cerebral stroke	5	7	6	1	1	1	3	4	4
Dementia	7	10	9	4	2	3	6	7	6
Cancer	3	3	3	7	3	5	5	3	4
No chronic ailments	557	559	558	709	621	661	625	588	605
One or more chronic ailments	443	441	442	291	379	339	375	412	395
Average number of chronic ailments per elderly	0.6	0.7	0.7	0.5	0.6	0.5	0.6	0.7	0.6
Number of elderly	351	390	741	319	384	703	670	774	1,444

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

Background Characteristics	Arthritis	Hypertension	Cataract	Diabetes	Asthma	Heart Disease	At Least One	Number of Elderly
Age Group								
60-69	199	94	25	54	32	24	343	1,058
70-79	274	151	79	88	29	73	526	295
80+	207	104	153	45	25	18	558	91
Sex								
Men	180	92	50	56	32	30	375	670
Women	246	118	39	64	31	37	412	774
Residence								
Rural	257	99	41	43	37	44	442	741
Urban	165	115	48	81	24	22	339	703
Marital Status								
Currently married	186	106	32	66	30	33	361	781
Widowed	255	109	61	56	33	35	439	639
Others	121	41	0	0	30	30	341	24

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

Chronic Morbidities	Sex		Residence		Total	Number of Elderly
	Men	Women	Rural	Urban		
Arthritis	65.5	69.9	67.4	69.7	68.2	335
Hypertension	90.6	91.9	92.4	90.4	91.4	151
Cataract	62.1	48.8	56.4	55.0	55.7	67
Diabetes	95.7	95.3	95.6	95.4	95.5	89
Asthma	72.5	86.3	79.7	80.1	79.8	42
Heart disease	90.2	82.0	80.0	97.8	85.4	45

Table A 5.25: Per cent distribution of elderly by reason for not seeking any treatment for common chronic morbidities, Tamil Nadu 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	0.9	0.0	0.0	0.0	35.9	61.9	1.3	100.0	107
Hypertension	2.4	0.0	12.3	0.0	69.8	15.5	0.0	100.0	13
Cataract	37.2	0.0	0.0	0.0	27.8	29.9	5.0	100.0	34
Diabetes	40.1	0.0	0.0	0.0	18.8	41.1	0.0	100.0	6
Asthma	3.5	12.5	8.1	0.0	33.0	42.9	0.0	100.0	10
Heart diseases	21.9	24.7	0.0	0.0	23.6	29.8	0.0	100.0	7

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

Source of Payment	Arthritis		Hypertension		Cataract		Diabetes		Asthma		Heart Diseases	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Self	48.6	30.8	60.3	20.6	38.2	12.9	68.7	28.7	34.6	4.3	53.2	43.9
Spouse	8.0	9.6	5.1	18.0	5.4	11.3	3.6	17.1	26.3	21.6	2.5	10.0
Children	40.7	53.8	33.3	51.3	56.3	66.3	27.7	42.7	36.3	57.8	44.3	46.0
Relatives/ Friends/ Insurance/ Others	2.7	5.8	1.3	10.1	0.0	9.5	0.0	11.5	2.8	16.3	53.2	43.9
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	74	130	48	73	17	14	38	34	11	14	20	15

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

Morbidities	Sex		Place of Residence		Total
	Men	Women	Rural	Urban	
Cardio-vascular disease	9.3	5.5	6.0	11.1	7.4
Diabetes	8.1	9.6	7.8	11.4	8.8
Conjunctivitis	9.5	3.4	7.5	3.8	6.4
Eye ailment	5.7	2.9	4.0	5.3	4.3
Accidents	10.3	3.2	9.5	0.0	6.8
Asthma	0.6	4.8	3.8	0.0	2.7
Disorder of joints and pain	2.3	1.5	2.6	0.0	1.9
Neurological disorder	2.1	2.6	3.3	0.0	2.4
Cancer/Tumors	3.0	3.4	0.6	9.8	3.2
Others	11.2	6.6	7.9	11.4	8.9
Do not know/Non-response	37.8	56.7	47.2	47.2	47.2
Total	100.0	100.0	100.0	100.0	100.0
Number of elderly	55	51	69	37	106

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

Type of Hospitals	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Government	41.0	52.1	47.5	27.2	47.0	35.0	36.4	51.2	44.3
Private	49.2	47.9	48.4	70.3	50.6	62.5	56.2	48.4	52.0
AYUSH hospital/Clinic	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Others*	9.9	0.0	4.1	2.6	2.4	2.5	7.4	0.5	3.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean length of Stay	14.4	10.2	11.9	8.7	8.3	8.5	12.5	9.8	11.1
Number of hospitalisation cases	36	45	82	22	16	38	59	61	120

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

Table A 5.29: Average expenditure made for hospitalisation care by type of hospitals according to major heads, Tamil Nadu 2011

Average Expenditure by Major Heads	Government Hospitals	Private Hospitals	Others	Total	No. of spells
Total	364	16,234	11,459	9,033	120
<i>Based on valid cases for which component wise details are followed</i>					
Consultation	53	1,048	0	569	120
Medicines	100	1,820	0	991	120
Diagnostic tests	12	529	0	281	120
Hospitalisation	13	764	0	403	120
Transportation	116	238	0	175	120
Food	335	130	0	216	120
Others	96	40	0	63	120
Total	893	4,768	0	2,876	120
Others (indirect cost)	169	199	0	178	120

Note: Out of 120 spells of hospitalisation, information on expenditure was provided only for 120 spells. For item wise expenses, there were only 120 valid cases, hence average expenditure have been worked out only for these valid cases.

Table A 5.30: Per cent distribution of elderly by source of payment for last hospitalisation according to place of residence and sex, Tamil Nadu 2011

Source of Payment	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Self	68.8	28.9	47.5	78.8	22.9	55.6	72.1	27.5	49.8
Spouse	0.0	17.2	9.2	1.6	16.6	7.9	0.5	17.1	8.8
Children	20.6	48.3	35.4	19.6	45.9	30.5	20.2	47.7	34.0
Relatives/Friends/ Insurance/Others	10.7	5.5	7.9	0.0	14.6	6.1	7.1	7.7	7.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	34	35	69	21	16	37	55	51	106

Table A 6.1: Percentage of elderly aware of national social security schemes according to place of residence, sex and BPL and non-BPL status, Tamil Nadu 2011

Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Elderly Belonging to BPL Households									
IGNOAPS	60.7	53.9	57.2	81.9	72.4	76.8	70.5	62.7	66.4
Annapurna scheme	5.7	2.0	3.8	4.3	2.5	3.3	5.1	2.3	3.6
IGNWPS	36.9	40.8	38.9	68.0	58.4	62.8	51.2	49.2	50.1
Number of elderly	329	355	684	313	372	685	642	727	1,369
Elderly Belonging to Non-BPL Households									
IGNOAPS	67.95	70.4	69.5	15.9	47.3	37.0	56.3	64.8	61.83
Annapurna scheme	25.47	9.28	15	0.0	0.0	0.0	19.8	7.0	11.45
IGNWPS	41.45	46.6	44.8	0.0	32.04	21.6	32.2	43.1	39.29
Number of elderly	22	35	57	6	12	18	28	47	75
All									
IGNOAPS	61.2	55.5	58.2	80.5	71.5	75.6	69.9	62.9	66.1
Annapurna scheme	6.9	2.7	4.7	4.2	2.4	3.2	5.7	2.6	4.0
IGNWPS	37.2	41.4	39.4	66.6	57.4	61.6	50.4	48.8	49.5
Number of elderly	351	390	741	319	384	703	670	774	1,444

Table A 6.2: Percentage of elderly utilising national social security schemes according to place of residence, sex and by BPL and non-BPL status, Tamil Nadu 2011

Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Elderly Belonging to BPL Households									
IGNOAPS	11.8	10.8	11.3	4.4	10.3	7.6	8.4	10.6	9.5
Annapurna scheme	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.0
Number of elderly	329	355	684	313	372	685	642	727	1,369
IGNWPS	NA	10.2	10.2	NA	3.3	3.3	NA	6.5	6.5
Number of elderly	NA	223	223	NA	296	296	NA	519	519
Elderly Belonging to Non-BPL Households									
IGNOAPS	11.9	15.3	14.1	15.9	31.5	26.4	12.8	19.3	17.0
Annapurna scheme	0.0	2.4	1.6	0.0	0.0	0.0	0.0	1.8	1.2
Number of elderly	22	35	57	6	12	18	28	47	75
IGNWPS	NA	21.6	21.6	NA	10.9	10.9	NA	19.3	19.3
Number of elderly	NA	29	29	NA	9	9	NA	38	38

Contd...

Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
All									
IGNOAPS	11.8	11.2	11.5	4.7	11.1	8.2	8.6	11.2	10.0
Annapurna scheme	0.0	0.3	0.2	0.0	0.0	0.0	0.0	0.2	0.1
Number of elderly	351	390	741	319	384	703	670	774	1,444
IGNWPS	NA	11.6	11.6	NA	3.6	3.6	NA	7.5	7.5
Number of elderly	NA	252	252	NA	305	305	NA	557	557

Table A 6.3: Percentage of elderly by awareness and utilisation of special government facilities/schemes according to place of residence and sex, Tamil Nadu 2011

Special Government Facilities/ Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Awareness of Facilities/Schemes									
Train ticket concession	29.6	20.7	24.9	65.3	50.1	57.0	45.6	34.3	39.5
Bus seat reservation	29.5	20.1	24.5	64.2	48.7	55.8	45.1	33.3	38.8
Preference for telephone connection	13.8	10.5	12.0	52.9	41.5	46.7	31.3	24.8	27.8
Higher interest for deposits in banks/Post offices	17.9	10.8	14.1	56.6	37.4	46.2	35.2	23.1	28.7
Income tax benefits	7.5	2.9	5.0	6.4	1.7	3.9	7.0	2.3	4.5
MGNREGA	12.2	11.0	11.6	8.2	4.1	6.0	10.4	7.8	9.0
Utilisation of Facilities/Schemes									
Train ticket concession	6.6	3.2	4.8	17.0	3.9	9.9	11.3	3.5	7.1
Bus seat reservation	4.5	2.6	3.5	2.2	2.3	2.3	3.5	2.5	2.9
Preference for telephone connection	0.5	0.0	0.2	0.3	0.8	0.5	0.4	0.4	0.4
Higher interest for deposits in banks/Post offices	2.9	0.3	1.5	2.0	0.0	0.9	2.5	0.2	1.3
Income tax benefits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MGNREGA	2.1	2.8	2.5	0.6	0.5	0.6	1.4	1.8	1.6
Number of elderly	351	390	741	319	384	703	670	774	1,444

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