



# Status of Elderly in Odisha: Pointers for Policy Response

## Elderly: The Fastest Growing Age Segment

- Odisha has 39.8 lakh persons aged 60 years and above, constituting 9.5% of its total population, which is higher than the national average of 8.6% (Census 2011). Between 1991 and 2011, overall population in the state increased 14%; the 60+ population increased 31%; and the 80+ which is the fastest growing age segment, increased by 36%. The average annual growth rate of 60+ and 80+ population have been 2.7 and 3.1 percent respectively during the last decade. The elderly population is expected to reach 62.6 lakh by 2026, which would be about 14% of the state's total population by that year.
- The life expectancy at birth in the state is 59.6 years for men and 62.1 years for women, however, at age 60, elderly men are expected to live another 15.6 years and women another 16.9 years (SRS, 2008-12). Overall, there are 979 females per 1,000 males in the state, but among the elderly, there are 998 women per 1,000 men.
- As 83% of state population lives in rural areas, aging is also largely a rural phenomenon in the state with same proportion of the elderly living in rural areas. And these elderly are not evenly distributed across the districts. According to Census 2011, in Jagatsinghapur elderly

constitute 12% of the total population, followed by Nayagarh and Kendrapara (11.8% in each). Puri, Blangir, Subarnapur, Cuttak, Nupada, Bargarh, Dhenkanal and Jajpur districts have more than 10% of its elderly population.

## UNFPA Initiative: Building Knowledge Base on Population Ageing in Odisha

- UNFPA and its partner Institutions conducted a sample survey (September 2011) in seven states, including Odisha, to better understand the experiences and vulnerabilities of elderly and bring out issues needing policy and programme attention in order to improve their wellbeing. In Odisha, a total of 1,481 elderly were interviewed of which there were 742 elderly men and 739 elderly women.
- The average number of persons living in elderly households is 5.1, slightly higher than the overall average of 5.0 persons per household in the state as per Census, 2011.
- The sex ratio of elderly population in the survey is 974 elderly women per 1,000 elderly men. More than half of the elderly women are widowed (51%), while incidence of widowhood among elderly men is only 18%.

## **Work Life of Elderly Marked by No Retirement, No Benefits yet High Economic Need**

- Nearly one-half of the elderly men (48%) are currently working in the state, with lower percentage of them working in urban areas (33%). Only 10% of the elderly women are currently working. Among younger elderly men (60-64 years), work participation is higher at 62% which decreases steadily with advancing age to a level of 15% among very old elderly men (80 years and above).
- Among those working, three-fourths are main workers (defined as those working for more than 6 months in a year). Employment in farming or cultivation is more common among the rural elderly (36%) while majority of the urban elderly (53%) are engaged in informal employment and another 34% self-employed.
- Work participation of the elderly is largely driven by economic or other compulsions. As high as 80% of the elderly in rural areas and 66% in urban areas are compelled to work out of such necessity. They are largely employed in unskilled low paid jobs with no retirement age, no job security, and no benefits after they can no longer work. About 10% of elderly men and less than 1% of elderly women receive some retirement benefit. Higher incidence of widowhood further deepens vulnerability of elderly women in the state.
- As the state population steadily ages, the working age population on which the elderly depend will also gradually decrease – a situation that would need adequate policy response to maintain quality of life of elderly in the state particularly when about 83% of them live in rural areas.

## **Income Profile of Elderly Largely Marked by Low or No Income**

- 40% of the elderly in the state do not have any personal income, and another 38% have an annual income less than Rs. 24,000. Elderly women are particularly worse off as 58% of them have no personal income compared to only 22% among their male counterparts. Consequently,

65% of elderly women are fully dependent while only 25% of elderly men are dependents.

- Sons are the main support providers (58%), followed by spouses (14%). Daughters provide support to only 2.5% of the elderly. 60% of the elderly women receive economic support from their sons as compared to 55% elderly men.

## **Majority of Elderly Live with Family and that's They Prefer**

- More than 80% of the elderly lives with their family members. Those living with children and grandchildren, including spouse, is 46% and another 31% living in the family but without spouse, due to their widowhood status. By virtue of more married elderly men, higher percentages are living with the family, including spouse (60%) compared to 32% of the elderly women.
- Nearly one-fifth of the elderly in the state (17%) are living only with their spouse with higher proportion of men (20%) compared to their counterparts (13%). Gender differentials are also marked in living alone, with higher percentage of elderly women (5%) compared to men (only 1%).
- More than three-fourths (79%) are comfortable and satisfied with their present living arrangements and this is true for elderly men (82%), while slightly lower percentage of women are comfortable with the present living arrangements (76%). A higher percentage of elderly in urban elderly seem more satisfied than their rural counterparts. Majority of the elderly preferred to live with their son (72% men and 75% women), followed by spouse only (15% men and 8% women).

## **Respect for Elderly: A Good Family Tradition in Odisha**

- Elderly play an important role in decision-making of the households such as arrangements for social and religious events, distribution of gifts to relatives, buying household items and property. Only about 20% of the women and 10% of the men do not have any role in such household decision-making in the state.
- More than one-fourth of the elderly (27%) participated in public meetings on local,

community or political affairs during the 12 months preceding the survey. Such participation was lower among elderly women (15%).

- About 9% of the respondents have reported experiencing some form of abuse after turning 60, which is slightly higher among rural elderly.

### **Elderly Perceive Low Levels of Health, Functionality and Mental Wellbeing**

- On self-rating of health status, nearly half of the elderly (53%) mentioned that they have excellent, very good or good health, with slightly higher proportion of men stating this. One-third of the elderly rated their health as fair (34%) and only around 14% mentioned it as poor.
- 10% of the elderly need full or partial assistance for carrying out at least one of the six activities of daily living (feeding, bathing, dressing, using the toilet, mobility and continence). This is slightly higher among elderly women.
- The mental health of the elderly was captured through General Health Questionnaire (GHQ) by asking whether the respondent has experienced a particular symptom or behavior recently. Only around one third of the elderly classified with threshold level of GHQ = 12, which indicate that majority of the elderly in the state suffer from some psychological distress.

### **Chronic and Acute Morbidity is yet another Cause of Concern**

- Half of the elderly (49%) are suffering from any chronic morbidity, highest being arthritis (25%) and hypertension (15%) followed by cataract (7%). The chronic morbidity pattern by sex indicates slightly higher prevalence of these chronic diseases among women.
- For any acute illness during last 15 days prior to the survey, elderly spent on an average Rs. 1,519 on treatment. Two-third of these expenses (65%) incurred on medicine, 12% was incurred on transportation and 8% on diagnostic tests.
- About 7% of the elderly were hospitalized in the year prior to the survey. The hospitalization rate is relatively lower in urban areas (5%). The main reasons for hospitalization included Gastrointestinal, heart diseases febrile illness followed by neurological disorder and renal

diseases. Average expenditure on hospitalization was Rs. 8,163 with no significant difference between costs of hospitalization in government or private hospitals.

- Negligible percentage of elderly men and women are covered by any type of health insurance in the state.

### **Disability Rate among Elderly Higher than National Average**

- 3.28 lakh of the elderly persons in the state are having any form of disability, consisting of 1.65 lakh elderly men and 1.62 lakh women. The disability rate, defined as number of persons with any form of disability per 1000 population of the same age category, is 82.4, which is higher than this rate at the national level. Elderly men have higher disability rate (83 per 1000 elderly men) than elderly women (81.8) and is higher in rural (85.9) than urban areas (60.3).
- Among the elderly with disability, 28% of the elderly men had disability of movement, followed by 25% in seeing and 20% in hearing. These three types of the disability among women are 25%, 27% and 19% respectively. 14% of men and 16% of women elderly have multiple disabilities.

### **Good Array of Social Security Schemes for Elderly**

- A significant proportion of the elderly are aware of the three social security schemes: the Indira Gandhi National Old Age Pension Scheme (90%); the Indira Gandhi National Widowhood Pension Scheme (87%) and Annapurna Scheme (70%). The awareness is higher among elderly men than women both in rural and urban areas and comparatively higher among Below Poverty Line households than those belonging to Above Poverty Line households.
- 60% of the elderly women from BPL household avail of the IGNWPS and another 14% avail IGNOAPS. Around 44% of the elderly men from BPL household are receiving benefits. The utilization of IGNOAPS and IGNWPS is slightly higher in rural areas. Despite having higher awareness about Annapurna Scheme, only

meagre proportion (around 1%) of the elderly avail benefits.

## The Way Forward and Response Needed

With accelerating pace of population ageing in the state, current level of preparedness needs to be further augmented through policy and programme interventions for reducing various dimensions of vulnerability faced by the elderly. The study recommends following actions:

- 1. Better targeting and higher level of social pensions:** The universal coverage of social security schemes to all elderly from BPL household will be one of such policy option which could be pursued in short term. The participation of the elderly in the development process should also be ensured through opportunities created under the National Livelihood Mission (NLM), MGNREGA and other state sponsored schemes by ensuring effective implementation. As NLM provides for both financial and technical assistance to SHGs, elderly from BPL households need to be encouraged to form SHGs and equipped with the necessary entrepreneurial skills. Likewise, the elderly in rural areas can avail of MGNREGA to find employment but provisions for age-appropriate work will have to be specifically identified.
- 2. Focused Planning in Districts with Higher Proportion of Elderly:** Districts having higher proportion of aged persons need special attention to mainstream aging in all developmental planning.
- 3. Building Stronger Inter-generational Solidarity:** Since most of the elderly prefer to live with their children, it is important to encourage the idea of a joint family system. Media (print, audio and visual) should highlight the inter-generational bonding and mutual benefits from each other. Efforts are necessary to promote value education among school-going children and training family caregivers in care of the elderly.
- 4. Strengthening Health Care systems:** The National Programme for the Health Care for the Elderly (NPHCE) provides preventive, curative and rehabilitative services to elderly persons at

various levels of the health care delivery systems. This needs to be effectively implemented by prioritizing districts having higher proportion of elderly population. Strengthening NPHCE will go a long way in reducing financial burden for treatment of acute and chronic morbidities and hospitalization among elderly. The RSBY scheme needs to be expanded to ensure coverage of all BPL elderly households.

- 5. Promoting Policy and Programmes for Special Needs of Elderly Women:** Every aspect of vulnerability is greater among elderly women and it adversely affects their access to, and utilization of, services, resources and opportunities. There is a strong need for universalization of social pension and health insurance cover for all elderly women. Mapping of all women related schemes by various ministries of the government will have to be undertaken. Two important stakeholders, (a) Elected representatives of the State Assembly and members of Parliament from the state; and (b) Media can play major role in protecting the rights of senior citizens, especially women and creating positive attitude and image of ageing with more attention to elderly contributions and avoid projecting them as weak, dependent and burdensome.
- 6. Promoting Greater Role of PRIs:** The local elected representatives need to be sensitized to evolve and implement community-based care mechanism for the wellbeing of the elderly. PRI provides an excellent platform for convergence of various schemes and better targeting of the elderly in their area. PRIs are to be encouraged to implement various schemes such as identification and disbursement of old age pension, day-care centers, financial and legal advice, entertainment and linking up with public health systems.



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