

Elderly Population in India: Status and Support Systems



**Indian Association of Parliamentarians on
Population and Development**

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Foreword

The idea of undertaking a study on the elderly Population in India emerged from the Global Symposium on Ageing, at Seoul, in South Korea during October 2017, attended by a few members of Parliament from India. The idea was discussed in one of the subsequent meeting of Technical Advisory Committee (TAC) of the IAPPD, chaired by Prof. P. J. Kurien, Chairperson, IAPPD. The Chair welcomed it and suggested that a study be instituted on the 'Status of Ageing in India'.

It was viewed that 'Ageing' is going to take a magnum shape in the near future, in view of increasing expectation of life at birth, the gradual disappearance of joint family system in society, the need of the older persons for financial, social and medical support, leading to their increased dependence on society. Thus, a fair background knowledge is required to prepare right policies and programs to protect the interests of the senior citizens of the country.

Three members of TAC, Prof. Sudesh Nangia, Prof. P. P. Talwar and Dr Abhay Kumar were entrusted with the responsibility to prepare a proposal and undertake the study. This proposal was finally approved by the IAPPD in May 2019. We are happy that they took up the study and completed it within the stipulated time despite all odds.

In short, this study not only highlights the demographic, socio-economic and health profile of senior citizens in the country, but it also reflects on the concerns of members of our Parliament on the issues of 'Ageing'. Further, it also gives a synopsis of the temporal policies and programmes of the Government of India which provide support to senior citizens.

The findings of this report could serve as guidelines for framing policies and programmes for senior citizens or strengthening them. The report is also expected to help the political leaders in sensitizing the communities in their constituencies to the concerns of the elderly, realising their limitation at the old age; notwithstanding the elders' contributions to the society during their heydays. The study would also be useful for the academicians,

research scientists, programme managers for theoretical and empirical dialogues.

Once again, we wish to thank Prof. Nangia, Prof. Talwar and Dr Abhay Kumar for taking up this challenging task and completing the study within a short period of time. We would also like to thank Ms. Ankita Srivastav for providing necessary research assistance for this report.

Manmohan Sharma
Secretary, IAPPD

Viplove Thakur, MP
Vice-Chair, Standing Committee
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Acknowledgments

The idea of undertaking a study on the elderly population in India emerged from the 'Global Symposium on Ageing' held at Seoul, South Korea in 2017 attended by a few parliamentarians from India. This was discussed in one of the subsequent meetings of the Technical Advisory Committee (TAC) of Indian Association of Parliamentarians on Population and Development (IAPPD) where the Secretary Shri Manmohan Sharma mooted the idea of undertaking in-house study on ageing which could help in enhancing the role of parliamentarians in addressing the issues of this emerging problem in India. Following this, a project proposal was prepared by Prof. Sudesh Nangia on 'Enhancing the Role of Parliamentarians on Tapping the Talents, Contributions and Participation of Older Persons in Society – A Step Towards Active Ageing'. The proposal was discussed in one of the subsequent meetings of TAC chaired by Prof. P.J. Kurien, Chairperson of the IAPPD. The Chairperson welcomed the proposal and emphasized the need of working on elderly population in India based on latest statistics and information to sensitize the parliamentarians on their emerging issues. The proposal for this study was finally approved by IAPPD in May 2019. The task was assigned to Prof. Sudesh Nangia, Prof. P.P. Talwar and Dr. Abhay Kumar.

We immensely thank Prof. Kurien and the TAC members for acknowledging this issue as a national issue to be deliberated among elected representatives. Shri Manmohan Sharma, the Secretary, IAPPD, has been a constant support in facilitating necessary logistics to execute this work. This report was funded by IAPPD. We sincerely thank the Board of Trustees for approving this project.

We would like to extend our deep gratitude to TAC colleagues Dr. Jai Narain, Dr. J.S. Yadav, Dr. Deepak Gupta, Mr. R.P. Tyagi and Ms. Suneeta Mukherjee for reviewing the draft of this report and providing us valuable comments and feedback. Their comments have immensely helped in improving the report.

Ms. Ankita Srivastava has provided research assistance for this report. She worked industriously in collecting literature, mining the large datasets from various sources and tabulating them, preparing maps and charts for this report. We appreciate her support and thank her for working with us despite her impending personal commitments. Thanks for Ms. Richa Bhutani for providing necessary research support. We would also like to thank officials of IAPPD particularly Mr. Bhandari, Mr. Harish, Ms. Maya, Ms. Sangeeta, Mr. Rattan Lal, Mr. Sanjeev, Mr. Moti for providing all the support during our several rounds of meetings in the IAPPD for carrying out the work of this report. We particularly would like to thank Ms. Maya and Ms. Sangeeta for digging out large data on parliamentary questions from the parliament website and also assisting us in typing some of the sections of this report.

We hope that this study shall provide useful information in sensitization of the elected representatives on the issues of elderly population in India and for instituting further policies and programmes for the welfare of senior citizens in this country.

Sudesh Nangia

Abhay Kumar

P.P. Talwar

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List of Acronyms

ANM	Auxiliary Nurse Midwife
ASDR	Age Specific Death Rate
ASHA	Accredited Social Health Activist
AWW	Anganwadi Workers
Cr.P.C	Code of Criminal Procedure
CSDHA	UN Centre for Social Development and Humanitarian Affairs
IAPPD	Indian Association of Parliamentarians on Population and Development
IGNOAPS	Indira Gandhi National Old Age Pension Scheme (IGNOAPS)
IPOP	Integrated Programme for Older Persons
IPSrC	Integrated Programme for Senior Citizens
MCCD	Medical Certification of Cause of Death
MLA	Member of Legislative Assembly
MP	Member of Parliament
NIAC	New India Assurance Co. Ltd.
NOAP	National Old Age Pension
NPHCE	National Programme for Health Care of Elderly
NPOP	National Policy on Older Persons
NSSO	National Sample Survey Office
ORGI	Office of Registrar General of India
RBD	Registration of Births and Deaths
SCUP	Senior Citizens Unit Plan

Executive Summary

Background

India is not only home to the second largest population but also to the second largest elderly population. Despite this, India is considered as a nation with young population because the proportion of the elderly in total population is still much lesser than some of the ageing countries such as Japan, Italy, Germany, Portugal etc. But, the growth rate of India's ageing population is double that of its total population and therefore this population is going to grow fast. The issues and problems that ageing population faces are large and important and are going to multiply. Providing quality life to them poses and will pose several challenges. It's high time that suitable policies and programs are framed (by taking note of these challenges) for providing productive and quality life to the elderly population. This is also important from the larger perspective of leaving no one behind as committed in the Sustainable Development Goals. This report will be useful to sensitize elected representatives of these looming challenges of the elderly population in India so that they can be involved better in their programs and help in better achievements.

The changing age distribution where elderly population is increasing fast, has its own issues and challenges. It impacts various dimensions of society. At micro-level, the elderly people have problem of keeping themselves active and productive to avoid boredom, isolation, and feeling of "uselessness". They may also be facing financial problem besides their need for social support or physical security. This period (of old ages) is particularly critical for women who are not only in larger numbers but may be widows, divorced or separated and thus need to depend on others for their economic, social and physical support. The family, society and the government have to share the responsibility to ensure that their life is safe and their living is satisfactory and of reasonable quality. After all, they have contributed in the overall growth of the society in their productive years and now with their low biological/physiological capacities they expect society to provide them support that they need.

This report discusses various aspects of the life of the elderly. It starts with a discussion on the issues and challenges, goes to the support of the government, NGOs and civil society members provide to them and ends with a set of recommendations as to how programs and policies for the elderly can be more effective in achieving their goals. It particularly looks at the role that the elected representatives can play in strengthening the services and effectiveness of the programs for the elderly by looking at the awareness of the MPs on the issues of this population group.

Objectives

The objectives of this report are following:

- i) To study the demographic and socio-economic profile of elderly population in India and the states;
- ii) To understand the awareness of Parliamentarians on the issue of Ageing by analysing questions raised by them in the Parliament during question hours so as to prepare them for greater involvement in the programs of the elderly;
- iii) To review and discuss various constitutional provisions, legislations, programs and policies of the government for the welfare of the elderly in order to understand the gaps; and
- iv) To make recommendations for strengthening the policies and programs to make life of senior citizens more productive and satisfying.

Data and methods

Various data on the profile of 60 plus population have been mined to prepare this report. Data on profile of 60 years and above population in India for this report have been used from three different sources: Census of India Publications for the years 2001 and 2011; Abridged life tables, 2001-05 and 2012-16 as issued by the Office of the Registrar General of India (ORGI); and Medical Certification of Cause of Death (MCCD) Reports (ORGI), 2009 & 2015; and the report of the NSSO 60th round, 2004.

Apart from these secondary data, data was also collected to understand the awareness and interest of the Parliamentarians on the issues of the elderly population by downloading questions of Parliamentarians which they ask/raise during question hour. The questions in the 15th (2009-2014)

and 16th (2015-2019) Lok Sabha and also from Rajya Sabha have been used for the analysis in this report.

Various documents and books/articles have been referred to present the synoptic review of the policies and programmes for the elderly in India.

Simple Tables showing percentage distribution using the above data sources have been used to present data for the ease of understanding numbers and magnitude of the problem. Life expectancy and survival ratios at age 60, by place of residence and sex, for India and bigger states have been calculated for 2001-05 & 2012-16. For morbidity conditions, distribution of Mortality among Persons in the Age Group 55 above by Major Cause Groups (India) at two time points has been obtained using the MCCD for the years 2009 and 2015.

To analyse the spatial pattern of these characteristics of the elderly for India and State/ Union Territories, maps have been prepared for the years 2001 and 2011 using QGIS software.

Findings

Demographically, the aged population (60+) is growing two-times faster than the population in general. It is attributed to the increase in the expectation of life, decline in mortality rates and improvement in general health parameters. It is both a matter of satisfaction and concern – satisfaction, as there is a breakthrough in the average life span as a result of technical innovations in health field, and concerns, as it brings further challenges to keep the ageing population healthy, socially acceptable and economically comfortable and actively productive.

The social and economic statistics indicate that senior citizens face many challenges on account of their educational background, physical stamina and general acceptance in the market for productive work. This total number of elderly will be composed of more females than males; the sex ratio for 60+ population in 2011 is 1033 females per thousand males. Only 25.4 % elderly females and 55.7% males are literate. The average remaining length of life at age 60 is 16.9 years for males and 19.0 years for females. It is our moral duty to provide them these years of happy and satisfying life. Another issue, particularly for females, during this stage of their life (Ageing) is their dependency for their financial needs and/or for the security reasons. Two sets of statistics, namely, 50% “females

are unmarried”(without spouses) and “84% females are dependent on others” suggests need for some sort of family support. Quite a large per cent of the elderly are living with their children or “others”. In such living, quality needs to be ensured as one hears certain degree of abuse of elderly people even in these arrangements, and this is increasing over time. In other words, the family, society and/or the government has to come in the picture to ensure that life of senior citizens is safe, and their living is satisfactory and of reasonable quality. This need of the elderly has to be met through programs, policies and legislations by governments as well as some arrangements of the younger generation to look after and support their elderly parents and relatives.

Analysis of parliament questions shows that only a few questions were raised by Parliamentarians on the issues of ageing, with an average of less than thirty questions in a year. Most of the questions were of general nature; there was no particular focus. Many states were not covered with their state-specific questions. Questions were largely related to socio-economic and health status and housing (old age homes). The response to the questions from the Ministry also revealed that the data were not centralized and thus were not easily available on many of the issues raised. In other words, ageing is still not considered as an important issue. There is a need to sensitize the elected representatives so as to increase their involvement in the issues and problems of elderly people. The critical examination of the policies and programmes indicates that there have been number of policies, programmes and schemes specifically meant for elderly population in India. This shows the awareness of the government to the needs of the elderly. However, what is now required is their advocacy, sensitization of the public servants and civil society and their effective implementation so as to achieve the desired results.

Recommendations

Based on the above discussion, the following recommendations are made to improve quality of life of the elderly people in India:

- Resource and intervention need to be prioritized for the most vulnerable among the elderly such as elderly females who are single and dependent.
- The data and evidence on elderly should be made available more frequently and at more disaggregated level, at least at district levels.

In the absence of credible, useful and timely data, policies and programmes will not be specific but general in nature, with low impact. This will also lead to an evidence-based national multi-sectoral action plan or legislation. An inter-ministerial taskforce can be constituted for this purpose.

- Government should conceptualize a programme like ‘planning your golden year’. This policy of better preparedness shall encourage middle aged, even younger populace to design a healthy and a more economically secured golden-age.
- Government should think of starting well managed “senior citizen’s homes” so that they can get shelter in safe and secure places. Security and quality of management should be good so that inhabitants find themselves safe.
- There should be sensitization drive through media activities so that kith & kin and neighbours of the aged persons should give them respect and care they deserve as not all of them can be accommodated in the Old Age Homes.
- Many elderly people will like to continue to be productive even beyond their age of retirement (60+). There should be push for changes in the retirement policy. Elderly should have opportunity to re-orient their expertise/skill, if necessary, so that they can productively keep themselves engaged and busy and contribute to the society and the nation.
- The facilities/programs created for the elderly are very poorly monitored. There is a need that these facilities should be micro-monitored so that facilities and services in each such facility remain good and actually help in improvement of the quality of life of the elderly.
- Safety and security of the elderly population is a big concern. Proper training arrangement of police personnel should be included in their training curriculum.
- Every program/facility created by government or NGOs should have a strong and well-functioning Grievance Redresser Cell so that all grievances related to their functioning can be reported and corrective actions are taken fast.

- There is a need to create awareness among the elderly of the programs and facilities created for them. At field level, field level workers of health like ASHAs, AWWs and ANMs and similar other field level workers of other sectors like Agriculture, Education, Women and Child Development could be sensitized so that they can help and guide those who are potential users of the facilities/programs created. Other important sources for creating awareness are NGOs and civil society members.
- One very important source of spreading the message on the created facilities/services is elected representatives at all levels. Indian Association of Parliamentarians on Population and Development (IAPPD)¹ could become very effective source for involving the elected representatives in spreading awareness and ensuring quality of services in these facilities (monitoring the functioning of the facilities).

¹ IAPPD has been engaged in involving the elected representatives at all levels (MPs, MLAs, and those elected in Panchayati Raj Institutions). They can take up challenge of involving these people in the issues related to the elderly.

Chapter 1

Introduction

1.1 Background

The world over, there has been a silent revolution in human population which is reflected in increase in longevity and decrease in fertility. It has changed the shape of the age pyramid; bulge is shifting from children to older population. Though the process and the pace may be different in different countries, but the trend is similar in all countries. The picture can be visualized from the fact that the global average rate of population growth is 1.2 per cent, but for older persons (60 years and above) it is 2.6 per cent and for 80 years and above, it is 4.0 per cent. It is projected that by 2050, there will be 2 billion senior citizens (60 years and above), constituting 22 per cent of the total population of the world.

In India, the changing demographic scenario of low mortality, high expectation of life, rapidly declining fertility and modern medical care has been increasing India's elderly population (60 years and above) both in numbers and proportions. This number and proportion have been increasing fast; its number in 2001 was 76.6 million, which increased to 103.8 million in 2011. The proportion went up from 7.5 per cent in 2001 to 8.6 per cent in 2011. It is projected to be 318 million in 2050 and will make 20 per cent of India's population.

Furthermore, 104 million people above the age of 60 years in India in 2011 are made up of 51 million males and 53 million females, indicating that there are more females than males among the elderly population. Thus, the sex ratio for 60+ population in 2011 is 1033 females per thousand males. The increase in life expectancy is higher for female than for male population. The average remaining length of life at age 60 is 18 years (16.9 years for males and 19 years for females). A look at the marital status of the elderly will point out that it is much more unfavourable for women because almost half of them are widowed/separated/divorced and thus become more vulnerable for their financial, social and physical security

needs. This status is in contrast to the male status where more than 80 per cent are currently married (whereas less than 50 per cent females are currently married).

This changing age distribution where elderly population is increasing fast, has its own issues and problems. It impacts various dimensions of society. At micro-level, the elderly people have problem of keeping themselves active and productive to avoid boredom, isolation, and feeling of “uselessness”. They may also be facing financial problem besides their need for social support or physical security. This period (of old ages) is particularly critical for women who are not only in larger numbers but may be widows, divorced or separated and thus need to depend on others for their economic, social and physical support. The family, society and the government have to come in the picture to ensure that their life is safe and their living is satisfactory and of reasonable quality. After all, they have contributed in the overall growth of the society in their productive years and now with their low biological/physiological capacities they expect society to provide them support they need. Against the type of social support they need and expect, there are situations when society gives them low attention because of “Ageism” (prejudice or discrimination against the older persons). The prejudice against the old may be and is all pervasive, at home, in the community and at workplace. Several studies suggest that senior citizens often have to face neglect, apathy, abuse and poor treatment at home by their kith and kin. Such feeling has negative implications for their health, well-being and living (Choudhary, 2019; Dhoop, 2019; Rajan and Kumar, 2003).

Reaching older ages need not always be seen as a “downhill” situation. It does have its positives when many elderly people have acquired their basic needs like homes and a fixed income but have no liability (as children are settled and are on their own) and thus could enjoy a peaceful and satisfactory life. A study on subjective well-being of senior citizens in Kerala indicates that nearly half the population (48.1% males and 51.8% females) responded positively to the factor of ageing in the sense that their present life was better than the past, that they achieved satisfactory standard of living and social status and felt confident of coping with the future. They feel that they have earned such peaceful and enjoyable life (Nair, M. and A. Anjana; 1982).

But overall, elderly population has problems of social support. They may not have resources to meet their basic needs and thus look for family and

society's support. This is particularly so in the current scenario of changing social norms and values when young women are engaged in and are busy with their own professional and family responsibilities and thus have no time to look after elderly people at home. The housing crunch and small size of the houses, particularly in urban areas make children unable to bring and keep their elderly members with them and thus are forced to leave parents and elderly members in their native places to live alone. Even if they support them financially, they are not supporting them emotionally. In such situations, society and the government must come into picture to see that elderly population live a reasonable and satisfying life. Legislations are to be enacted that children and society members fulfil their obligations towards their elderly family and society members. Not only government should provide some basic support to elderly people in their good living but also make arrangements for their emotional needs by setting day-care and old age homes where they have other peer group to interact with. This is done through programs, policies and legislations.

There is a need, therefore, to look at all the issues and problems of the elderly population in a holistic fashion. This is also important from the larger perspective of leaving no one behind as committed in the Sustainable Development Goals. This report attempts to fulfil that need. It not only attempts to look at the size, growth and other demographic dimensions of the elderly population but also discusses their problems of health, work and finances and their social and physical security, particularly of the female members of the group. The idea here is to understand problems of older male and female population comprehensively. Since this is only one side of the story of older population, this report has also covered the other side where it has studied the type of support older population get from family, society, civil society members and the government. The idea here is to know the extent to which needs of the older people are being met so that gaps can be identified to make suitable recommendations for senior citizens to enjoy a satisfying life. Since this report is supported by the Indian Association of Parliamentarians on Population and Development (IAPPD), it has added one chapter on the awareness of the Members of Parliament on the issues of elderly people. It is done with an assumption that Members of Parliament should know the problems of elderly people so that they can bring suitable laws, policies and programs for making life of elderly population more productive and satisfying. In other words, this report makes an attempt to understand issues and problems of elderly population comprehensively and suggest what family members, civil society

members and government can do for making their life more productive and satisfying. It has added a section which will be helpful in involving the Members of Parliament in contributing towards improvement in the life of elderly people by understanding their current awareness and interest in the elderly population. One indicator of awareness and interest is the type of questions they raise and ask the government during Parliament sessions. This information can and will be used [by Indian Association of Parliamentarians on Population and Development (IAPPD)] to sensitize them with the issues so that their involvement in the betterment of the life of elderly population can be enhanced.

1.2 Aims & Objectives

More specifically, following are the objectives of this report:

- i) To study the demographic and socio-economic profile of elderly population in India and the states, covering their age and sex distribution, literacy and educational levels, economic status and dependency, health status and living arrangements (to understand their issues and problems holistically, in all dimensions);
- ii) To know the awareness of Parliamentarians on the issue of Ageing by analysing questions raised by them in the Parliament sessions (so as to undertake advocacy of their issues among them to increase their involvement in addressing the problems of senior citizens);
- iii) To review and discuss the constitutional provisions for the elderly, legislations and programs and policies of the government and other important activities (for supporting elderly population to live a satisfying life); and
- iv) To make recommendations for strengthening the policies and programs to make life of senior citizens more productive and satisfying.

1.3 Data and Methods

Sources of Data

Data on profile of 60+ population in India are available from three different sources: Census of India Publications for the years 2001 and 2011, Abridged

life tables, 2001-05 and 2012-16, and Medical Certification of Cause of Death (MCCD) Reports, 2009 & 2015 issued by the Office of the Registrar General of India (ORGI) and the NSSO 60th round, 2004.

General Population Tables, Socio-Cultural and Economics Tables from Census of India 2001 & Census 2011 have been used to generate tables related to the statistical profile of population (60+).

The data on morbidity and mortality among the elderly (aged 60 and above) have been collected from two different sources. For mortality indicator, life expectancy at the age of 60, data have been procured from the abridged life tables for the years 2001-05 and 2012-16 constructed by the ORGI from SRS data. For the present study, two-time point life table data, viz. 2001-05 & 2012-16 have been used.

The Office of the Registrar General of India (ORGI) procures data on medically certified deaths collected, compiled and tabulated by the Offices of the Chief Registrars of Births and Deaths of the States/UTs. This source has been used to prepare MCCD-2009 and MCCD 2015 reports by the office of Registrar General of India which has been used in this report.

Subjective perception of health by the elderly population is covered in the National Sample Survey (NSS), 60th round, 2004. National and state level estimates are used to show perception of the current state of health by the elderly. The NSS also provides data on living arrangements of the elderly. The same has been used to reflect on the living arrangements. Though, this dataset is relatively older than the other datasets, but in view of the fact that no such data are available for a more recent period, this data was used to reflect subjective perception on health status of the elderly people.

Apart from the secondary data from various sources cited above, primary data was collected on the awareness and interest of the Parliamentarians on the issues of the elderly population. This was based on the questions Parliamentarians asked/raised on the floor of the house about the issues, problems and progress of various program for the senior citizens. The questions in the 15th (2009-2014) and 16th (2015-2019) Lok Sabha and Rajya Sabha have been used for analysis of the awareness and interest of the Parliamentarians.

This part of the analysis was particularly done because this study was sponsored by IAPPD which is an advocacy-oriented (among Parliamentarians) organization and would like to use the findings for its

own activities. This kind of analysis will help it in undertaking advocacy and sensitization activities among the elected representatives to enhance their involvement on the issues and problems of the elderly.

Various documents have been referred to present the synoptic review of the policies and programmes for the elderly in India. Ministry of Social Justice and Empowerment is the nodal ministry for the well-being of the elderly population in India. They come out with policies, programmes on periodic basis.

Methodology

Simple Tables have been generated showing percentage figures for elderly people age 60 and above by various background characteristics using the above data sources. These background characteristics include the following: age-sex composition, residence, sex-ratio, literacy and education, marital status and work participation among the elderly for the years 2001 and 2011. Life expectancy and survival ratios at age 60, by place of residence and sex, for India and bigger states have been calculated for 2001-05 & 2012-16 Life Tables computed by the Office of the Registrar General of India. For morbidity conditions, distribution of mortality among Persons in the Age Group 55 and above by Major Cause Groups (India) at two time points has been obtained using the MCCD for the years 2009 and 2015.

To analyse the spatial pattern of these characteristics of the elderly for India and State/ Union Territories, maps have been prepared for the years 2001 and 2011 using QGIS software. The data has been categorized on quartile basis and choropleth maps have been computer-generated. The data, wherever feasible is also presented through the graphs and diagrams.

There has also been a qualitative review of the policies and programmes of the Government with a view to highlight the key elements of concern for the welfare of senior citizens.

The substance on the quality of life of senior citizens is derived from the primary and secondary work conducted under several research studies and the contributions from the non-governmental Organisations.

1.4 Chapter Plan

The study is planned under five chapters. The first chapter, “Introduction” provides background to the relevance of this exercise, elaborates on the

aims and objectives, discusses various sources of statistical data and textual information on which the text is based; elaborates on various quantitative and qualitative methods and techniques used in the analysis; provides survey of literature and the chapter scheme. The second chapter discusses the demographic, social, economic and health aspects of the elderly population by using various official datasets. In Chapter 3, “Concern for Elderly shown by Parliamentarians”, analysis is based on the questions raised by members of Parliament, both in Lok Sabha and Rajya Sabha, on the Floor of the house during the question-hours. The period covered is from 2009-2019, covering 15th and 16th Houses of Parliament. Chapter 4 provides a review of the policies and programmes of the government of India for the welfare of Senior Citizens in the country. Chapter 5 provides summary and key recommendations.

Chapter II

Demographic and Socio-Economic Profile of Elderly Population in India

This chapter is composed of two parts; first part presents the trend and current demographic status of elderly population (60+ and sometimes 80+) and the second part covers socio-economic, health and living patterns profile of the elderly people.

I. Demographic Profile of elderly population

In 2001, India had a total of about 76 million elderly (60+) population. This was 7.4 percent of the total population of India. It increased to about 104 million in 2011 making 8.6 per cent of the total population. In terms of decadal growth rate, while India's total population grew by 17.2 per cent during 2001-2011, the elderly population (ages 60 +) grew by 35.5 per cent, nearly at double the rate of India's all age population.

2.1 Age, sex and residential pattern

Population size by age, sex and residence of elderly population is shown in Appendix Table 2.1. The size of elderly population in 2011 was 103.9 million, with 51.1 million males and 52.8 million females. Their distribution in rural and urban areas is in proportion of 71:29 where as the all age population distribution is 69:31. It shows that elderly population presence in rural areas is relatively higher.

Trend in per cent elderly population (60+) in the census years 1961 to 2011 by sex and residence is shown in Table 2.1. Their projected percentage by sex for the years 2021 and 2026, as projected by the Expert Committee of the Planning Commission, is also shown in the Table.

Table 2.1 Trends in percent elderly population (60+) by sex and residence

Census year	Population by sex			Residence	
	Total	Male	Female	Rural	Urban
1961	5.6	5.5	5.8	5.8	4.7
1971	6.0	5.9	6.0	6.2	5.0
1981	6.5	6.4	6.6	6.8	5.4
1991	6.8	6.7	6.8	7.1	5.7
2001	7.4	7.1	7.8	7.7	6.7
2011	8.6	8.2	9.0	8.8	8.1
Projected Trends					
2021	10.7	10.2	11.3		
2026	12.5	11.8	13.1		

Source: Census of India & Expert Committee of Planning Commission, 2006.

Five points are clearly emerging out of this Table, they are: (i) percent elderly female population (of the total population) is higher than elderly male, (ii) percent rural population of elderly is higher than urban, (iii) the percent elderly population has been increasing in all the decades, (iv) the increase is much more rapid in the last two decades, 1991-2001 and 2001-2011, more particularly in the last decade, 2001-2011 and (v) increase in urban elderly percentage has been much greater than rural in the last two decades. In other words, there is going to be rapid increase in percent elderly population in the coming years and this increase is going to be more in urban areas, though rural percentage of elderly population is still higher. Map 2.1 shows state-wise percent population in the states/UTs of India in 2011.

As far as future projections of the elderly are concerned, the percentage-wise population in 2026 will only be about 13 per cent but the number will be very large because of the large base population.

Age distribution of elderly population is shown in Table 2.2. It also shows the percent population in older age group of 80+.

Map 2.1: Proportion of Elderly Population (60+) in India, 2011

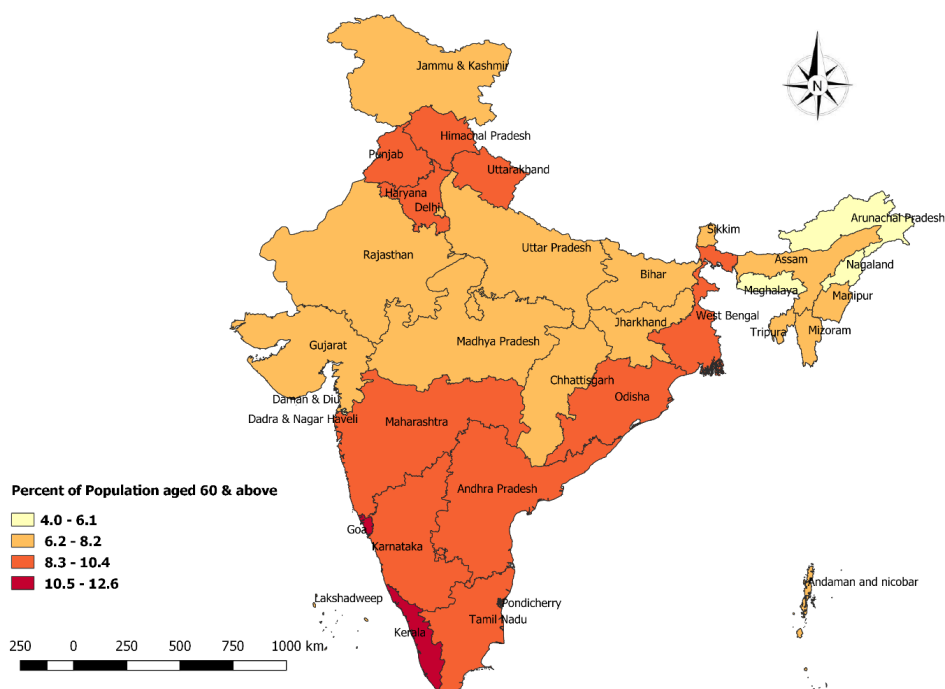


Table 2.2: Proportion of Elderly Population (60+) in India by Age, Sex and Residence in 2001 and 2011

Age groups	2001			2011		
	Person	Male	Female	Person	Male	Female
Total Population						
60+	7.45	7.10	7.83	8.58	8.19	8.98
60-69	4.60	4.33	4.89	5.30	5.08	5.53
70-79	2.07	2.03	2.11	2.35	2.27	2.43
80+	0.78	0.74	0.83	0.93	0.85	1.02
Rural Population						
60+	7.74	7.43	8.06	8.79	8.41	9.19
60-69	4.78	4.51	5.06	5.42	5.18	5.68
70-79	2.15	2.14	2.16	2.42	2.36	2.49
80+	0.81	0.78	0.84	0.95	0.88	1.02
Urban Population						
60+	6.70	6.25	7.21	8.10	7.71	8.52

Age groups	2001			2011		
	Person	Male	Female	Person	Male	Female
60-69	4.14	3.88	4.44	5.01	4.86	5.18
70-79	1.85	1.75	1.97	2.19	2.07	2.31
80+	0.71	0.62	0.80	0.90	0.78	1.03

Source: Census of India: General Population tables A-series, 2001-2011.

Two points come out clearly from this table. There is very sharp decline in older population after the age of 70 years and less than one per cent population reaches the ages 80 and over. The first point seems to be clear from the fact that expectation of life in India in the years 2001 and 2011 was around 65 to 67 years and thus very few people survive after this age. Regarding population in the ages 80+, it should be clear from data in the table 2.3 that 80+ population will grow very fast in the future as the rate of growth of this population is much higher in comparison to age 60+, and it is particularly so for female population. In other words, 80+ female population in urban areas is going to increase very fast in future. One needs to plan for the services which 80+ females will require—economic and social security.

Table 2.3: Per cent Growth Rate of Elderly in the decade 2001-2011

Age group	Person	Male	Female
Total Population			
60+	35.5	35.2	35.8
80+	40.4	34.8	45.8
Rural Population			
60+	27.6	26.9	28.2
80+	31.2	26.2	36.1
Urban Population			
60+	59.3	60.2	58.5
80+	67.8	62.2	72.7

Source: Census of India: General Population tables A-series, 2001-2011

2.2 Marital Status

Table 2.4 shows marital status of elderly in last two censuses (2001 and 2011). Marital status of elderly females in the age group 60+ is much more unfavourable because almost half of them are widowed/separated/divorced and thus become more vulnerable for financial, social and physical security. This status is in great contrast to the male status where

more than 80 per cent are currently married (less than 50 per cent females are currently married).

Table 2.4: Marital status of elderly population (60+ and 80+) by sex and residence, 2001 and 2011

Marital status	2001			2011			2001		2011	
	T	M	F	T	M	F	R	U	R	U
Elderly 60+										
Never married	2.0	2.5	1.5	2.5	2.9	2.0	1.8	2.6	2.2	3.1
Currently married	64.5	82.1	47.3	65.6	82.1	49.6	64.7	63.9	65.7	65.4
Widowed/separated/Divorced	33.5	15.3	51.2	32.0	15.0	48.4	33.5	33.5	32.2	31.5
Elderly 80+										
Never married	4.4	5.4	3.5	5.9	7.5	4.5	4.1	5.5	5.3	7.3
Currently married	44.7	65.3	25.1	42.9	62.0	26.1	45.3	42.8	43.3	42.0
Widowed/Separated/Divorced	50.9	29.3	71.4	51.2	30.5	69.4	50.6	51.7	51.4	50.7

Source: Census of India: Socio-cultural tables C-series, 2001-2011

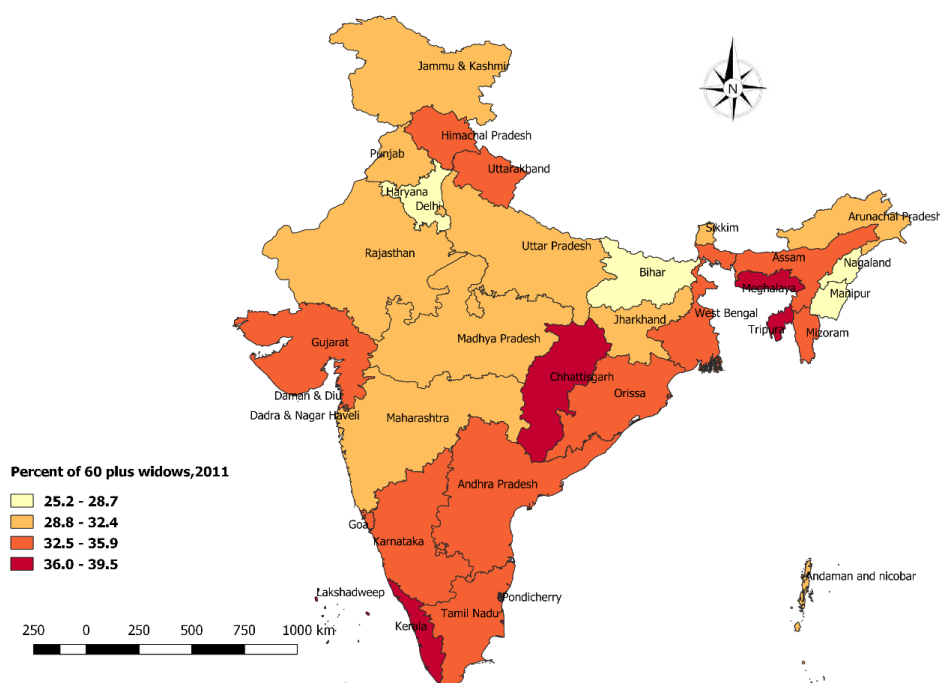
There is not much difference in rural and urban resident population in terms of their marital status—the vulnerability of females is similar in both residential areas.

The situation becomes worse in the case of female elderly-elderly population of 80+. Almost 75 per cent are either single or widowed/divorced/separated and thus are vulnerable in the society.

Map 2.2 shows the inter-state variations in the widowhood pattern among the total elderly population. The states of Kerala, Chhattisgarh, Assam, and Tripura have high level of widowhood of over 36 per cent. On the other extreme, Bihar, Delhi, Haryana, Nagaland and Manipur have low level of widowed elderly (<28.7 per cent)

2.3 Gender Dimension of Ageing

The higher number of elderly females (compared to males) in population also gets reflected in the sex-ratio (females per 1000 males) of the sixty plus population (Table 2.5). For sixty plus population, sex-ratio was 1029 and 1033 females per thousand males in the years 2001 and 2011 respectively.

Map 2.2: Widowed elderly (%) aged 60 and above in India, 2011

Source: Prepared with the data from Census of India: Socio-cultural tables C-series, 2001-2011

This high sex ratio is in contrast to the sex ratio in the all age population of these years—933 and 940 females per 1000 males. This scenario is on expected lines as higher female life expectancy and survival ratio is the general norm for all countries including India for these ages. The scenario is similar when one considers elderly population of 80+ except the level of sex ratio increases.

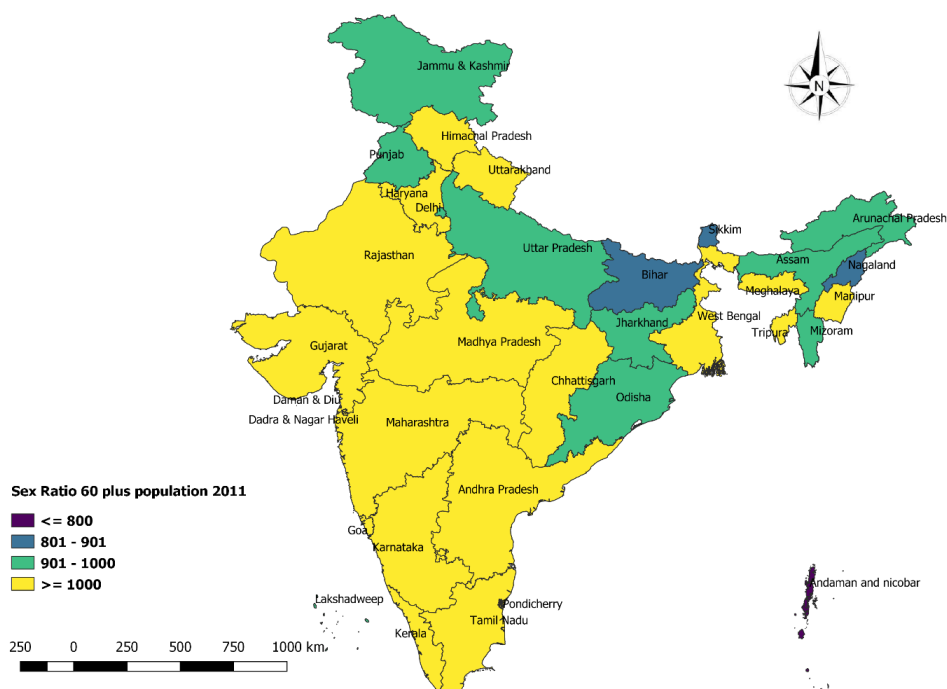
No consistent picture was found for the rural/urban differentials in sex ratio for the elderly population of 60+ but substantially more females were found in the elderly population of 80+ in both the censuses of 2001 and 2011. Sex ratio of 80+ population in urban population was much higher than rural areas.

Table 2.5: Sex Ratio of the Elderly Population in India, 2001 and 2011

Age group	2001			2011		
	Total	Rural	Urban	Total	Rural	Urban
60+	1,029	1,026	1,038	1,033	1,036	1,027
60-69	1,052	1,060	1,030	1,026	1,042	989
70-79	970	956	1,014	1,011	1,001	1,037
80+	1,051	1,017	1,161	1,137	1,096	1,236

Source: Census of India: General Population tables A-series, 2001-2011

The state level sex ratio of sixty plus population is presented in Map 2.3. The map shows that states in southern, central and western India have higher sex ratio (more females than males). Kerala has the highest sixty plus sex ratio (1226), followed by Goa (1200). On the other extreme, elderly population in Sikkim has the lowest sex ratio in the country (813). Nagaland (875) and Bihar (877) too have very low level of sex ratios among their elderly population. Among UTs, Daman and Diu have the highest sex ratio (1331) and Andaman and Nicobar Islands the lowest (792) sex ratio.

Map 2.3: Sex ratio (female per thousand male) of elderly aged 60 and above in India, 2011

Source: Census of India: General Population tables A-series, 2011

II. Socio-Economic Profile of Elderly Population

2.4 Literacy and educational attainment

Literacy and educational attainment are important factors which can affect social, economic, health and other well-being of the elderly. The literacy rate of the elderly population (60+) in 2001 was found to be 36.3; this increased slightly in the next decade and became 40.5 percent in 2011 (Table 2.6). It is much lower for elderly-elderly (80+). The gender difference in literacy is quite high - male literacy is more than two times that of the female. The situation is the same for both groups of elderly, be it 60+ or 80+.

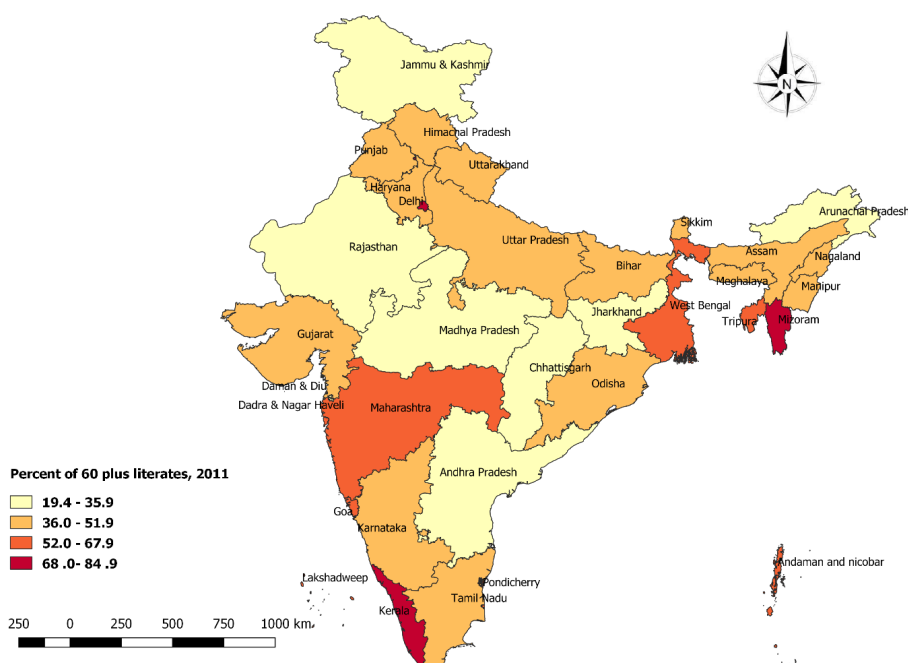
In terms of residence (Rural/Urban), the literacy rate among elderly is more than two times in urban areas compared to rural, both in 60+ and 80+ elderly population groups. The gender differentials in rural areas are very high — more than three times males are literate than females though literacy rates for even males is less than 50 per cent. In contrast, urban areas have lower gender differentials in literacy rates among elderly. In general, there is a greater divide in literacy levels between gender and residence.

Table 2.6: Literacy by age, sex and residence, India 2001 and 2011

Age-group	2001			2011		
	Person	Male	Female	Person	Male	Female
Total population						
60+	36.3	52.8	20.3	40.5	55.7	25.4
80+	32.8	48.4	18.0	39.0	53.5	26.2
Rural population						
60+	29.0	45.5	13.0	31.2	46.8	15.6
80+	26.7	41.6	12.0	30.5	45.0	17.2
Urban population						
60+	58.1	75.0	41.8	63.2	78.0	49.0
80+	50.9	70.1	34.4	58.7	74.6	45.8

Source: Census of India: Socio-cultural tables C-series, 2001-2011

The state level pattern of literacy among elderly population (60+) is presented in Map 4.

Map 2.4: Literacy rates among elderly population (60+) in India, 2011

Source: Census of India: Socio-cultural tables C-series, 2011

The state level pattern of literacy among elderly population (60+) is presented in Map 2.4. The highest literacy rate of the elderly population was found in Mizoram (84.1%), followed by Kerala (79.2%) and Delhi (69.0%). The states of Goa (67.6%), West Bengal (55.5%), and Maharashtra (53.5%) too has high literacy rates for their elderly population, in the range of 52.0 - 67.8 per cent. Tamil Nadu, Karnataka, Gujarat, Odisha and northern states ranging from Himachal Pradesh to Bihar and also the northeastern states except Mizoram and Tripura had the literacy rates ranging 36.0 - 51.9 per cent. Central Indian states, Rajasthan to Madhya Pradesh, Chhattisgarh, Jharkhand and Andhra Pradesh had recorded the lowest literacy among their elderly population. Jammu and Kashmir and Arunachal Pradesh also had low literacy rate in the country.

Census data also provides information on the educational attainment by age. It provides details on educational level by grouping educational level into several categories of education but for the purpose of this study/report, these categories have been clubbed together into three broad groups – Up to Upper Primary (up to class 8), higher secondary (up to 12 class including technical diploma) and graduate and above (Table 2.7).

Among the literates, the highest proportion of elderly (60+) had education up to 8th grade (77%) in 2001, remaining were either higher secondary or graduates and above. The spread of education into three categories slightly improved in 2011. The status was similar for elderly population in 80+. Gender and residence differentials in educational attainment are very sharp and wide. While 21.4 per cent of the elderly males in 2011 had educational level above upper primary, this figure for female elderly was only 6.4 per cent. Similarly, in urban areas, 33.3 per cent elderly male population had educational level above upper primary; in rural areas, this figure was only 12.3 per cent. Elderly with educational level of graduate and above in both females and in rural areas is negligible. There is a need to bridge the gender and residence gap in the educational attainment of population so that situation becomes better when the current population reaches in elderly age groups.

Table 2.7: Level of education of elderly population by age, sex and residence, India 2001 and 2011

	Upper Primary up to 8			Higher secondary including technical			Graduate & above		
	Person	Male	Female	Person	Male	Female	Person	Male	Female
Total - 2001									
60+	27.8	38.8	17.2	6.1	10	2.3	2.4	4.0	0.8
80+	26.5	37.9	15.6	4.6	7.7	1.7	1.7	2.8	0.6
Rural - 2001									
60+	25.1	38.3	12.2	3.3	5.9	0.7	0.7	1.3	0.1
80+	23.7	36.4	11.2	2.4	4.2	0.7	0.5	0.9	0.1
Urban - 2001									
60+	36	40.2	31.9	14.7	22.5	7.2	7.4	12.3	2.7
80+	34.6	42.4	28.0	11.1	18.7	4.6	5.2	8.9	1.9
Total - 2011									
60+	29.6	37.6	21.8	9.5	14.6	4.6	4.3	6.8	1.8
80+	28.5	37.5	20.6	7.0	10.8	3.7	3.0	4.7	1.5
Rural - 2011									
60+	27.1	38.2	16.4	5.6	9.8	1.5	1.4	2.5	0.3
80+	25.1	36.4	14.7	4.0	6.5	1.7	1.0	1.6	0.4
Urban - 2011									
60+	35.6	36.2	35.0	19.0	26.1	12.0	11.4	17.2	5.7
80+	36.4	40.3	33.4	13.9	21.3	8.0	7.8	12.6	3.9

Source: Census of India: Socio-cultural tables C-series, 2001-2011

2.5 Economic Status and Dependency

The old age dependency ratio is defined as number of elderly dependents on economically active population. In the case of this report, elderly population has been defined as population 60+ and economically active population as 15-59 years. Thus, elderly dependency ratio will be defined as number of elderly persons supported by an economically active person. Elderly dependency ratio was found to be 0.12, 0.13 and 0.14 in 1991, 2001 and 2011 respectively. Thus, every 100 economically active persons were supporting about 14 elderly persons in 2011 (last census).

But, all elderly persons are not dependent; many of them continue working for some time beyond age 60, either full-time or part-time. Census collects such information in the indicator “work participation rate”. Table 2.8 shows the working status of elderly population in 2011.

Table 2.8: Working Status/Work Participation Rate by age, sex and residence, India, 2001 and 2011

Age-group	Total workers			Main workers			Marginal workers		
	Person	Male	Fe-male	Person	Male	Fe-male	Person	Male	Fe-male
Total - 2001									
60-69	47.5	69.7	26.3	37.7	61.5	15.1	9.7	8.2	11.2
70-79	31.6	49.3	13.3	25.3	42.5	7.5	6.3	6.8	5.8
80+	21.3	34.6	8.6	17.2	29.9	5.0	4.1	4.7	3.5
60+	40.3	60.3	20.9	32.1	52.8	12.0	8.2	7.4	8.9
Rural - 2001									
60-69	53.0	76.0	31.4	41.1	66.4	17.3	11.9	9.7	14.0
70-79	35.4	54.1	15.8	27.7	46.1	8.5	7.7	8.0	7.3
80+	23.3	36.8	10.0	18.3	31.3	5.5	4.9	5.4	4.4
60+	45.0	65.6	24.9	35.0	56.8	13.7	10.0	8.8	11.2
Urban - 2001									
60-69	30.8	51.1	11.0	27.5	47.3	8.3	3.2	3.8	2.6
70-79	20.2	34.4	6.2	17.9	31.4	4.7	2.2	3.0	1.5
80+	15.4	27.8	4.7	13.8	25.5	3.7	1.6	2.3	1.0
60+	26.2	44.1	9.0	23.4	40.7	6.8	2.8	3.4	2.1
Total - 2011									
60-69	49.1	69.8	28.9	37.2	57.6	17.3	11.9	12.2	11.6
70-79	32.4	49.0	16.0	24.3	39.3	9.5	8.1	9.6	6.6

Age-group	Total workers			Main workers			Marginal workers		
	Person	Male	Fe-male	Person	Male	Fe-male	Person	Male	Fe-male
80+	22.1	34.9	10.9	16.4	27.7	6.4	5.7	7.2	4.5
60+	41.6	60.4	23.4	31.4	49.4	14.0	10.2	11.0	9.4
Rural - 2011									
60-69	55.5	76.7	35.1	40.5	61.6	20.2	15.0	15.1	14.9
70-79	37.1	54.8	19.4	27.0	43.0	11.1	10.1	11.8	8.3
80+	24.4	37.1	12.8	17.4	28.5	7.3	7.0	8.5	5.6
60+	47.1	66.4	28.4	34.3	53.0	16.3	12.8	13.5	12.1
Urban - 2011									
60-69	33.8	53.7	13.7	29.2	48.1	10.2	4.6	5.6	3.5
70-79	21.0	34.5	8.0	17.7	30.1	5.7	3.3	4.3	2.2
80+	16.9	29.5	6.7	14.0	25.6	4.7	2.8	3.9	2.0
60+	28.5	46.1	11.3	24.4	41.0	8.3	4.0	5.1	3.0

Source: Census of India: Socio-cultural tables C-series, 2001-2011

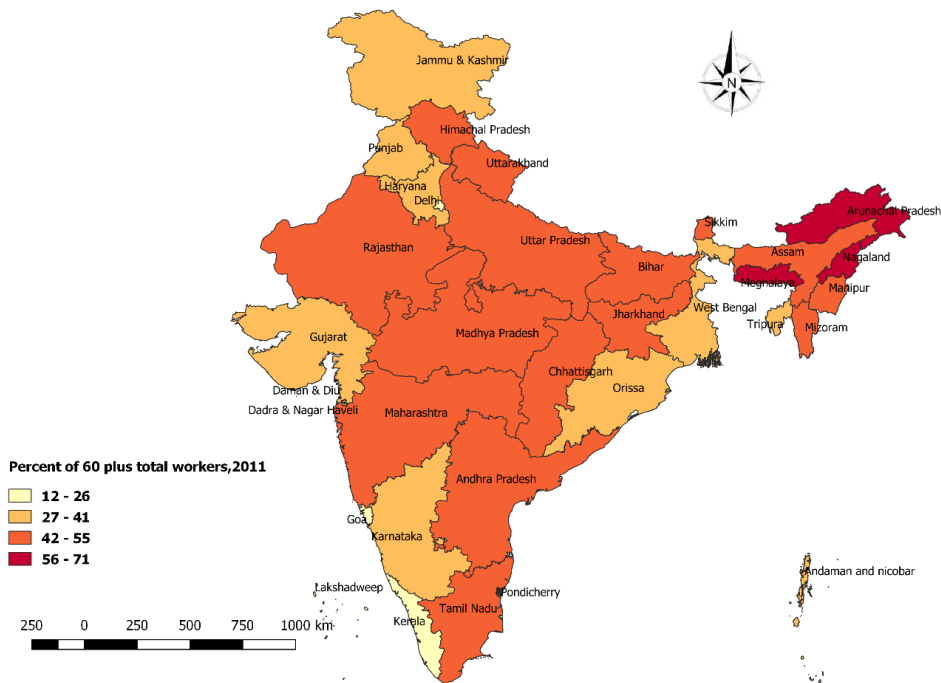
The above data shows that overall 40 per cent elderly people (60+) were working in 2001 and it increased to 41.6 per cent in 2011. The work participation rate (WPR) is found to be much higher in elderly males (60.4%) compared to elderly females (23.4%) in 2011. The WPR of elderly population is high in rural areas (47.1%) compared to urban areas (28.5%) in 2011. As expected, the WPR for the elderly declined with the increase in age over 60 years. In the ages 60-69 years, the WPR was 49.1 per cent; it declined to 32.4% in 70-74 years and 22.1% in 80 and above.

Census classifies workers broadly into two categories- main and marginal workers. Main workers are defined as those working for more than 180 days in a year. Those working for less than 180 days in a year are termed as marginal workers. Out of 41.6% total workers in the age 60+ in 2011, 31.4% of workers were main workers and remaining 10.2% were marginal. When looking at changes during the period of 2001-11, there is a marginal reduction in the main workers and slight increase in marginal workers in the 60 plus population. The picture with regard to gender and residence was also similar as that of the total WPR.

State-wise work participation rate by gender and rural/urban are shown in Appendix Table 2.4. It is shown in Map 2.5. Working elderly population in most of the North-eastern states was found to be quite high when compared to other states in India - Nagaland (70.6%), Arunachal Pradesh (60.6%),

Meghalaya (61.2%), Mizoram (59.4%), Manipur (56.1%), Sikkim (56.5%). Only Tripura reported its per cent low as 39.8. The level in other states was found to be less than 50%. Not much difference was found in this rate in 2011 as compared to 2001. Differentials by gender and residence were quite similar to what was reported for India, discussed in the paragraph above.

Map 2.5: Total elderly workers aged 60 and above (per cent) in India, 2011



Source: Census of India: Socio-cultural tables C-series, 2011

In addition to the question of working status of elderly people (which indirectly implies economic independence), NSS in its Sixteenth Round, conducted in 2004, had asked a questions directly to elderly people, both males and females: “Whether the respondent was fully, partially or not at all economically dependent (Table 2.9) and if dependent, who was the person whom he/she was dependent on” (Table 2.10). The responses have been analysed in Tables 2.9 and 2.10.

Table 2.9: Per cent distribution of Elderly Persons (60+) on Status of Economic dependence

State	Place of residence	Males			Females		
		Not dependent	Partially dependent	Fully dependent	Not dependent	Partially dependent	Fully dependent
Andhra Pradesh	Rural	49	11	39	15	11	73
	Urban	57	10	33	25	9	65
Assam	Rural	44	24	28	8	5	81
	Urban	56	15	27	23	3	67
Bihar	Rural	58	16	25	17	12	70
	Urban	44	12	38	16	7	73
Gujarat	Rural	49	15	35	13	10	77
	Urban	53	11	36	12	9	78
Haryana	Rural	38	38	24	13	43	44
	Urban	49	20	30	17	29	50
Himachal Pradesh	Rural	58	18	22	18	15	63
	Urban	72	77	20	30	14	54
Jammu & Kashmir	Rural	65	12	20	11	13	76
	Urban	62	84	28	11	5	83
Karnataka	Rural	54	14	32	15	11	73
	Urban	55	10	35	14	7	79
Kerala	Rural	36	20	43	10	18	70
	Urban	47	18	34	19	15	64
MP	Rural	58	10	30	15	12	70
	Urban	64	7	28	18	12	67
Maharashtra	Rural	49	17	34	18	13	68
	Urban	50	20	29	19	7	74
Odisha	Rural	45	21	32	7	12	77
	Urban	50	15	33	6	10	80
Punjab	Rural	45	17	36	10	19	71
	Urban	50	14	34	12	6	80
Rajasthan	Rural	47	15	38	9	13	78
	Urban	55	14	31	14	8	79
Tamil Nadu	Rural	49	16	35	19	16	64
	Urban	54	14	32	19	12	69

State	Place of residence	Males			Females		
		Not dependent	Partially dependent	Fully dependent	Not dependent	Partially dependent	Fully dependent
UP	Rural	60	10	28	13	8	77
	Urban	60	10	29	14	8	77
West Bengal	Rural	46	18	33	6	8	82
	Urban	66	10	23	18	8	72
India	Rural	51	15	32	14	12	72
	Urban	56	13	30	17	10	72

Source: National Sample Survey, 60th Round (January - June 2004).

Fifty-one per cent **elderly males** (60+) in rural areas and 56 per cent in urban areas reported to be economically independent in India. When data from 17 large states in India was considered, the range in rural areas for economically independent males is 36 to 65 per cent, 36 being for Kerala and 65 for Jammu & Kashmir. This range in urban areas is 44 (Bihar) to 72 (Himachal Pradesh) per cent.

In the case of **elderly females** (60+), only 14 per cent in rural areas and 17 per cent in urban areas reported to be economically independent. The range for the rural areas of the states was 6 (West Bengal) to 19 (Tamil Nadu) per cent and for urban areas, it was 6 (Odisha) to 30 (Himachal Pradesh) per cent. Obviously, very small per cent female reported to be economically independent in Indian states. They have to depend economically on their families including husbands.

When economically dependent respondents were further asked about the category of persons on whom elderly persons were dependent, the responses for the 17 large states of the country are shown in Table 2.10.

Table 2.10: Per cent distribution of economically dependent elderly persons by category of persons supporting them

Place of residence	Population sub-group	Category of person supporting				Total
		Spouse	Own children	Grand children	Others	
Rural	Male	7	85	2	6	100
	Female	16	75	3	6	100
	Total	13	78	3	6	100

Place of residence	Population sub-group	Category of person supporting				Total
		Spouse	Own children	Grand children	Others	
Urban	Male	6	87	2	6	100
	Female	19	71	3	7	100
	Total	15	76	3	6	100

Source: NSS, 60th Round, 2004.

It may be noticed that most of the dependent elderly people depend on their own children (71 to 87 per cent), both in rural and urban areas. In the case of elderly females, only 16 to 19 per cent depend on their spouses most of them depend on their children. Not much difference was found among rural and urban elderly in terms of dependency category.

III. Health Status of Elderly Population

This section discusses various components of health of the elderly population (60+). It particularly covers disability, life expectancy, causes of death, and their (respondent's) perception about status of their own health.

2.6 Disability

Census 2011 shows that 5.2% per cent elderly population has some disability—slightly higher in rural areas than in urban areas. This disability increases from the age of 60 to 90 (from 4.1% to 8.5%) and then it declines; perhaps people with disability do not survive after 90. It also shows that loco-motor disability and visual disability are the most prevalent disabilities among the elderly persons - almost half of the elderly disabled population was reported to be suffering from these two types of disabilities. Speech is the third important disability, making about 19% of the total disability.

Table 2.11: Per cent elderly population (60+) with disability and distribution by type of disability

Age distribution	% with disability	% distribution by type of disability							
		Seeing	Speech	Hearing	Movement	Mental Retardation	Mental illness	Any other	Multiple disability
Total									
60+	5.2	25	19	4	25	1	1	12	13
60-69	4.1	25	19	5	26	2	2	14	8
70-79	6.1	26	19	3	26	1	1	10	13
80-89	8.5	24	20	3	22	1	1	9	25
90+	6.2	21	19	3	22	1	1	9	25
Rural									
60+	5.6	26	18	3	26	1	1	12	14
60-69	4.5	26	18	4	26	2	2	13	9
70-79	6.9	27	19	3	26	1	1	10	14
80-89	9.6	25	19	2	25	1	1	7	20
90+	7.0	22	18	2	22	1	1	8	26
Urban									
60+	4.2	22	20	6	25	2	2	12	11
60-69	3.3	22	19	7	25	3	3	16	7
70-79	4.4	23	21	5	25	2	2	12	10
80-89	6.2	21	23	4	24	1	2	10	15
90+	4.5	19	22	4	20	2	1	12	19

Source: Census of India: Socio-cultural tables C-series, 2011

2.7 Morbidity

Prevalence of major chronic diseases among elderly people in rural areas, in descending order, are Heart disease, Urinary problem, Ulcer, Diabetes, Hypertension, Problem of Joints and Cancer. In the case of urban areas, the order is Heart disease, Urinary problem, Hypertension, Diabetes, Problem of Joints, Ulcer and Cancer. In other words, major chronic problems in India are Heart disease, Urinary problem, Hypertension and Diabetes - their prevalence can be seen in the Table 2.12. Two other points which come out clearly are: prevalence of chronic diseases is much higher in urban areas except Ulcer and Whooping Cough, and prevalence of Hypertension and Diabetes in urban areas is much higher than rural areas.

Table 2.12: Chronic disease rate (per 1000) reported by elderly people (60+), by gender and residential status, 2004.

Type of chronic disease	Rural			Urban		
	Males	Females	Total	Males	Females	Total
Heart disease	95	59	80	165	162	164
Urinary Problem	78	28	57	89	33	63
Hypertension	23	53	36	50	59	54
Diabetes	30	52	40	68	36	53
Ulcer	37	54	44	30	24	27
Problem of Joints	30	40	34	26	45	35
Cancer	18	36	26	25	25	25
Whooping Cough	8	6	7	4	2	3

Source: National Sample Survey, 60th Round, 2004

2.8 Life Expectancy and Survival Ratio

Two indicators of mortality considered in this report are (i) survival ratio from birth to age 60, and (ii) expectation of life at age 60 or number of years expected to live after age 60. Data on both these indicators is available for two time periods - 2001-05 and 2012-16 and is shown in Table 2.13 by gender. Not much difference was observed between rural and urban areas.

Table 2.13: Survival ratios from birth to age 60 and expectation of life at age 60 for both sexes for India and large states, 2001-05 and 2012-16.

India & bigger states	2001-05				2012-16			
	Life expectancy at age 60, e60 = T60/I60		Survival Ratio at age 60 = I60/I0		Life expectancy at age 60, e60 = T60/I60		Survival Ratio at age 60 = I60/I0	
	Male	Female	Male	Female	Male	Female	Male	Female
Total population								
India	16.5	18.6	0.6926	0.7440	17.3	18.9	0.7493	0.8073
Andhra Pradesh	16.6	18.6	0.6667	0.7679	17.7	19.3	0.7463	0.8137
Assam	14.8	16.4	0.6097	0.6554	16.1	17.4	0.6973	0.7653
Bihar	17	17.4	0.7187	0.7280	17.2	16.7	0.7969	0.8063
Chhattisgarh	Na	na	na	na	14.5	16.7	0.7002	0.7678
Gujarat	16.3	19.4	0.7060	0.7788	17.7	20.3	0.7436	0.8170
Haryana	18.1	20.8	0.7003	0.7785	17.7	20.4	0.7340	0.8255

India & bigger states	2001-05				2012-16			
	Life expectancy at age 60, e60 = T60/I60		Survival Ratio at age 60 = I60/I0		Life expectancy at age 60, e60 = T60/I60		Survival Ratio at age 60 = I60/I0	
	Male	Female	Male	Female	Male	Female	Male	Female
Himachal Pradesh	18.2	21.4	0.7464	0.8084	18.5	22.5	0.7713	0.8615
Jammu and Kashmir	18.8	20.6	0.7502	0.7951	20.1	24	0.8004	0.8444
Jharkhand	Na	na	na	na	17.1	17.3	0.7690	0.7749
Karnataka	16.6	19.2	0.6953	0.7846	16.6	18.3	0.7507	0.8160
Kerala	17.3	20.9	0.8007	0.8998	18.1	22	0.8282	0.9027
Madhya Pradesh	15.2	17.4	0.6393	0.6837	15.9	18	0.7010	0.7787
Maharashtra	17.2	19.2	0.7329	0.7979	18.7	19.6	0.7923	0.8563
NCT of Delhi	Na	na	na	na	19.4	21.3	0.8295	0.8770
Odisha	15.6	16.9	0.6413	0.6988	17.3	19	0.7358	0.7856
Punjab	18.9	21	0.7396	0.7933	20.1	21.5	0.7743	0.8387
Rajasthan	16.9	19.6	0.7040	0.7598	17	20.5	0.7245	0.8065
Tamil Nadu	16.6	16.6	0.7275	0.7275	17.6	19.6	0.7744	0.8504
Uttar Pradesh	16.2	18.3	0.6618	0.6754	16.1	17.4	0.6893	0.7393
Uttarakhand	Na	na	na	na	17.9	22.1	0.7424	0.8399
West Bengal	16	18.3	0.7444	0.7975	17.4	18.6	0.7976	0.8398

Source: SRS Abridged life tables 2001-05 & 2012-16.

The following are the major observations on mortality for the elderly (60+):

- Survival ratios from age 0 to age 60 for females and males in India in 2012-16 were (0.8073) and (0.7493). More females survive to age 60 than males.
- Number of years expected to live by elderly females in 2001-2005 was 18.5 years and for males it was 16.5 years -- difference of about 2.1 years. This difference became only 1.6 years in 2012-16. That is, years of life beyond age 60 for females and males in India is converging.
- As expected, Kerala has the highest survival ratios, both for females (0.9027) and males (0.8282), followed by Delhi and Himachal Pradesh (for females) and Jammu & Kashmir (for males).

- Females at age 60 are expected to live 18.9 years, more than males who live 17.3 years in 2012-16.
- The expectancy of life in 2012-16 for females at age 60 is highest for Jammu and Kashmir (24 years) followed by Himachal Pradesh (22.5 years) and Uttarakhand (22.1 years).

2.9 Mortality by Major Cause

The Office of Registrar General of India brings out report on medical certificate of cause of death (MCCD). It may be noted that all deaths are not medically certified by their cause in India because of the reporting problem. As per MCCD report of 2015, of the total deaths, only 22 per cent were medically certified. Though this proportion is less and may lack representativeness, it does throw some valuable insights into deaths by various cause groups. This data set also provides information by age and gender. Through age groupings were a bit different. For the purpose of this study, distribution of mortality among persons in the age group 55 and above by major cause groups has been used. The causes are broadly grouped into six categories indicated in the Table 2.14. Data on cause of death of this Table are also shown graphically in Chart 2.1.

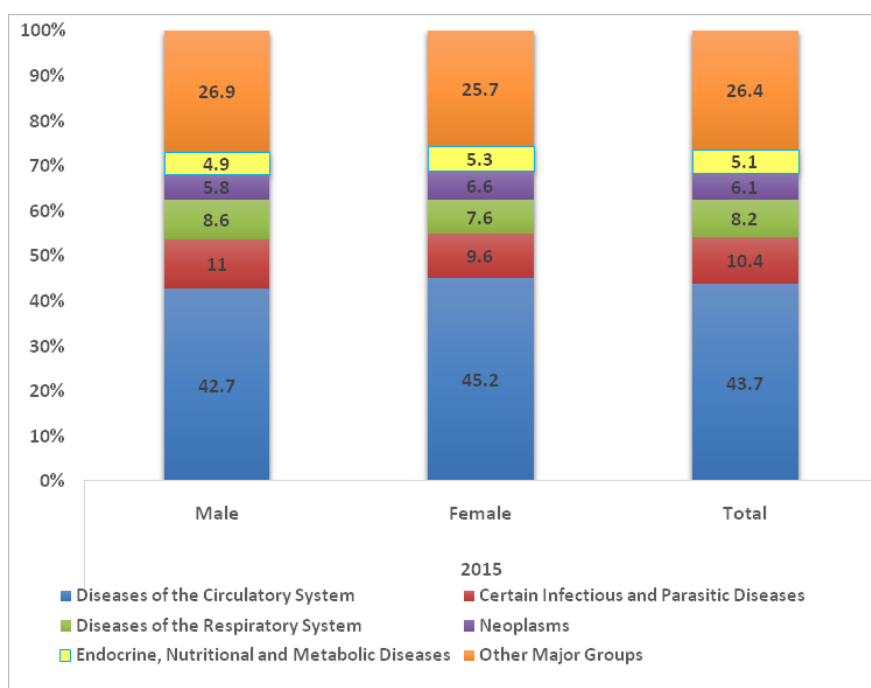
Table 2.14: Distribution of mortality among Persons in the Age Group 55 and above by Major Cause Groups (India)-MCCD-2009 & 2015

	2009	Male		Female		Total	
		Num- ber	%	Num- ber	%	Num- ber	%
1	Diseases of the Circula- tory System (I00-I99)	110802	41.5	74064	43.2	184866	42.2
2	Certain Infectious and Parasitic Diseases (A00- B99)	30783	11.5	17213	10.0	47996	10.9
3	Diseases of the Respira- tory System (J00-J98)	24779	9.3	15068	8.8	39847	9.1
4	Neoplasms (C00-D48)	15844	5.9	11984	7.0	27828	6.3
5	Endocrine, Nutritional and Metabolic Diseases (E00-E89)	14403	5.4	9455	5.5	23858	5.4

	2009	Male		Female		Total	
		Num- ber	%	Num- ber	%	Num- ber	%
6	Other Major Groups	70366	26.4	43708	25.5	114074	26.0
	Total medically certified deaths in the age group (Years)	266977	100	171492	100	438469	100
2015							
1	Diseases of the Circulatory System (I00-I99)	157576	42.7	108664	45.2	266240	43.7
2	Certain Infectious and Parasitic Diseases (A00-B99)	40594	11.0	23029	9.6	63623	10.4
3	Diseases of the Respiratory System (J00-J98)	31729	8.6	18225	7.6	49954	8.2
4	Neoplasms (C00-D48)	21322	5.8	15949	6.6	37271	6.1
5	Endocrine, Nutritional and Metabolic Diseases (E00-E89)	18237	4.9	12749	5.3	30986	5.1
6	Other Major Groups	99221	26.9	61678	25.7	160899	26.4
	Total medically certified deaths in the age group (Years)	368679	100	240294	100	608973	100

Source: Office of The Registrar General, India (ORGI), Medical Certificate of Cause of Death (MCCD) Report 2009 & 2015.

Chart 2.1: Distribution of Mortality among Persons in the Age Group 55 and above by Major Cause Groups (India)-MCCD-2015



Source: Office of The Registrar General, India (ORGI), Medical Certificate of Cause of Death (MCCD) Report 2015.

Data shows that diseases of the circulatory system were leading to the highest proportion of deaths (43.7 per cent) among elderly. It is followed by certain infectious and parasitic diseases contributing to 10.4 deaths, neoplasm caused 6.1 per cent, endocrine nutritional and metabolic diseases caused 5.1 per cent deaths. Other major group was contributing to 26.4 per cent deaths. Temporally, there has not been much change in this pattern during the two-time period of this study. There is not much variations even in terms of gender (Chart 2.1).

Appendix Table 2.5 shows the causes of mortality for the states in India very largely both for males and females. Since this data are collected by the states and sent to the Office of Registrar General of India, its quality in terms of numbers and accuracy of classification in cause of death may vary. Keeping this variation in quality in view, the most prevalent cause of mortality among elderly people in India appears to be “Diseases of the Circulatory System”, followed by “Diseases of Respiratory system and “Certain Infectious and Parasitic Diseases”. As stated earlier, the variation

in the prevalence may be either in reality or quality of data which different states maintain.

It is also observed that any severe infections or new disease has the highest mortality risk and takes heaviest death toll of the elderly. The reasons are obvious - their low immunity and generally higher prevalence of co-morbid conditions. Both of these factors lead to their higher risk of catching the disease and mortality if they catch the disease. In the recent COVID-19 pandemic, one can see high case fatality rates for the elderly people. With the limited data that is available so far, in a recent news report, it was shown that more than half of the total Covid-19 deaths in India are among those aged above 60 years. The death rate was even higher among people with co-morbidities like diabetes, heart disorders and chronic kidney ailments and [HYPERLINK "https://timesofindia.indiatimes.com/topic/patients"](https://timesofindia.indiatimes.com/topic/patients) patients with such conditions accounted for 78% of total deaths (TOI, 1st May 2020).

2.10 Perception on Current Status of Health

National Sample Survey Organization in its 60th Round in 2004 collected subjective data from elderly males and females (i) with illness or (ii) without illness at the time of interview on their perception about current status of health. They were to report whether their perception of health was (i) Excellent/Very good, (ii) Good/Fair, or (iii) Poor. Their responses are shown in Table 2.15(a) for males and 2.15(b) for females.

Table 2.15 (a): Per cent distribution of aged men with illness or otherwise by their perception about current state of health in States/UTs

States/UT	% aged persons reporting illness	Aged person with illness: own perception about current state of health				Aged person without illness: own perception about current state of health			
		Excellent/very good	Good/fair	poor	Total	Excellent/very good	Good/fair	poor	Total
Andhra Pradesh	39	2	60	36	100	5	79	13	100
Arunachal Pradesh	25	15	38	30	100	5	37	6	100
Assam	38	1	61	32	100	2	72	14	100
Bihar	19	1	55	43	100	9	67	16	100

States/UT	% aged persons re- porting illness	Aged person with illness: own perception about current state of health				Aged person without illness: own perception about current state of health			
		Excel- lent/ very good	Good/ fair	poor	Total	Excel- lent/ very good	Good/ fair	poor	Total
Chhattisgarh	18	5	47	48	100	7	76	11	100
Delhi	12	0	66	34	100	11	76	11	100
Goa	50	0	75	25	100	37	55	8	100
Gujarat	38	4	74	22	100	11	80	8	100
Haryana	27	2	62	36	100	10	79	11	100
Himachal Pradesh	30	2	56	41	100	10	80	7	100
Jammu & Kashmir	35	0	53	48	100	10	78	8	100
Jharkhand	12	4	61	31	100	6	67	22	100
Karnataka	33	1	59	40	100	13	79	7	100
Kerala	57	2	47	50	100	6	78	16	100
Madhya Pradesh	24	1	52	48	100	10	70	16	100
Maharashtra	35	2	68	28	100	11	74	13	100
Manipur	6	4	10	71	100	17	47	9	100
Meghalaya	16	0	69	31	100	19	74	2	100
Mizoram	11	0	48	32	100	9	32	3	100
Nagaland	25	16	50	30	100	15	66	8	100
Orissa	17	1	48	49	100	6	73	18	100
Punjab	31	7	70	22	100	11	79	9	100
Rajasthan	19	1	51	48	100	10	74	15	100
Sikkim	18	0	43	57	100	16	74	9	100
Tamil Nadu	30	2	77	21	100	8	83	9	100
Tripura	28	2	81	13	100	6	77	9	100
Uttaranchal	20	2	55	43	100	7	79	8	100
Uttar Pradesh	29	3	54	40	100	6	70	13	100
West Bengal	41	3	49	47	100	8	64	17	100
A& N Island	32	0	96	4	100	15	84	0	100
Chandigarh	19	10	81	9	100	5	87	8	100

States/UT	% aged persons reporting illness	Aged person with illness: own perception about current state of health				Aged person without illness: own perception about current state of health			
		Excellent/very good	Good/fair	poor	Total	Excellent/very good	Good/fair	poor	Total
Dadra & N. Haveli	1	0	0	100	100	13	83	5	100
Daman & Diu	14	0	53	47	100	8	79	14	100
Lakshadweep	45	0	66	34	100	0	98	3	100
Pondicherry	57	0	57	43	100	7	91	2	100
All India	31	2	59	37	100	8	73	13	100

Source: National Sample Survey Organization 60th Round, 2004.

Table 2.15 (b) Per cent distribution of aged women with illness or otherwise by their perception about current state of health in States/UTs

States/UT	% aged persons reporting illness	Aged person with illness: own perception about current state of health				Aged person without illness: own perception about current state of health			
		Excellent/very good	Good/fair	poor	Total	Excellent/very good	Good/fair	poor	Total
Andhra Pradesh	42	2	51	45	100	3	81	14	100
Arunachal Pradesh	22	0	27	43	100	7	46	6	100
Assam	41	1	42	50	100	0	76	11	100
Bihar	17	0	47	47	100	4	61	23	100
Chhattisgarh	16	4	42	51	100	4	80	13	100
Delhi	13	0	67	32	100	8	81	10	100
Goa	57	0	71	30	100	16	63	21	100
Gujarat	26	3	68	29	100	5	87	8	100
Haryana	23	1	63	37	100	7	79	14	100
Himachal Pradesh	27	1	56	42	100	2	86	8	100

States/UT	% aged persons reporting illness	Aged person with illness: own perception about current state of health				Aged person without illness: own perception about current state of health			
		Excellent/very good	Good/fair	poor	Total	Excellent/very good	Good/fair	poor	Total
Jammu & Kashmir	35	0	31	69	100	4	78	17	100
Jharkhand	8	0	57	40	100	6	57	33	100
Karnataka	29	0	54	46	100	5	84	10	100
Kerala	60	1	51	48	100	3	69	23	100
Madhya Pradesh	22	5	46	47	100	6	72	18	100
Maharashtra	35	1	65	31	100	6	81	11	100
Manipur	9	0	53	41	100	9	54	12	100
Meghalaya	19	0	47	47	100	9	71	13	100
Mizoram	11	0	34	28	100	6	43	4	100
Nagaland	12	0	38	62	100	14	55	23	100
Orissa	17	1	42	57	100	2	63	31	100
Punjab	40	2	59	39	100	6	77	16	100
Rajasthan	16	2	46	52	100	6	74	20	100
Sikkim	21	0	62	38	100	4	78	8	100
Tamil Nadu	32	4	74	22	100	7	85	8	100
Tripura	31	1	65	34	100	1	78	16	100
Uttaranchal	14	0	65	35	100	0	82	17	100
Uttar Pradesh	29	2	47	48	100	4	66	20	100
West Bengal	44	1	48	47	100	2	60	27	100
A& N Island	19	7	37	56	100	23	58	3	100
Chandigarh	36	0	75	25	100	8	83	8	100
Dadra & N. Haveli	9	0	0	100	100	0	95	5	100
Daman & Diu	10	0	87	13	100	4	75	19	100
Lakshadweep	60	0	85	15	100	16	81	3	100
Pondicherry	70	0	60	41	100	2	98	0	100
All India	31	2	54	42	100	6	74	17	100

Source: National Sample Survey Organization 60th Round, 2004

The range for males reporting poor health status among large states was 21 (for Tamil Nadu) to 50 (for Kerala) for those with illness. For those with no illness, this range was 9 (Punjab) to Jharkhand (22). In the case of females such range was similar with slightly different numbers.

IV. Housing and Living Arrangements of the Elderly

2.11 Living arrangements

National Sample Survey Organization in its 60th Round conducted in 2004 had collected information from elderly persons about their living arrangements because this is the period in the life of the elderly when they are more vulnerable to physical health, security and economic problems. Their answers were analysed and shown in Table 2.16.

About 5 per cent elderly are living alone and another 12 per cent live with their spouses. Thus, these 17% elderly face all the hazards of living alone - risks and hardships like loneliness. They at least need all the physical security and some arrangements of social contacts so that they do not feel lonely and neglected and are saved from mental illnesses which loneliness brings.

Table 2.16: Per cent distribution of persons aged 60 years and above by type of living arrangements for major states

States	Type of living arrangement				
	Alone	With spouse only	With spouse and other members	With children	With other relations and non-relations.
Andhra Pradesh	8.5	20.9	32.4	32.4	4.8
Arunachal Pradesh	3.5	3.4	45.3	25.6	1.2
Assam	2.6	3.5	52.5	35.2	1.3
Bihar	3.9	11.7	50.9	29.3	1.6
Chhattisgarh	8.6	11.4	34.8	37.6	5.2
Delhi	3.6	9.1	53.2	30.3	2.8
Goa	3.7	14.9	46.8	23.2	11.4
Gujarat	5.7	13.7	44.2	34.1	2.0
Haryana	1.0	7.3	58.1	30.5	2.5
Himachal Pradesh	3.8	10.2	41.3	36.6	5.6

States	Type of living arrangement				
	Alone	With spouse only	With spouse and other members	With children	With other relations and non-relations.
Jammu & Kashmir	0.5	5.0	57.7	32.4	2.7
Jharkhand	3.7	9.7	48.0	33.8	2.4
Karnataka	5.3	9.2	45.4	34.5	5.0
Kerala	3.0	9.3	45.5	35.6	5.7
Madhya Pradesh	5.5	14.1	43.2	29.3	5.4
Maharashtra	5.7	12.7	47.0	29.4	4.3
Manipur	2.5	3.9	46.3	28.3	3.3
Meghalaya	3.7	9.4	47.6	33.7	0.7
Mizoram	0.8	2.5	50.4	28.4	4.2
Nagaland	0.6	8.4	75.6	13.8	0.0
Orissa	3.3	11.9	49.6	29.8	2.5
Punjab	2.9	9.5	53.9	30.2	2.5
Rajasthan	3.5	9.9	47.1	34.9	4.3
Sikkim	1.5	4.9	47.9	36.7	4.1
Tamil Nadu	10.9	10.9	36.7	26.9	6.6
Tripura	7.5	15.0	41.2	29.7	4.4
Uttaranchal	9.2	11.4	42.0	31.6	1.8
Uttar Pradesh	4.0	10.0	45.3	33.1	4.8
West Bengal	3.4	7.8	44.4	35.6	5.7
A& N Island	3.3	2.3	52.3	32.2	4.2
Chandigarh	5.7	18.6	45.6	25.0	4.8
Dadra & N. Haveli	1.3	6.4	64.7	27.3	0.3
Daman & Diu	21.3	3.6	31.4	40.3	1.9
Lakshadweep	3.4	5.5	33.8	45.4	12.0
Pondicherry	6.0	15.0	35.0	41.3	2.7
All India	5.2	12.0	44.8	32.1	4.4

Source: NSS, 64th Round, 2004.

Looking at this information differently, it may be noted that 32% elderly depend on their children and are therefore at their mercy for their life. One comes across several stories of children mis-behaving with their parents, sometimes to the extent of abusing. This group may need some laws to protect them from possible abuse. Similarly, remaining per cent elderly

people live with member and non-members of their family and thus are at the mercy of those who may not have any sentiments attached with them. They need protection from any possible abuse. State level distribution of the living arrangements are presented in Table 2.16. Kerala which has the highest proportion of elderly population in India has higher proportion living with spouse and other members and with children. Andhra Pradesh records the highest proportion of elderly living with only spouse or alone.

2.12 Conclusions

The foregoing discussion provides a detailed statistical profile of the elderly population since 2001, with data as available from various data sources. Demographically, the aged population (60+) is increasing at a faster pace than the population in general. It is attributed to the increase in the expectation of life, decline in mortality rates and improvement in general health parameters. It is both a matter of satisfaction and concern – satisfaction, it is a breakthrough in the average life span as a result of technical innovations in health field; concern, as it brings challenges to keep the ageing population healthy, socially acceptable, economically comfortable and actively productive.

The social and economic statistics indicate that senior citizens face many more challenges on account of their educational background, physical stamina and general acceptance in the market for productive work. The health indicators bring out a set of six main disease types that become a cause of their mortality, which include causes related to circulatory systems, infectious and parasitic disease, respiratory disease, neoplasm, endocrine, multi-nutritional and metabolic diseases etc. Services need to be provided to them so that their health issues get properly addressed. A large proportion of them are living alone or are dependent on their children for their financial and emotional needs. Necessary legislations are needed to ensure that they are not treated badly or abused in any form. There is a small group which have nobody to support them. They would need government's intervention to provide safe, secure and comfortable living, perhaps Senior Citizens' Homes.

Chapter 3

Concerns of Parliamentarians for the Elderly

Elected representatives, particularly Parliamentarians, have important role in formulation of policies and programmes. It is, therefore, important that they should be aware of the issues related to elderly population. Their knowledge gets reflected in the concern that they show for elderly people/senior citizens by asking questions in the parliament. This chapter attempts to understand their knowledge and concerns on elderly population by analysing the questions raised by them in the parliament. Any gaps can be filled by appropriate sensitization through advocacy. The idea is to make them vocal on the issues of senior citizens to make sure that elderly in the country get needed support from government programmes and policies.

The source of this information is questions raised by parliamentarians on the issues of elderly in both *Lok Sabha* and *Rajya Sabha* during the period 2009-2019. Questions pertaining to elderly issues are asked from the Ministry of Social Justice and Empowerment as it is the nodal ministry to deal with the welfare of the elderly population in the country. It may be noted that the study period 2009 to 2019 covers two Parliamentary periods, when two different national parties of the country were in power.

3.1 Broad areas of concern

In both the houses of Parliament, between 2009-2019, a total of 295 questions, 158 in Lok Sabha and 137 in Rajya Sabha, on ageing issues were raised by parliamentarians. That makes around 30 interventions per year (Table 3.1). All the questions have been grouped into five broad thrust areas. These broad areas and the type of questions covered in the category are shown below:

1. Policies and Programmes: questions related to the welfare of senior citizens in the country and their time to time appraisal, review and up-gradation.

2. Social Security covers concerns for senior citizens at home, at old-age homes, shelters and at any other care-takers, public or private places. It also covers intergenerational relations. It also covers basic needs like - food, shelter, health.
3. Old-age Homes category includes their adequacy, financial health, quality of services, general maintenance and accountability.
4. Economic Security includes pension benefits from the state, maintenance, responsibility of siblings and kin. Financial/Economic support to be upgraded with age and health-needs.
5. Health Care includes medical facilities at home, old-age homes, rehabilitation, de-addiction; medical facilities and services at the non-institutional care; basic needs of the disabled citizens etc.

Table 3.1 shows tabulation of all the questions raised during the period of the study in these broad categories.

Table 3.1: Number and Per cent of Questions on Elderly Population Raised in Parliament by thrust areas

Thrust Areas	Rajya Sabha		Lok Sabha		Total
	No.	%	No.	%	No.
Policies and Programmes	43	31	51	32	94
Social Security	38	28	39	25	77
Old Age Homes	26	19	43	27	69
Economic Security	25	18	16	10	41
Health Care	05	4	09	6	14
Total	137	100	158	100	295

Source: Collated and Tabulated from Parliament of India website.

The distribution of questions in Lok Sabha and Rajya Sabha was similar except in the category of Old Age Homes and Economic Security -- concern for economic security of the elderly was expressed more in Rajya Sabha while Lok Sabha showed more concern for Old Age Homes (by asking more questions on the topic).

Table 3.2 and Table 3.3 provide information on distribution of main questions in different years as well as by number of sub-questions (It refers to sections/parts of main question). The last column of the tables shows whether the questions were in general form (for the country as a whole) or for some specific state. For instance, 10 questions in 2011 in Table 3.2

had 46 sub-questions (as parts of the main questions); all these questions were of general nature (for the country) except two questions related to two specific states of Rajasthan and Karnataka.

Table 3.2: Number of Questions Asked on Thrust Areas in Lok Sabha during 2009-2019

Year	Policies and Prog.	Social Security	Old Age Homes	Economic Security	Health care	Total Questions	Total Sub-Questions	States*
2009	5	-	4	2	1	12	46	
2010	7	3	3	-	-	13	53	
2011	5	1	4	-	-	10	46	Raj, Kar
2012	2	-	4	1	-	7	29	MP
2013	4	7	2	1	-	14	55	Maha
2014	10	6	2	6	-	24	95	
2015	3	9	6	-	1	19	89	UP
2016	2	1	3	3	2	11	42	Kerala
2017	6	4	5	1	-	16	67	
2018	7	5	8	1	4	25	101	Jh, Maha, Raj, As
2019	-	3	2	1	1	7	30	Maha, Bih
Total	51	39	43	16	9	158	653	

*Raj.= Rajasthan; Kar= Karnataka; Maha= Maharashtra; JH=Jharkhand; As= Assam; Bih= Bihar

Source: Collated and Tabulated from Lok Sabha website.

Table 3.3: Number of Questions Asked on Thrust Areas in Rajya Sabha during 2009-2019

Year	Policies and Prog.	Social Security	Old Age Homes	Economic Security	Health care	Total Questions	Total Sub-Questions	States*
2009	1	2	1	1	-	5	18	
2010	7	1	3	4	-	15	50	
2011	5	1	1	1	-	8	30	

Year	Policies and Prog.	Social Security	Old Age Homes	Economic Security	Health care	Total Questions	Total Sub-Questions	States*
2012	3	4	1	3	-	11	40	Kar
2013	4	6	1	3	-	14	49	
2014	4	5	2	5	-	16	48	WB, UP, UT, Maha
2015	3	5	4	1	-	13	36	Maha, M.P.
2016	5	2	1	1	-	9	27	Pun, Del, Maha
2017	8	7	7	2	1	25	79	MP
2018	3	5	5	3	3	19	70	Chh, Pun
2019	-	-	-	1	1	2	5	
Total	43	38	26	25	5	137	452	
*Kar= Karnataka; UT=Uttarakhand; Maha= Maharashtra; Pun=Punjab; Del=Delhi; Chh=Chhatisgarh								

Note: Some questions on healthcare form part of social security and old age homes

Source: Collated and Tabulated from Rajya Sabha website.

It may be seen that a total of 653 sub-questions in the Lok Sabha and 452 sub-questions in the Rajya Sabha were asked by the parliamentarians during 2009-2019. Most of these questions were in general form; only some of them covered a few specific states.

3.2 Details of the covered areas

A detailed analysis /profile of the concerns raised by Parliamentarians under the above broad heads is discussed below.

1. Policies and Programmes (related to the welfare of senior citizens):

Parliamentarians' main concerns were related to the legislation and implementation of policies and programmes for the elderly population. Under this broad head, a total of 96 questions (in ten year period, 2009-2019), 53 in *Lok Sabha* and 43 in *Rajya Sabha*, were raised by the Parliamentarians. These questions related to the following issues:

- National Laws/Acts/Programmes framed from time to time/proposal to be framed/modified for the welfare of Senior citizens, and also to be revived, from time to time
- National Policy on older persons 1999 (NPOP)
- National Policy for welfare of senior citizens
- Implementation of National Policy of elders
- Integrated Programme for Senior Citizens (IPSr.C) 2017, (earlier known as Integrated Programme for older persons {IPOP})
- Maintenance and Welfare of Parents and Senior Citizens Act 2007
- National Association for Older Persons
- National Council for Senior Citizens
- National Commission for Senior Citizens
- Scheme for the welfare of Senior Citizens
- Tribunals under maintenance and welfare of Parents and Senior Citizens Act 2007
- National Law for the welfare of parents and senior citizens
- National Law for maintenance of senior citizens
- Implementation of Senior Citizens Act.

2. Social Security (concerns for senior citizens)

Social security concerns were the second largest concerns of the Parliamentarians. Under this broad theme, a total of 77 questions, 39 in *Lok Sabha* and 38 in *Rajya Sabha*, raised during 2009-2019. The key concerns were the following:

- Assistance to old age persons
- Pension schemes
- Social security laws for senior citizens
- Welfare schemes for aged persons
- Increasing numbers and needed increase in social infrastructure
- Laws for safety of senior citizens
- Senior citizens' abuse in the family/old age homes
- Jail term for those who abandon their parents

- Home care/doorstep services for elderly persons
- Support to the elderly
- Overall care packages
- Assistance clinics, particularly for those below the poverty line/and belonging to scheduled caste
- Rehabilitation schemes
- Central/State schemes to improve quality of life and welfare of senior citizens
- Integrated Programme for the senior citizens
- Role of NGOs. in providing social security
- Support to Elderly for getting them Aadhar Card
- International and intergenerational relations.

3. Old Age Homes

There were several questions on the old age homes. A total of 69 questions, 43 in *Lok Sabha* and 26 in *Rajya Sabha*, were raised on the old age home. The key concerns of the Parliamentarians on the old age homes were the following:

- Old age homes and shelter homes in the metropolitan cities/States/Districts
- Grants to state for old age homes
- Old age homes maintained by States/Govt./NGOs/Communities and system of their monitoring
- Guidelines and schemes for construction and running of old age homes, covering
 - Construction and maintenance
 - Grants for old age homes
 - Proposals for new homes
- Number of persons in the old age homes
- Standards for old age home: Regulator for old age homes
- Shelter homes for the shelterless senior citizens
- NGOs and monitoring of old age homes maintained by them.

4. Economic Security

Ageing population suffers from economic insecurity. This concern for older people has been reflected in the questions raised by the Members of Parliament. There was a total of 41 questions, 16 in *Lok Sabha* and 25 in *Rajya Sabha*, on the economic security during 2009-2019. The key issues on economic security raised by Parliamentarians were as follows:

- Financial Assistance to senior citizens
- Pension Scheme:
 - Total fund allocated for Pension scheme
 - Number of senior citizens benefitted through pension and additional funds.
 - Pradhan Mantri Vaya Vanadna Yojana (PMVVY) (Assured pension 5%, launched through LIC)
 - Tax benefits
 - Higher Interest rates on Bank-deposits
 - Grants-in-aid for the disabled and older persons to various states.
- National fund commission for the aged
 - Increasing monthly pension paid to senior citizens
 - Financial assistance for setting up New Old Age Homes.
 - Financial support for 100% handicapped senior citizens.
 - New Pension scheme for the elderly
 - Economic and social schemes for the elderly

5. Health Care

Health care need is an important dimension for ageing population. There was a total of 14 questions, 9 in *Lok Sabha* and 5 in *Rajya Sabha*, on this issue during 2009-2019. The health care issues raised by the Parliamentarians covered the following aspects:

- Medical facilities at old age homes (Ambulance/medical kits etc.)
- Free medical services to senior citizens, including insurance policies.
- Rehabilitation schemes

- Aids to BPL (Below Poverty Level) category of senior citizens (Walking sticks, hearing aids etc.)
- Identification of beneficiaries for medical care
- Home care services
- Help to disabled old persons
- Basic needs of the disabled senior citizens
- Special provisions for disabled aged women
- Disease, decease and care of the elderly

3.3 Geographical Thrust

Apart from specific thrust areas, the questions on the elderly population were mostly of general type but in some specific cases, states were also covered. The states covered were Assam, Bihar, Delhi, Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Uttarakhand, West Bengal, and Metropolitan Cities, in general. Ageing issues of other states were not raised.

3.4 Community Thrust

Among various socio-religious communities, the key focus of the questions on the elderly population during 2009-2019 was on Scheduled Castes, Scheduled Tribes, population below poverty line (BPL), shelter-less and homeless population, abandoned senior citizens, seniors abused by the kith and kin and senior citizens of ages 80 years and over.

3.5 Conclusions

It needs to be noted that only a few questions were raised by Parliamentarians on the issues of ageing during this period, with an average of less than thirty questions in a year. Most of the questions raised for the elderly people were of general nature; there was no particular focus. Many states were not covered with their state-specific questions. For the growing large number of senior citizens, the concerns appear to be low. Though, the questions largely related to socio-economic and health status and housing (old age homes), they were more of a general nature. The response to the questions from the Ministry also revealed that the data were not centralized and thus were not easily available on many of the issues raised. However, the political leaders expressed concern on ageing

and its problems among certain groups like scheduled caste, disabled persons, women, widowed/divorced and economically weaker sections. The questions on the policies and programmes indicated their efforts in protecting and safeguarding the interests of the elderly from the deprived groups by stressing the implementation of the programs for making sure that their benefits reach to the groups addressed.

The main concern for the growing ageing population today is to provide quality in their life – healthy, socially amiable and economically productive years. These concerns are only partly reflected in these few questions. It is therefore, important that advocacy on the issues of elderly in population should be undertaken, covering all dimensions of the problems and in all states so that more and more parliamentarians should raise their problems and issues which can be general and state-specific.

It is very important that advocacy on the issues of the elderly population needs to be undertaken among Parliamentarians if they are to be involved in the problems and issues of the elderly population of the state/country. They need to be sensitized with the specific issues and problems of the elderly population and that they should know specific issues and problems of senior citizens of their own states, if any. The Indian Association of Parliamentarians on Population and Development (IAPPD) has a mission to involve the elected representatives in social programs of the country and thus this organization may be charged with the responsibility of sensitization of the elected representatives on problems and issues of senior citizens of the states and the country.

Chapter 4

Policies and Programmes for Senior Citizens in India

4.1 Introduction

Demographic transition has brought about large changes in population structure, people's thinking and style of living. The social and economic life also has undergone a sea of changes. Its specific components like industrialization, urbanization, education and exposure to lifestyles have brought about and are bringing changes in values and lifestyles of people. Increasing cost of bringing up and educating children and pressures for gratification of their desires has affected transfer of share of income for the care of parents. Due to shortage of space and high rents for dwellings in urban areas, migrants prefer to leave their parents in their native place. It has implications at macro and micro level, positive in nature in some areas and a cause of concern in others. A growing number of senior citizens, particularly in urban areas will be looking for opportunities for a more active, creative and satisfying life. Some areas of concern in the situation of older persons will also emerge, signs of which are already evident, resulting in pressures and fissures in living arrangements of older persons. It is fortunately true that family ties in India are very strong and an overwhelming majority of parents live with their sons or are supported by them. Also, working couples find the presence of old parents emotionally bonding and of great help in managing the household and caring for children. However, due to the operation of several forces, the position of a large number of older persons has become vulnerable due to which they cannot take for granted that their children will be able to look after them when they need care in old age, especially in view of the longer life span, implying an extended period of dependency and higher costs to meet health and their other needs. This situation is more serious in rural areas where the children migrate to cities and towns in search of jobs and livelihoods leaving old parents behind in the village.

The situation is particularly vulnerable for elderly women; their problems need special attention as their numbers are likely to increase in the future and, given the multiple disadvantages they face in life, they are likely to be grossly unprepared to tackle these issues. Changing roles and expectations of women, their concepts of privacy and space, desire not to be encumbered by caring responsibilities of old people for long periods, career ambitions, and employment outside the home implies considerably reduced time for caregiving. Also, adoption of small family norms by a growing number of people implies availability of fewer care givers especially since in a growing number of families, daughters, too, are fully occupied, pursuing their educational or work careers. The position of single persons, particularly females, is more vulnerable in old age as few persons are willing to take care of non-lineal relatives. So also, is the situation of widows, an overwhelming majority of whom have no independent source of income, do not own assets and are totally dependent.

In this changing environment, a higher proportion of elderly women and men experience loneliness and are socially and economically dependent on children. Social deprivations and exclusions, privatization of health services and changing pattern of morbidity affect the life of the elderly. All those of 60 years and above are senior citizens and in the era of changing pattern of family support, they need public support. The governments have to fulfil this responsibility so that those who have contributed in their productive years do not face or at least face less problems in their twilight years of life. In the process of fulfilling this role, the Indian government (as in other countries) has launched various policies, programmes and schemes for the welfare of elderly persons. These policies and programmes are meant to promote health, well-being and independence of elderly people, both men and women. It is to be noted that the genesis of the policies and programmes on Ageing in India lies in the international concerns of ageing which initiated during 1970s.

4.2 International Framework for Ageing Policies

There are important international conventions and frameworks (global) on ageing population which facilitates the well-being of the elderly population. India, being a signatory to these conventions, is bound to adopt such policies in the country. The framework of some of the key international and national policies and programmes of the senior citizens are being discussed in the following sections.

4.2.1 United Nations Program on Ageing

Though, several nations had formulated and implemented policies and programmes for the aged population as per their situation and needs, a combined effort to give population ageing a worldwide concern became a reality only since 14th Dec 1978, when the General Assembly of the United Nations decided to convene a world assembly on ageing in 1982.² However, the question of ageing was taken up by the United Nations, for the first time, as back as in 1948, when Argentina presented a draft declaration on old-age rights to the General Assembly and subsequently, in 1950 a report entitled “Welfare of the Aged: Old Age Rights” was published. It was done in the absence of any evidence that ageing population would come to constitute such a substantial proportion of human society, both in developed and developing countries. Again, after an interval of 20 years in 1969, the question of ageing was once more taken up and placed on the agenda of the General Assembly, this time at the initiative of the State of Malta. The question of ageing was followed through the 1970’s and led, in 1982, to convening the ‘*World Assembly on Ageing*’, in Vienna

4.2.2 International Plan of Action on Ageing 1982³

The international plan of action on ageing was adopted at the ‘*World Assembly on Ageing*’ in 1982. It is the first policy instrument on ageing at a global level endorsed by the UN General Assembly in 1982. It is sometimes known as the “Vienna Plan” after the name of the city where it was adopted. Since the adoption of the plan, CSDHA⁴ (UN Centre for Social Development and Humanitarian Affairs) has monitored its implementation and reported on this, each year to the General Assembly. The International Plan of Action on Ageing, 1982 aims to strengthen the capacity of governments and civil society to deal effectively with the ageing of population and to address the developmental potential and dependency need of older persons. It includes 62 recommendations for action, addressing research, data collection and analysis, training and education as well as the sectoral areas of health and nutrition, protection of elderly consumers, housing and environment, family, social welfare, income security, employment and education.

² In resolution number 33/52 of 1978

³ UN, New York, 1983, report of the world assembly on ageing

⁴ CSDHA is the nucleus within the UN secretariat for all ageing related activities. It conducts research and promotes trainings and technical cooperation activities concerning ageing.

4.2.3 UN Principles for the Older Persons-1991⁵

The UN principles for the older persons were adopted by the UN General Assembly on sixteenth December 1991. The governments were encouraged to incorporate them into their national programmes whenever possible. Some highlights of the principles are:

- a) Independence
- b) Participation
- c) Care
- d) Self-fulfilment

The growing awareness on population ageing led to 1999 as the *International Year of Older Persons* by UN with the basic theme of 'Towards a Society'. This concept remained the main theme of the 'World Assembly on Ageing' (2002), Madrid.

4.2.4 Madrid International Plan of Action-2002⁶

Marking the 20th anniversary of the first World Assembly on the Ageing, the second World Assembly on Ageing was held in Madrid during April 8 - 12, 2002. The aim of the meeting was to advance the global ageing agenda beyond the 1982 plan of action and address the global force of population ageing and its impact on development. Responding to growing concern over the speed and scale of global ageing, the assembly adopted Madrid International Plan of Action and a political declaration, which committed governments to act to meet the challenges of population ageing and provided the world policy-makers with a set of 117 concrete recommendations, covering three priority directions:

- a) Older Persons and Development
- b) Advancing Health and Well Being into Old Ages
- c) Ensuring, Enabling and Supportive Environment

The third priority urged and made recommendations for improving housing and living environments of older persons.

⁵ UN, New York, 1998, *International Plan of Action on Ageing and UN Principles for Older Ages*

⁶ www.un.org/ageing

4.3 National Framework for Ageing Policies

The key national framework for the welfare of ageing population is discussed under the following heads:

1. Relevant constitutional provisions
2. Legislations and Policies
3. Other programmes and activities
4. Schemes of Various Ministries
5. State Governments initiative

4.3.1 Relevant Constitutional Provisions

Article 41 of the Indian constitution, which is a directive principle of the state policy, enjoins upon the State the responsibility of right to work, to education, to public assistance incase of unemployment, **old age**, sickness and disablement. In pursuance of this directive principles of state policy, the old age pension scheme of state governments has been introduced through administrative orders.

Entry 24 in list III of schedules VII of constitution of India deals with the old age pension apart from benefits to the other sections of society. Further, item 9 of the state list and item 20, 23 and 24 of concurrent list relate to old age pension, social security and social insurance, and economic and social planning.

The Hindu Adoption and Maintenance Act, 1956, lays down obligation on a person to maintain his or her aged or infirm parents. Even, Section 125 of Code of Criminal Procedure, 1973 (Cr.P.C), makes it incumbent for a person (including daughter according to recent court judgment) with adequate means to maintain his/her parents who can be awarded maintenance allowance not exceeding Rs. 500 per month.

4.3.2 Legislations and Policies for Elderly People

(1) **National Policy on Older Persons (NPOP) – 1999⁷**

The Government of India adopted the *National Policy for the Older Persons (NPOP)* in January 1999. The NPOP confers the status of senior citizen to a person who has attained the age of 60 years. The policy takes a comprehensive view of the needs of the aged and assures them that

⁷ www.socialjustice.nic.in/social/welcome.htm

their concerns are national concerns and they will not be left unprotected, ignored and marginalized. In keeping with India's commitment to the Basic Principles of the International Plan of Action on Ageing, the national policy enjoins the state and the civil society to extend support for financial security, health care, shelter and other needs of older persons, provide protection against abuse and exploitation and empower them. A five-year plan of action from 2002-07 had been drawn up to identify the role of the State governments and the Central Government, in implementing the national policy for older persons and review its implementation every three years (NPOP, 1999).

(2) Maintenance and Welfare of Parents and Senior Citizens Act, 2007

Further to its commitment to senior citizens, Government of India came up with a significant Act "*Maintenance and Welfare of Parents and Senior Citizens Act, 2007*". It includes Maintenance of Parents and Senior Citizens, application for maintenance, jurisdiction and procedure, constitution of maintenance tribunal, summary procedure in case of inquiry, order for maintenance, alteration in allowance, enforcement of order of maintenance, option regarding maintenance in certain cases, deposit of maintenance amount, award of interest where any claim is allowed, constitution of appellate tribunal, appeals, right to legal representation, and appointment of District Social Welfare Officer or equivalent official as Maintenance Officer. The Act also discusses:

- the *Establishment of Old Age Homes*.
- the *Provisions for Medical Care of Senior Citizens* where State government shall ensure the special facilities for the senior citizens like providing beds in a government aided hospital, special queue, specialized medical officers etc.
- the measures for publicity, awareness, etc. for welfare of senior citizens by state governments.
- *provision of transfer of property to be void under certain circumstances, and*
- clauses related to *Offences and Procedure for Trial*.

(3) Integrated Programme for Older Persons, 2008

The main objective of this programme is to improve the quality of life of the Older Persons by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing through providing support for capacity building of Government/ Non-Governmental Organizations/Panchayati Raj Institutions/local bodies and the Community at large.

(4) National Policy on Senior Citizens, 2011

National Policy for Senior Citizens 2011 aims at the development of a formal and informal social support system, so that the capacity of the family to take care of senior citizens is strengthened and they continue to live in the family. The policy seeks to reach out in particular to the bulk of senior citizens living in rural areas who are dependent on family bonds and intergenerational understanding and support.

The focus of the new policy is on the following areas:

- The thrust of the policy is on preventive aspects rather than curative.
- Need to main-stream senior citizens, especially older women, and bringing their concerns into the national development debate.
- Policy will consider institutional care as the last resort. It recognises that care of senior citizens has to remain vested in the family which would partner the community, government and the private sector.
- Long term saving instruments and credit activities will be promoted to reach both rural and urban areas. It will be necessary for the contributors to feel assured that the payments at the end of the stipulated period are attractive enough to take care of the likely erosion in purchasing power.
- India being a signatory to the Madrid Plan of Action and Barrier Free Framework it will work towards an inclusive, barrier-free and age friendly society.
- It recognises the senior citizens as a valuable resource for the country and create an environment that provides them with equal opportunities, protects their rights and enables their full participation in society.
- Employment in income generating activities after superannuation will

be encouraged.

- States are advised to implement the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and set up Tribunals so that elderly parents who are unable to maintain themselves are not abandoned and neglected.
- Support and assist organisations that provide counselling, career guidance and training services.
- States will set up homes with assisted living facilities for abandoned senior citizens in every district of the country and there will be adequate budgetary support.

(5) Integrated Programme for Senior Citizens, 2018

This is a central scheme to improve the quality of life of the senior citizens (revised on 1.4.2018). This programme is being initiated with the main objective to improve the quality of life of the senior citizens by providing them basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing through providing support for capacity building of State/UT Government/Non-government organizations (NGOs)/Panchayati Raj Institutions (PRI)/Local bodies and the community at large.

The assistance to the implementing agencies is to be given for the following purposes:

- (i) Programmes catering to the needs of senior citizens particularly food, shelter and health care to the destitute elderly.
- (ii) Programmes that promote intergenerational relationships between children/youth and senior citizens
- (iii) Programmes for encouraging active and productive ageing through Regional Resource and Training Centres
- (iv) Programmes for providing institutional as well as non-institutional care/services to senior citizens
- (v) Research, Advocacy and building programmes in the field of ageing through Regional Resource Training Centres.

4.3.3 Other Programmes and Activities

National Old Age Pension (NOAP), 1994

Under NOAP Scheme, 1994, Central Assistance is available. The amount of old age pension varies in different States as per their share to this scheme. It is implemented in the State and Union Territories through Panchayats and Municipalities. The assistance is available on fulfilment of the following criteria:

- 60 years or more should be the age of the applicant (male or female)
- The applicants who have no regular means of subsistence from their own source of income or through financial support from family members or others.

The Ministry is now implementing the Indira Gandhi National Old Age Pension Scheme (IGNOAPS). Under this scheme Central assistance in form of Pension is given to persons between 60-79 years @ Rs. 200/- per month and 80 plus @ 500/- per month. Person should belong to below poverty line family. This pension amount is meant to be supplemented by at least same contribution by the States so that each applicant gets at least Rs. 400/- per month as pension.

National Programme for Health Care of Elderly (NPHCE)

Ministry of Health and Family Welfare (MOHFW) has taken appropriate steps by launching the National Programme for Health Care of Elderly (NPHCE) in 2010 as a centrally sponsored scheme under the new initiatives in the XIth Five Year Plan. Presently, it is being rolled out in 100 districts. The vision of the NPHCE is to provide accessible, affordable and high quality long-terms comprehensive and dedicated care services to ageing population (NPHCE, 2010).

International Day of Older Persons

The International Day of Older Persons is celebrated every year on 1st October since 2009. Several advocacy activities are planned on this day to raise awareness on the concerns of the elderly population.

Role of Non-Governmental and voluntary organizations:

While the government continues its efforts to introduce programmes for the welfare of the elderly, it is the non-governmental organisations which have also played a key role in bringing to the forefront the problems of the older people to the society at large and through its various services. It has sown the seeds for a forum whereby the voice and the concerns of the elderly can be addressed. Presently, there are many non-governmental organisations working for the cause of the elderly in India.

Services provided by non-government organizations can be termed as residential care, day care, geriatric care, medical and psychiatric care, recreation, financial assistance and counselling. These services are however primarily urban based.

The old age homes and day care centres for the elderly in India are also being operated by the civil society organizations.

4.3.4 Schemes of Other Ministries

(i) Ministry of Railways

The Ministry of Railways provides the following facilities to senior citizens (elderly).

- Separate ticket counters for the elderly people at various Passenger Reservation System Centres.
- Provision of Lower Berth Quota – provide in AC and Sleeper Classes.
- Provision of 40-50% percent discount in all trains.
- Provision of wheelchairs at stations for the disabled elderly passengers
- Railway grant 75 percent concession to Senior Citizens undergoing major heart/cancer operations from starting station to Hospital station for self and one companion.

(ii) Ministry of Health and Family Welfare:

Central Government Health Scheme provides pensioners of central government offices the facility to obtain medicines for chronic ailments up to three months at a stretch. Ministry of Health and Family Welfare provides the following facilities for the elderly people:

- Provision of separate queues for elderly people in governmental hospitals.

- Set up of two National Institutes on Ageing at Delhi and Chennai.
- Provision of Geriatric clinic in several government hospitals.
- Ayushman Bharat programme provides health insurance coverage to the whole of family including elderly population.

(iii) Ministry of Finance

Some of the facilities for senior citizens provided by the Ministry of Finance are:

- Exemption from Income Tax for senior citizens of 60 years and above up to Rs. 2.50 lakh per annum.
- Exemption from Income Tax for senior citizens of 80 years and above up to Rs. 5.00 lakh per annum.
- For an individual who pays medical insurance premium for his/her parents or parents who are elderly or senior citizen, deduction of Rs. 20,000 under section 80D is allowed.
- An individual is eligible for a deduction of the amount spent or Rs. 60,000, whichever is less for medical treatment of a dependent elderly or senior citizen.

Department of Pensions has set up a Pension Portal to enable senior citizens or elderly to get information regarding the status of their application, the amount of pension, documents required etc. The Portal also provides for lodging of grievances.

(iv) Ministry of Civil Aviation:

Under the Ministry of Civil Aviation, the National Carrier, Air India provides concession in air fare up to 50 percent for male passengers aged 65 years and above and female passengers aged 63 years and above on production of proof of age and nationality on the date of commencement of journey.

(v) Ministry of Road Transport:

The Ministry of Road Transport and Highways has provided reservation of two seats for elderly or senior citizens in front row of the buses of the State Road Transport Undertakings. Some States Governments are providing fare concession to senior citizens in the State Road Transport Undertaking buses. For example, in Punjab Elderly women above 60 years enjoy free travel. Free passes are provided to old people who are freedom fighters to

travel in fast and express buses in Kerala. Some State Governments are also introducing the Bus models according to the convenience of the elderly.

(vi) Miscellaneous:

- Mumbai Police (1090), Dignity Foundation and many other organizations have given help lines for senior citizens.
- Postal Savings Schemes – Senior Citizens Saving Scheme with higher than general rate of interest
- Large number of associations of senior citizens have come up in all areas, giving opportunities to express and share one's views, get knowledge about various facilities available, get entertainment, group support etc.

(vii) Insurance schemes:

Insurance Regulatory Development Authority vide letter dated 25.05.2009 issued some instructions on health insurance for elderly or senior citizens to CEOs of all General Health Insurance Companies which inter-alia includes:

- Allowing entry into health insurance scheme till 65 years of age
- Provision of transparency in the premium charged
- Reasons to be recorded for denial of any proposals on all health insurance products catering to the needs of senior citizens.

Several types of insurance schemes for the benefit of elderly people are introduced from time to time by several government and private insurance companies.

4.3.5 State Government's Initiative for Older People

Major initiative for the welfare of ageing population in India has been taken up by the central government. The state governments, on their part, have only extended the central schemes to the states. In most of the states, the gravity of the problem has not yet been experienced and therefore, they are not showing adequate concern for the emerging problems on population ageing.

Several schemes of Central government that have been extended in different States include:

- i. Employees' state insurance scheme which provides for
 - medical benefits

- disablement benefits due to employment injuries
 - widow benefit on the death of an insured workman
 - workers financial expenses
- ii. Retirement pension.
- iii. Death- cum- retirement gratuity.
- iv. Health measures for employees in both organized and unorganized sectors.
- v. Old Age Assistance: Nearly all state governments and Union Territories are at present implementing old age pension schemes under the state sectors. The amount however varies from State to State.

4.4 Conclusions

The National Policies and Programmes initiated from time to time seek to assure the older persons that their concerns are national concerns and that they will not live unprotected, ignored or marginalized. The goal of policies and programmes is the welfare of older persons and their legitimate right to live with respect and dignity during the twilight years of their lives. The Policy also visualizes and assigns the status where services for financial security, healthcare, shelter, welfare and to the extent possible entertainment and active and productive opportunities to the elderly are extended so that they can lead a satisfactory life.

A critical examination of the programmes indicates that there have been number of policies, programmes and schemes specifically meant for elderly population in India. The policies and programmes do indicate the state and public awareness to the needs of the elderly and necessary programs and policies. But still the senior citizens have to jostle with the young for obtaining seats and attention of the service providers, be it hospitals, trains or buses. Therefore, what is needed is partly, awareness and necessary sensitivity of the public but mainly sensitization of the public servants and the civil society and proper and effective implementation of the programs so that they get priority allocated to the senior citizens. One needs to undertake advocacy of these rights and priorities.

Chapter V

DISCUSSION AND RECOMMENDATIONS

This report has attempted to present the status of elderly population in India comprehensively, covering dimensions of their (i) current demographic and socio-economic profile (ii) understanding the concerns of parliamentarians (iii) measures taken by government and other NGOs to address them, and (iv) strategies to strengthen and expand the support to and measures taken for the elderly to improve their living. The second and last dimension has been particularly addressed for the Members of Parliament who could play an important role in expanding the support to the elderly for improving quality of their lives through evidence-based policy making. The Indian Association of Parliamentarians on Population and Development (IAPPD) has realized and felt great need of addressing this emerging global problem of the elderly, particularly for the emerging economies of the world like India where fertility has been declining fast and expectation of life has increased to quite a high level. This study, supported by IAPPD, has three main chapters. First, it presents current profile and scenario of elderly population in India, covering its size and its demographic and socio-economic profile. The next chapter addresses the awareness and concerns of the Members of Parliament on the issues faced by the elderly population in the country; the intention is to use this information to bring about their greater involvement with the problems of the elderly population. The third chapter is devoted to various policy and program measures government machinery has undertaken to address the problems of the elderly population in India with a view to make their living better, more productive and more satisfying.

In India, the changing demographic scenario of low mortality or high expectation of life, rapidly declining fertility and modern medical care has been increasing India's elderly population (60 years and above) both in numbers and proportions. This numbers and proportions have been increasing fast; its number in 2001 was 76.6 million, which increased to 103.8 million in 2011. The proportion went up from 7.5 per cent in 2001 to 8.6 in 2011. In terms of decadal growth rate, while India's population grew

by 17.2 per cent during 2001-2011, the elderly population grew by 35.5 per cent, nearly at double the rate, a reflection of faster growth of elderly population in future. It is projected to be 318 million in 2050 and will make 20 per cent of India's population.

This total number of elderly will be composed of more females than males; the sex ratio for 60+ population in 2011 is 1033 females per thousand males. Only 25.4 % elderly females and 55.7% males are literate. The average remaining length of life at age 60 is 16.9 years for males and 19.0 years for females. It is essential to provide them these years of happy and satisfying life. As a part of life experiences (demographic and socio-economic) in 2011, the following profile of the elderly in India needs to be noted and catered to with suitable programs so as to make their life more satisfying:

Table 5.1: Demographic and socio-economic profile of the elderly in India, 2011.

Demographic/socio-economic experiences	Female	Male
1. Marital life	50% married	80% married
2. Working status	23.4%	60.4%
3. Dependent on others	84%	46%
4. Dependent on		
Spouse	18%	7%
Children	76%	87%
Others	6%	6%
5. With disability	5.2%	
6. Reporting ill currently	31%	31%
7. Living arrangements		
Alone	5.2%	
With spouse only	12.0%	
With spouse & other members	44.8%	
With children	32.1%	
With others	4.4%	

This rapidly increasing elderly population has its own issues and problems, for some of which data are available and shown above. Only 23 per

cent females and 60 per cent males are working. There are many others, particularly elderly females, who will like to work and keep themselves active and productive to avoid boredom, isolation, and feeling of “uselessness”. It will be nice if they can get work either with their existing qualifications and experience or by undergoing training befitting their qualifications. Programs need to be developed by Government or through NGOs with some support from the government to engage them as per their desire or somewhat proxy to it. They are the repository of long experiences from which society can have lots to gain.

Another issue, particularly for females, during this stage of their life (Ageing) is their dependency for their financial needs and/or for the security reasons. Two sets of statistics, namely, 50% “females are unmarried” (without spouses) and “84% females are dependent on others” (similar data are available for males but at lower levels) suggests need for some sort of family support; there is need, therefore for strict implementation of legislation whereby family should be obligated to look after their elderly family members by some sort of living arrangements. Quite a large per cent of the elderly are living with their children or “others” (above Table 5.1). In such living, quality needs to be ensured as one often hears certain degree of abuse of elderly people in these arrangements, and this is increasing over time. The government can also set up Senior Citizen’s Homes or Day Care Centres themselves or through the NGOs to give better living if this model of support operates satisfactorily. Many times, such laws exist but their implementation has to be closely monitored at micro level or by setting up Grievance Redresser Cells where complaints can be registered for any wrongdoing. The goal is to ensure good quality of life in these institutions. In other words, the family, society and/or the government has to come in the picture to ensure that life of the senior citizens is safe, and their living is satisfactory and of reasonable quality. After all, they have contributed in the overall growth of the society in their productive years and now with their low biological/physiological capacities they expect society to provide them support they need. Many of these issues are emerging or becoming more important because of the current scenario of changing social norms and values where young men and women are engaged in and are busy with their own professional and family responsibilities and thus have little time to look after elderly people at home. The housing crunch and small size of the houses, particularly in urban areas make children unable to bring and keep their elderly members with them and thus are forced to leave parents and elderly members in their native places to live alone. Even if they

support them financially, they are not able to support them emotionally, an essential component for healthy mind. The latter need of the elderly should be met through programs, policies and legislations by governments as well as some arrangements of the younger generation to look after and support their elderly parents and relatives.

This report has also attempted to study and understand the other side of the story where it has studied the type of support older population get from family, society, civil society members and the government. The idea here is to know the extent to which needs of the older people are being met through these efforts and the quality of life these groups of people get from these set ups. The purpose is to identify gaps, flag them and recommend how these gaps can possibly be filled. Chapter 4 of this report discusses such support systems. In fact, need for such support for the elderly has been expressed by charters of the United Nations and our own (Indian) constitution. Several policies have been formulated and programs implemented whereby (i) government has made provisions to support the economic, social and psychological and health needs of the elderly, and (ii) made laws to ensure that children and relatives are obligated to (a) take care of, and (b) give all possible support to their elderly family members. This is besides inculcating the idea of morality and responsibility in the younger generation to take care of their parents and elders. Many of these laws/ programs/ policies have been discussed in chapter 4 of this report. Unfortunately, these activities and efforts have solved the problems of the elderly only marginally. Still one hears/reads stories of elderly being abused and forced to live very unsatisfactory and demeaning life. The government should understand and recognise that its responsibility does not end with passing of laws or instituting welfare programs. Rather, it is their duty and responsibility to make sure that the policies, legislations and moral codes get implemented effectively so as to provide anticipated/intended help and support to the elderly. For this purpose, it should develop a mechanism whereby it can know the grievances of the clients and be able to remove them in time-bound fashion. It also means that a proper monitoring system should be made a part of the program it starts and implements.

One important part of any new policy or a program is to publicize it so that the messages reach to all; they become aware of the laws, rights and the programs. All channels of media are generally used for this purpose. Besides these media sources, there are other channels like NGOs, civil society organizations/members and the word of mouth which can be

more helpful in spreading the message and raising the awareness on these programs and policies. One such organization is Indian Association of Parliamentarians on Population and Development (IAPPD). Its mission is to involve elected representatives like Members of Parliament (MPs), Members of Legislative Assemblies (MLAs) and such elected representatives at lower levels of districts, blocks and *Panchayats* in social welfare activities of the country. These groups of civil society members can play dual role of raising awareness and monitoring the progress in implementation of these programs and policies. They can even help in strengthening the programs by talking to the program managers who have implemented these programs and can serve as an important bridge between managers and the users of the program services. It is therefore recommended that this group of civil society members should be better involved in development, implementation and monitoring of the policies and program for the elderly. The first step in their involvement is to sensitize them with the issues of the elderly and make them aware of the policies and program for the elderly population and tell them about important role they can play in making life of elderly population more productive and satisfying. The Indian Association of Parliamentarians on Population and Development (IAPPD) has been working with the elected representatives at all levels (Centre, State, District, Blocks and Panchayats) for various social programs. They may be entrusted with the responsibility of such sensitization of the elected representatives with issues of and programs for the elderly so that these civil society members can be involved in the welfare of the elderly population group.

Recommendations

Based on the above discussion, the following recommendations are made to improve productivity and quality of life of the elderly people in India.

- A study of socio-economic profile of the elderly people suggests the need of the elderly for making their life more productive and satisfying. While initiating programs for the elderly in India, government, NGOs and civil society members/organizations should keep these needs (as seen in the Table 5.1) in mind⁸. For instance, large proportions of elderly females are single and are dependent on others (50 per cent elderly males and 80 per cent elderly females are dependent of others).

⁸ This is keeping in mind the theory propagated by recent Nobel Laureate Prof. Abhijit Banerjee where he propagated that impact of the welfare program/scheme is much higher if it is decided on the basis of their need.

Therefore, their economic and safety needs are greater than males. Thus, they should get higher allocation of the Ministry's resources for their economic and safety needs; such programs will have better acceptance and greater and sooner impact.

- The data and evidence on elderly should be made available more frequently and at more disaggregated level, at least at district level, so that managers and other stakeholders know the actual needs and address them. In the absence of credible, useful and timely data, policies and programmes will not be specific, nor their monitoring right. There is a need for a good operational management information system which can provide data on the needs and help in fine-tuning the policies and programs. This can also help in preparing an evidence-based national multi-sectoral action plan or legislation for the elderly in India. For this purpose, an inter-ministerial task force can be constituted to comprehensively address the problems of the elderly in India.
- Government should conceptualize a programme like 'planning your golden year'. This policy of better preparedness shall encourage middle aged, even younger populace to design a healthy and a more economically secured golden-age. It includes economic security, housing, accessibility to and affordability of quality health treatments and psycho-socio counselling support through community-based groups.
- One possible recommendation will be that the Government should think of starting well managed "senior citizen's homes" so that they can get shelter in safe and secure places. These "homes" may be classified by the cost inhabitant has to pay so that people of all socio-economic categories can find a place to stay with their own peer group. There should be a special free-of-cost old age home for destitute and poor. Security and quality of management in each categories of home should be of a quality standard so that inhabitants find themselves safe and happy. Programs like this will have greater impact on quality of their life.
- Since the number of senior citizens is growing quite rapidly, not all of them may be accommodated in the Old Age Homes. There is a need, therefore, of sensitization drive/workshops for the kith & kin and neighbours of the aged persons to ensure respect and care of them

by the family and society. Hence, sensitization drive for the younger generation is necessary.

- Safety and security of the elderly population is a big concern. Inclusion of training module on elderly safety into the Police Training schools' curricula is strongly recommended. Additionally, in-service training of police personnel, at all levels, in proactively supporting elderly population while providing alert security, should be an essential element.
- In the era of increase in the expectation of life, there should be push for changes in the retirement policy. Many people will like to continue to be productive even beyond their age of retirement to avoid their boredom and feeling of "uselessness"⁹. Such groups of people should have opportunity to re-orient their expertise/skill, if necessary, so that they can productively keep themselves engaged and busy and contribute to the society. Greater focus may be given on such training/orientation so that they can build on their existing skills to acquire new skills required in "New India". Such decisions on the priorities of programs can have greater impact on their life.
- Every program/facility created by government or NGOs should have a strong and well-functioning Grievance Redresser Cell so that all grievances related to their functioning can be reported and corrective actions are taken fast. This type of arrangement will greatly improve quality of services and will really improve quality of living of the elderly.
- There is need to create awareness among the elderly of the programs and facilities created for them. Use of media is only one such source. At field level, field level workers of health like ASHAs, AWWs and ANMs and similar other field level workers of other sectors like Agriculture, Education, Women and Child Development could also be sensitized so that they can help and guide those who are potential users of the facilities/programs created. Other important sources for creating awareness are NGOs and civil society members.
- One very important source of spreading the message on the created facilities/services is elected representatives at all levels --MPs, MLAs,

⁹ A recent study has pointed out that first three age groups when people are most productive, in order of their declining productivity, are: age groups 60-69, 70-79 and 50-59 years

members of *Panchayati Raj* Institutions at district, block and *Panchayat* levels. They can help in starting the program/facility, implementing it and even monitoring it in their own constituencies regularly. This resource should be fully mobilized and utilized. In order to tap this resource, the Indian Association of Parliamentarians on Population and Development (IAPPD)¹⁰ could become very effective source for involving the elected representatives in spreading awareness and ensuring quality of services in these facilities.

10 IAPPD has been engaged in involving the elected representatives at all levels (MPs, MLAs, and those elected in Panchayati Raj Institutions). They can take up challenge of involving these people in the issues related to the elderly.

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Appendix Table 2.1**Population by Age, Sex and Residence for Elderly Age 60 and Above, India, 2001 and 2011 (in million)**

Age group	2001			2011		
	Persons	Males	Females	Persons	Males	Females
Total Population						
60+	76.6	37.8	38.9	103.8	51.1	52.8
60-69	47.3	23.1	24.3	64.1	31.6	32.5
70-79	21.3	10.8	10.5	28.4	14.1	14.3
80+	8.0	3.9	4.1	11.3	5.3	6.0
All ages	1028.6	532.2	496.5	1210.9	623.3	587.6
Rural Population						
60+	57.4	28.4	29.1	73.3	36.0	37.3
60-69	35.5	17.2	18.3	45.2	22.1	23.1
70-79	16.0	8.2	7.8	20.2	10.1	10.1
80+	6.0	3.0	3.0	7.9	3.8	4.1
All ages	742.5	381.6	360.9	833.7	427.8	406.0
Urban Population						
60+	19.2	9.4	9.8	30.6	15.1	15.5
60-69	11.9	5.8	6.0	18.9	9.5	9.4
70-79	5.3	2.6	2.7	8.3	4.1	4.2
80+	2.0	0.9	1.1	3.4	1.5	1.9
All ages	286.1	150.6	135.6	377.1	195.5	181.6

Source: Census of India: General Population tables A-series, 2001-2011

Appendix Table 2.2

Literacy by sex and residence among elderly age 60+, India, states, Union Territories, 2001 and 2011

Age-group	2001			2011		
	Person	Male	Female	Person	Male	Female
Total Population						
India	36.3	52.8	20.3	43.8	59.4	28.6
Andaman & Nicobar Islands	46.4	62.5	25.3	54.5	68.4	36.9
Andhra Pradesh	29.0	43.2	16.1	32.1	45.1	20.6
Arunachal Pradesh	12.6	19.7	4.7	19.4	28.3	9.6
Assam	40.3	58.5	21.1	47.3	63.2	30.8
Bihar	29.4	45.0	11.8	35.6	51.0	18.0
Chandigarh	68.5	80.0	55.7	74.6	84.3	64.2
Chhattisgarh	28.2	48.5	10.9	33.4	53.4	16.0
Dadra & Nagar Haveli	17.4	29.2	8.2	30.6	45.1	18.4
Daman & Diu	40.1	66.1	21.8	54.0	76.3	37.3
Delhi	63.6	78.4	48.1	69.0	82.8	55.1
Goa	52.0	70.5	37.3	67.6	80.7	56.7
Gujarat	39.5	56.7	24.5	50.0	66.4	35.6
Haryana	27.6	42.2	13.0	37.8	54.6	21.3
Himachal Pradesh	30.0	47.7	12.7	42.4	62.7	23.2
Jammu & Kashmir	22.7	32.5	11.2	27.7	40.4	13.7
Jharkhand	29.5	46.6	12.5	35.2	52.5	17.8
Karnataka	36.1	53.9	20.1	43.6	59.4	29.3
Kerala	68.5	81.4	58.1	79.2	88.4	71.8
Lakshadweep	45.2	68.7	21.2	62.3	82.9	41.1
Madhya Pradesh	30.6	48.5	13.6	35.4	52.7	19.1
Maharashtra	40.7	61.4	22.7	53.4	70.0	38.4
Manipur	33.7	55.4	11.7	44.9	64.5	25.3
Meghalaya	39.2	50.0	28.0	47.6	57.3	38.5
Mizoram	75.9	87.2	64.2	84.1	90.0	78.1
Nagaland	30.5	39.7	18.8	47.5	58.9	34.5
Orissa	37.7	60.3	15.7	43.7	63.1	24.3
Pondicherry	49.7	69.7	33.4	57.6	75.7	43.1
Punjab	31.0	42.7	18.8	41.0	52.6	29.1
Rajasthan	24.9	40.7	10.2	28.8	45.6	13.6

Age-group	2001			2011		
	Person	Male	Female	Person	Male	Female
Sikkim	26.4	40.3	8.3	37.6	52.2	19.6
Tamil Nadu	43.5	60.9	26.4	49.8	65.8	34.6
Tripura	44.2	62.4	27.0	62.4	77.2	48.1
Uttar Pradesh	28.5	42.5	12.6	35.9	51.7	18.8
Uttaranchal	38.6	62.3	15.0	46.4	69.6	24.0
West Bengal	48.8	68.8	29.7	53.5	70.0	37.1
Rural Population						
India	29.0	45.5	13.0	34.4	50.8	18.5
Andaman & Nicobar Islands	42.1	58.5	20.3	49.4	63.8	31.2
Andhra Pradesh	23.3	36.4	11.2	23.8	35.6	13.4
Arunachal Pradesh	10.3	16.6	3.3	15.9	24.0	7.2
Assam	36.0	54.8	16.4	42.1	58.8	24.9
Bihar	26.8	42.1	9.4	32.8	48.2	15.1
Chandigarh	36.5	51.9	15.7	46.7	62.5	26.9
Chhattisgarh	23.6	43.4	7.1	27.1	47.0	10.1
Dadra & Nagar Haveli	10.9	20.8	3.5	13.1	24.1	4.6
Daman & Diu	27.0	48.7	10.5	32.7	55.8	16.7
Delhi	43.0	62.5	22.5	47.1	71.3	23.3
Goa	43.4	63.2	28.3	59.0	73.9	47.2
Gujarat	28.7	45.6	14.1	37.2	55.0	22.0
Haryana	19.9	33.3	6.1	27.1	44.5	10.2
Himachal Pradesh	27.5	45.2	10.2	39.8	60.7	20.2
Jammu & Kashmir	17.1	25.6	7.1	20.4	32.5	7.0
Jharkhand	22.6	38.9	6.6	27.2	44.3	10.5
Karnataka	27.6	45.3	11.8	33.0	49.5	18.3
Kerala	66.2	79.4	55.4	76.5	85.9	68.8
Lakshadweep	35.9	64.4	8.2	58.4	80.9	32.9
Madhya Pradesh	24.0	41.2	7.5	26.6	43.8	10.5
Maharashtra	30.7	52.2	12.4	42.4	61.0	26.2
Manipur	30.9	50.4	10.5	39.8	57.8	21.0
Meghalaya	33.2	44.3	21.2	40.7	51.3	30.5
Mizoram	65.9	79.9	50.8	74.7	83.1	65.7
Nagaland	26.8	35.2	16.1	41.5	52.7	28.8
Orissa	35.1	58.0	12.9	40.3	60.2	20.5

Age-group	2001			2011		
	Person	Male	Female	Person	Male	Female
Pondicherry	34.6	55.0	16.4	39.2	59.1	23.2
Punjab	22.9	33.7	11.8	30.7	42.4	18.9
Rajasthan	18.2	32.6	5.0	20.4	36.1	6.4
Sikkim	24.1	37.9	6.2	33.0	47.8	14.4
Tamil Nadu	32.6	50.3	14.7	36.4	53.6	19.9
Tripura	38.6	57.5	20.5	55.7	72.5	39.3
Uttar Pradesh	24.2	38.1	8.3	30.7	47.0	13.1
Uttaranchal	33.3	58.7	8.6	39.7	65.6	15.6
West Bengal	38.5	61.2	17.9	42.2	61.5	23.7
Urban Population						
India	58.1	75.0	41.8	66.4	79.9	53.1
Andaman & Nicobar Islands	59.7	75.0	40.5	66.6	79.2	50.6
Andhra Pradesh	49.3	67.4	33.0	55.6	71.5	41.1
Arunachal Pradesh	39.1	54.0	21.2	46.2	60.1	29.4
Assam	69.5	83.7	54.0	74.6	86.0	62.5
Bihar	53.6	71.7	33.5	58.6	73.5	41.4
Chandigarh	70.8	82.1	58.2	75.1	84.7	64.8
Chhattisgarh	53.0	74.9	32.9	58.1	77.8	40.3
Dadra & Nagar Haveli	48.5	63.7	33.7	59.4	75.2	43.8
Daman & Diu	51.7	82.8	31.3	63.9	85.1	47.3
Delhi	64.9	79.4	49.8	69.6	83.1	55.9
Goa	62.3	78.9	48.6	73.5	85.1	63.4
Gujarat	60.7	78.1	45.2	69.5	82.8	57.1
Haryana	51.2	69.5	33.3	61.7	76.6	46.5
Himachal Pradesh	64.5	78.8	48.8	73.9	85.3	61.9
Jammu & Kashmir	40.7	55.3	24.0	45.2	59.8	29.6
Jharkhand	58.8	77.3	38.8	63.2	79.2	45.2
Karnataka	57.0	74.6	40.7	65.4	79.3	52.5
Kerala	75.1	87.5	65.5	82.2	91.0	75.0
Lakshadweep	54.9	73.0	35.5	63.4	83.5	43.1
Madhya Pradesh	51.9	72.2	32.8	59.6	77.0	43.1
Maharashtra	61.5	80.1	44.7	71.9	84.5	59.9
Manipur	40.2	67.8	14.5	54.7	78.2	33.1
Meghalaya	65.0	77.2	54.3	73.0	82.0	65.7
Mizoram	86.8	95.7	78.2	92.5	96.7	88.6

Age-group	2001			2011		
	Person	Male	Female	Person	Male	Female
Nagaland	64.3	76.7	45.4	70.3	81.6	56.8
Orissa	57.6	76.8	37.6	65.4	80.8	49.0
Pondicherry	57.2	77.5	41.3	65.5	83.0	51.7
Punjab	51.7	66.5	36.8	63.1	74.6	51.3
Rajasthan	50.4	71.9	30.5	56.7	76.0	38.3
Sikkim	52.0	69.4	31.3	57.9	72.9	41.1
Tamil Nadu	58.0	75.4	41.3	65.4	80.1	51.5
Tripura	69.4	85.6	55.3	78.8	89.0	69.2
Uttar Pradesh	48.8	64.1	32.4	57.6	71.2	42.8
Uttaranchal	59.6	76.1	41.9	66.6	81.0	51.2
West Bengal	69.3	82.8	55.2	72.9	83.9	61.2

Source: Census of India: Socio-cultural tables C-series, 2001-2011

Appendix 2.3

Level of education by sex and residence among 60+ population in India, States, Union Territories, 2001 and 2011

State	2001						2011																	
	Upper to 8			Primary up to 8			Higher secondary including technical			Graduate & above			Upper to 8			Primary up to 8			Higher secondary including technical			Graduate & above		
	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F			
India	27.8	38.8	17.2	6.1	10.0	2.3	2.4	4.0	0.8	29.6	37.6	21.8	9.5	14.6	4.6	4.3	6.8	1.8						
A & N Islands	38.4	51.0	22.1	6.6	9.5	2.7	1.3	1.9	0.6	42.1	51.8	29.9	9.5	12.9	5.2	2.1	3.1	1.0						
Andhra Pra.	22.3	31.2	14.2	4.8	8.5	1.5	1.9	3.5	0.4	21.9	28.2	16.3	6.7	11.0	2.9	3.1	5.4	1.0						
Arunachal Pra.	10.6	16.5	4.1	1.5	2.4	0.5	0.5	0.8	0.1	14.9	21.5	7.7	3.2	4.8	1.5	1.2	2.0	0.3						
Assam	32.8	46.1	18.9	5.6	9.2	1.8	1.8	3.2	0.4	36.5	46.7	26.0	7.4	11.1	3.6	3.2	5.2	1.1						
Bihar	21.2	30.8	10.4	6.0	10.2	1.2	2.2	3.9	0.3	23.8	31.7	14.8	8.4	13.7	2.3	3.0	5.1	0.5						
Chandigarh	23.8	20.7	27.2	21.9	26.7	16.6	22.7	32.5	11.7	21.6	19.6	23.8	23.4	26.8	19.7	29.3	37.7	20.2						
Chhattisgarh	24.4	41.6	9.8	2.6	4.6	0.8	1.2	2.3	0.3	25.6	39.9	13.2	5.1	8.9	1.8	2.4	4.3	0.8						
D & N Haveli	13.3	21.8	6.6	3.2	5.6	1.3	0.9	1.8	0.3	20.3	28.8	13.1	7.5	11.5	4.1	2.7	4.6	1.0						
Daman & Diu	33.8	53.7	19.9	4.9	9.5	1.7	1.4	2.9	0.3	39.1	50.8	30.3	11.0	18.3	5.4	3.6	6.9	1.1						
Delhi	28.2	28.0	28.3	19.7	26.8	12.3	15.7	23.6	7.6	27.0	27.0	27.0	22.0	28.7	15.2	19.9	26.9	12.7						
Goa	35.7	45.7	27.7	12.1	17.7	7.7	4.2	7.0	1.9	41.8	45.4	38.7	17.1	23.1	12.1	7.3	11.0	4.1						
Gujarat	30.7	41.8	21.0	6.5	10.9	2.7	2.3	4.0	0.7	35.1	43.4	27.7	10.2	15.5	5.5	4.3	7.1	1.8						
Haryana	18.5	26.6	10.3	6.9	11.8	1.9	2.3	3.7	0.8	20.6	27.4	13.9	11.8	19.2	4.6	5.1	7.8	2.5						
Himachal Pra.	21.9	33.3	10.7	6.3	11.3	1.5	1.8	3.1	0.5	27.0	36.5	18.0	11.5	19.8	3.6	3.6	6.2	1.2						
J & K	15.9	21.6	9.1	4.8	7.7	1.5	2.0	3.2	0.6	15.3	21.3	8.7	8.1	12.5	3.1	3.9	6.1	1.5						
Jharkhand	21.3	32.2	10.4	6.2	10.7	1.7	2.1	3.7	0.4	23.9	33.7	14.0	8.0	13.2	2.8	3.3	5.6	1.0						
Karnataka	26.6	37.8	16.5	6.9	11.4	2.8	2.5	4.6	0.7	29.0	36.9	21.8	10.0	15.0	5.5	4.3	7.2	1.7						
Kerala	57.4	64.9	51.4	8.9	12.9	5.7	2.2	3.7	1.0	58.8	60.8	57.1	16.1	21.0	12.0	4.1	6.3	2.4						
Lakshadweep	44.0	66.6	21.0	0.8	1.4	0.2	0.3	0.6	0.1	54.3	68.7	39.5	6.4	11.1	1.4	1.6	3.1	0.1						
Madhya Pra.	25.2	39.3	11.7	3.4	5.6	1.2	2.0	3.6	0.6	25.4	36.6	14.9	6.0	9.7	2.5	3.7	6.0	1.4						
Maharashtra	31.0	45.4	18.4	7.0	11.5	3.1	2.7	4.5	1.1	35.8	44.0	28.4	11.6	17.5	6.2	5.1	7.8	2.7						
Manipur	24.4	38.9	9.6	6.1	10.5	1.5	3.3	5.9	0.6	28.7	39.4	18.1	9.8	14.9	4.8	6.2	10.1	2.3						
Meghalaya	32.1	40.2	23.7	4.7	6.2	3.0	2.5	3.6	1.3	38.1	45.1	31.7	5.7	7.3	4.3	3.5	4.7	2.4						
Mizoram	71.5	79.7	63.0	2.7	4.4	0.9	1.7	3.0	0.3	75.1	76.4	73.7	5.8	8.2	3.3	3.0	5.2	0.8						
Nagaland	22.9	28.3	15.9	6.0	8.7	2.5	1.7	2.6	0.5	38.1	45.2	30.0	7.0	9.8	3.7	2.3	3.7	0.7						
Orissa	33.3	52.3	14.8	3.3	6.0	0.7	1.1	2.0	0.2	36.0	49.7	22.2	5.3	9.2	1.4	2.3	4.0	0.6						
Pondicherry	36.9	47.6	28.1	9.8	16.4	4.3	3.1	5.6	1.0	35.6	39.8	32.3	15.7	25.3	8.1	5.6	10.0	2.1						
Punjab	20.2	25.2	15.0	8.6	14.0	3.1	2.2	3.5	0.8	23.3	26.6	19.9	13.1	19.5	6.7	4.3	6.3	2.3						

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Rajasthan	19.8	31.5	9.0	3.4	6.1	0.9	1.7	3.1	0.4	20.0	30.2	10.8	5.5	9.7	1.7	3.0	5.2	0.9
Sikkim	22.4	34.4	6.9	2.8	4.2	1.0	1.1	1.6	0.4	30.4	42.3	15.7	4.6	6.3	2.5	2.1	2.9	1.1
Tamil Nadu	34.7	47.0	22.6	7.0	10.9	3.2	1.8	2.9	0.7	33.4	41.4	25.8	12.3	17.9	7.0	3.8	6.2	1.5
Tripura	39.1	53.3	25.8	3.5	6.2	0.9	1.6	3.0	0.4	51.9	60.9	43.2	6.6	10.3	3.1	3.3	5.4	1.3
Uttar Pra.	21.3	30.8	10.5	5.3	8.6	1.5	1.9	3.2	0.6	23.3	31.8	14.0	8.5	13.4	3.0	3.9	6.1	1.6
Uttaranchal	28.4	45.0	11.9	7.3	12.5	2.0	2.9	4.8	1.0	29.3	42.2	16.9	11.0	18.3	3.9	5.8	8.9	2.8
West Bengal	36.2	47.7	25.2	8.4	13.9	3.1	4.2	7.1	1.4	36.6	44.5	28.8	9.6	14.5	4.8	6.8	10.5	3.1

Source: Census of India: Socio-cultural tables C-series, 2001-2011

Appendix Table 2.4:

Elderly Workers by sex and residence in States and UTs, 2001 and 2011

Age-group	2001									2011								
	Total Workers			Main workers			Marginal workers			Total Workers			Main workers			Marginal workers		
	Person	Male	Female	Person	Male	Female	Person	Male	Female	Person	Male	Female	Person	Male	Female	Person	Male	Female
Total Population																		
INDIA	40.3	60.3	20.9	32.1	52.8	12.0	8.2	7.4	8.9	41.6	60.4	23.4	31.4	49.4	14.0	10.2	11.0	9.4
A & N	34.5	50.6	13.4	27.7	44.0	6.4	6.8	6.6	7.0	28.4	42.6	10.4	22.0	34.6	6.1	6.4	8.0	4.3
ANDHRA PRA.	40.7	59.0	24.0	33.7	52.2	16.9	7.0	6.8	7.1	42.8	59.0	28.2	35.1	51.2	20.7	7.7	7.8	7.6
ARUNACHAL PRA.	60.6	73.4	46.1	51.3	65.8	35.0	9.3	7.6	11.2	60.2	72.2	47.2	50.2	62.8	36.6	10.0	9.5	10.5
ASSAM	41.9	66.3	16.3	34.5	59.2	8.5	7.4	7.1	7.8	43.4	66.3	19.8	34.7	58.1	10.7	8.7	8.2	9.2
BIHAR	46.3	70.9	18.6	37.5	62.3	9.4	8.9	8.6	9.2	50.7	73.1	25.2	32.6	51.2	11.4	18.1	21.9	13.8
CHANDI-GARH	22.1	36.1	6.3	20.8	34.4	5.6	1.3	1.7	0.7	20.4	33.3	6.4	19.1	31.7	5.6	1.2	1.6	0.8
CHHATTIS-GARH	47.9	65.2	33.2	35.7	56.4	18.1	12.2	8.8	15.1	48.0	63.6	34.6	31.7	49.0	16.7	16.3	14.6	17.8
D & N	45.7	63.4	31.7	35.8	56.4	19.6	9.9	7.0	12.1	41.0	62.0	23.3	30.6	53.9	10.9	10.4	8.1	12.4
DAMAN & DIU	28.0	47.6	14.2	24.0	44.7	9.4	4.0	2.9	4.7	24.9	45.8	9.2	22.6	43.3	7.0	2.4	2.5	2.3
DELHI	21.8	37.4	5.5	20.6	35.8	4.8	1.2	1.6	0.7	23.1	40.0	6.0	21.7	38.0	5.2	1.4	2.0	0.8
GOA	24.9	40.0	12.9	18.1	32.2	7.0	6.7	7.8	5.9	21.8	34.9	10.9	16.9	28.1	7.6	4.9	6.7	3.3
GUJARAT	33.0	51.2	17.2	26.9	47.7	8.9	6.1	3.5	8.3	35.5	55.8	17.6	29.4	51.7	9.7	6.1	4.1	7.9
HARYANA	33.6	48.8	18.2	24.9	41.4	8.2	8.7	7.4	10.0	30.9	49.1	12.9	24.2	42.0	6.6	6.7	7.2	6.3
HIMACHAL PRA.	50.5	63.1	38.2	33.0	48.2	18.0	17.6	14.9	20.2	50.1	58.9	41.7	25.1	35.4	15.3	25.0	23.5	26.5
J & K	43.3	64.0	18.7	32.4	54.1	6.7	10.9	9.9	12.0	35.7	54.4	15.2	20.8	36.0	4.1	14.9	18.4	11.1
JHARKHAND	41.4	60.9	22.1	28.7	48.3	9.1	12.8	12.6	13.0	45.4	61.4	29.2	23.5	36.9	10.0	21.9	24.5	19.3
KARNATAKA	39.1	58.0	22.0	32.5	53.1	13.9	6.6	5.0	8.1	40.8	59.0	24.3	34.3	53.1	17.3	6.5	5.9	7.0
KERALA	22.9	40.5	8.8	17.4	32.3	5.5	5.5	8.2	3.3	24.4	41.9	10.1	18.5	33.7	6.1	5.9	8.2	4.0
LAKSHAD-WEEP	17.7	32.8	2.3	9.3	17.5	0.8	8.5	15.3	1.5	12.3	21.9	2.3	6.2	11.2	1.1	6.0	10.7	1.3
MADHYA PRA.	45.8	64.0	28.4	35.2	56.3	15.0	10.6	7.6	13.4	48.1	65.3	31.8	35.1	53.8	17.4	13.0	11.5	14.4
MAHARASH-TRA	40.4	55.1	27.7	32.5	48.6	18.5	8.0	6.6	9.2	41.9	56.3	29.0	36.3	51.0	23.1	5.6	5.3	5.9
MANIPUR (Excl. 3 Sub-divisions)	56.1	69.2	42.7	41.3	57.1	25.3	14.8	12.1	17.4	55.7	67.3	44.1	43.8	57.3	30.3	11.9	10.0	13.8
MEGHALAYA	61.2	77.1	44.6	50.6	68.7	31.6	10.6	8.4	13.0	56.6	72.0	42.3	46.1	62.1	31.2	10.5	9.9	11.1
MIZORAM	59.4	70.1	48.3	44.1	58.6	29.3	15.2	11.5	19.0	51.5	64.0	39.0	43.5	57.5	29.4	8.0	6.5	9.6
NAGALAND	70.6	77.8	61.4	63.1	71.5	52.4	7.5	6.3	9.0	70.5	75.5	64.8	60.8	67.3	53.3	9.7	8.2	11.5

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Age-group	2001									2011								
	Total Workers			Main workers			Marginal workers			Total Workers			Main workers			Marginal workers		
	Person	Male	Female	Person	Male	Female	Person	Male	Female	Person	Male	Female	Person	Male	Female	Person	Male	Female
ORISSA	39.6	61.8	17.9	28.4	50.6	6.7	11.2	11.2	11.2	38.1	56.4	19.8	24.0	41.4	6.6	14.1	15.0	13.1
PONDI-CHERRY	24.1	39.8	11.3	21.4	36.5	9.1	2.7	3.4	2.1	21.5	36.7	9.5	18.3	32.0	7.3	3.3	4.6	2.2
PUNJAB	35.3	56.0	14.1	30.7	51.6	9.2	4.6	4.4	4.9	33.0	55.2	10.4	28.4	49.9	6.5	4.6	5.3	3.9
RAJASTHAN	38.9	56.1	23.1	29.1	48.5	11.2	9.8	7.6	11.8	44.2	59.8	30.0	30.8	48.7	14.6	13.3	11.2	15.3
SIKKIM	56.5	70.6	38.2	45.8	61.8	24.9	10.7	8.7	13.3	52.9	65.5	37.4	38.3	51.8	21.6	14.6	13.7	15.8
TAMIL NADU	43.1	60.3	26.1	36.2	53.3	19.4	6.8	7.0	6.7	43.7	60.2	28.0	36.3	51.9	21.5	7.4	8.2	6.5
TRIPURA	39.8	64.0	17.1	32.3	57.1	8.9	7.6	6.9	8.2	38.0	58.3	18.5	28.5	49.3	8.5	9.5	9.0	10.0
UTTAR PRA.	46.5	71.1	18.8	37.2	62.8	8.4	9.3	8.3	10.4	47.4	70.8	22.0	34.1	55.6	10.8	13.3	15.2	11.2
UTTA-RANCHAL	43.3	58.7	27.9	31.0	46.3	15.7	12.3	12.4	12.2	43.5	57.1	30.4	30.4	43.9	17.5	13.0	13.1	12.9
WEST BENGAL	32.0	53.7	11.2	26.1	47.2	5.9	5.9	6.5	5.4	31.4	51.5	11.4	24.1	42.2	6.1	7.3	9.2	5.3
Rural Population																		
INDIA	45.0	65.6	24.9	35.0	56.8	13.7	10.0	8.8	11.2	47.1	66.4	28.4	34.3	53.0	16.3	12.8	13.5	12.1
A & N	39.2	56.6	16.2	30.5	48.3	7.1	8.7	8.3	9.1	31.7	47.1	12.2	23.5	37.0	6.5	8.2	10.1	5.7
ANDHRA PRA.	44.5	62.6	27.9	36.4	55.0	19.4	8.1	7.6	8.5	47.1	62.9	33.0	38.4	54.4	24.2	8.7	8.5	8.8
ARUNACHAL PRA.	62.4	74.4	48.9	52.6	66.6	37.1	9.7	7.8	11.9	62.8	73.9	50.7	52.3	64.1	39.5	10.5	9.9	11.2
ASSAM	43.4	68.0	17.5	35.2	60.3	8.8	8.2	7.7	8.7	45.7	69.1	21.6	36.0	60.2	11.3	9.6	8.9	10.3
BIHAR	47.9	72.6	19.8	38.5	63.6	9.9	9.4	9.0	9.9	52.3	74.7	26.8	32.9	51.4	11.8	19.4	23.4	14.9
CHANDI-GARH	33.1	50.6	9.5	29.7	46.4	7.2	3.4	4.2	2.3	24.0	38.6	5.7	20.8	34.2	3.9	3.3	4.4	1.8
CHHATTIS-GARH	51.7	69.5	36.9	37.8	59.6	19.6	13.9	9.9	17.3	52.8	68.3	39.5	33.3	51.1	18.3	19.4	17.3	21.3
D & NAGAR HAVELI	49.1	67.0	35.7	38.0	59.4	22.0	11.1	7.7	13.7	46.6	67.5	30.6	32.1	56.4	13.5	14.5	11.2	17.1
DAMAN & DIU	34.3	57.7	16.5	28.1	53.8	8.6	6.2	3.9	7.9	27.4	48.7	12.7	22.6	43.4	8.2	4.8	5.3	4.5
DELHI	24.2	39.4	8.2	21.5	36.0	6.3	2.7	3.5	2.0	24.8	41.9	7.9	21.8	37.9	6.0	2.9	4.0	1.9
GOA	27.8	43.1	16.2	18.4	32.3	7.8	9.4	10.8	8.3	22.1	35.2	11.6	15.3	25.4	7.3	6.8	9.8	4.4
GUJARAT	38.7	57.4	22.7	30.3	52.8	11.0	8.4	4.6	11.7	42.3	64.0	23.8	33.7	58.9	12.2	8.6	5.0	11.6
HARYANA	36.8	51.0	22.3	26.2	42.4	9.6	10.6	8.6	12.6	32.8	50.8	15.2	24.5	42.5	7.1	8.2	8.3	8.1
HIMACHAL PRA.	52.4	64.9	40.3	33.8	49.1	18.9	18.6	15.8	21.4	52.2	60.7	44.2	25.4	35.6	16.0	26.7	25.1	28.3
J & K	47.2	67.5	22.8	33.9	55.9	7.7	13.2	11.6	15.1	39.3	58.3	18.3	20.7	35.5	4.3	18.6	22.7	14.0
JHARKHAND	45.6	66.0	25.8	30.5	51.3	10.3	15.1	14.6	15.5	50.8	67.3	34.8	24.0	37.2	11.2	26.8	30.0	23.6
KARNATAKA	44.4	64.2	26.7	36.0	58.2	16.2	8.3	5.9	10.5	46.7	65.9	29.7	38.8	59.3	20.7	7.8	6.6	8.9
KERALA	24.5	43.1	9.5	18.3	33.9	5.7	6.2	9.2	3.7	27.6	46.6	12.0	20.5	36.8	7.1	7.1	9.8	5.0

Elderly Population in India: Status and Support Systems

Age-group	2001									2011								
	Total Workers			Main workers			Marginal workers			Total Workers			Main workers			Marginal workers		
	Person	Male	Female	Person	Male	Female	Person	Male	Female	Person	Male	Female	Person	Male	Female	Person	Male	Female
LAKSHAD- WEEP	17.0	32.7	1.7	8.4	16.4	0.5	8.6	16.3	1.1	16.0	27.7	2.7	6.5	11.3	1.0	9.6	16.4	1.8
MADHYA PRA.	51.2	69.4	33.6	38.4	60.7	17.1	12.7	8.7	16.5	54.4	71.6	38.3	38.2	57.6	20.1	16.1	13.9	18.2
MAHARASH- TRA	49.6	64.8	36.7	38.8	56.2	24.0	10.8	8.6	12.6	52.1	67.0	39.2	44.7	60.4	31.2	7.4	6.6	8.0
MANIPUR (Excl. 3 Sub- divisions)	59.5	72.3	46.0	43.4	59.4	26.6	16.0	12.9	19.3	62.5	73.7	50.8	49.6	63.3	35.5	12.8	10.5	15.3
MEGHALAYA	66.8	81.8	50.6	54.7	72.6	35.2	12.1	9.1	15.4	63.0	77.5	48.9	50.6	66.3	35.4	12.4	11.2	13.5
MIZORAM	65.8	75.7	55.1	49.4	63.6	34.2	16.3	12.1	20.9	61.6	73.8	48.5	52.5	67.4	36.5	9.1	6.4	12.0
NAGALAND	73.2	79.3	65.7	65.4	72.8	56.1	7.8	6.5	9.5	77.8	81.4	73.8	67.7	72.9	61.8	10.2	8.5	12.0
ORISSA	41.3	64.2	19.1	29.0	52.0	6.8	12.2	12.2	12.3	40.0	58.9	21.3	24.4	42.3	6.7	15.6	16.5	14.6
PONDI- CHERRY	34.7	53.5	17.9	29.6	47.7	13.5	5.1	5.8	4.5	28.8	46.8	14.2	22.2	37.9	9.7	6.5	8.9	4.6
PUNJAB	37.8	57.9	16.9	32.2	52.8	10.7	5.7	5.1	6.2	34.5	57.4	11.3	29.2	51.4	6.6	5.3	6.0	4.7
RAJASTHAN	42.8	59.7	27.3	31.2	51.0	13.0	11.6	8.7	14.3	49.3	64.0	36.1	33.0	50.7	17.1	16.3	13.3	19.0
SIKKIM	58.2	71.7	40.6	46.8	62.6	26.3	11.4	9.1	14.3	57.8	69.5	43.1	41.0	54.2	24.3	16.8	15.2	18.8
TAMIL NADU	51.5	68.2	34.6	42.1	59.1	24.9	9.4	9.2	9.6	53.7	69.3	38.7	43.4	58.2	29.1	10.3	11.1	9.6
TRIPURA	43.5	68.5	19.6	34.7	60.7	9.8	8.8	7.7	9.8	44.0	65.9	22.7	32.3	55.4	9.9	11.7	10.6	12.7
UTTAR PRADESH	49.6	74.5	21.2	39.2	65.6	9.1	10.4	9.0	12.2	49.8	73.3	24.2	35.0	56.7	11.4	14.8	16.6	12.8
UTTA- RANCHAL	47.7	62.7	33.1	33.0	47.9	18.3	14.8	14.7	14.8	48.8	61.5	37.1	32.7	45.3	21.0	16.2	16.2	16.2
WEST BENGAL	35.7	60.5	13.1	27.8	51.8	5.9	7.9	8.7	7.2	35.0	58.3	12.7	25.4	45.9	5.8	9.6	12.4	6.8
Urban Population																		
INDIA	26.2	44.1	9.0	23.4	40.7	6.8	2.8	3.4	2.1	28.5	46.1	11.3	24.4	41.0	8.3	4.0	5.1	3.0
A & N ISLANDS	19.8	31.5	5.1	18.9	30.3	4.5	0.9	1.2	0.6	20.5	31.6	6.3	18.4	28.8	5.3	2.0	2.8	1.1
ANDHRA PRA.	27.3	46.2	10.5	24.2	42.2	8.1	3.1	4.0	2.3	30.7	48.4	14.6	25.8	42.4	10.6	4.9	5.9	4.0
ARUNACHAL PRA.	39.3	61.9	12.1	35.3	57.0	9.3	4.0	4.9	2.9	40.8	59.8	17.9	34.7	53.1	12.5	6.1	6.7	5.3
ASSAM	32.2	54.5	7.6	30.0	51.7	6.1	2.2	2.8	1.5	31.5	51.5	10.4	27.7	46.9	7.3	3.8	4.5	3.1
BIHAR	32.2	54.5	7.6	28.5	49.5	5.1	3.8	5.0	2.4	37.8	59.9	12.4	30.2	49.7	7.7	7.7	10.2	4.7
CHANDI- GARH	21.3	35.0	6.1	20.2	33.5	5.5	1.1	1.5	0.6	20.3	33.2	6.4	19.1	31.7	5.6	1.2	1.6	0.8
CHHATTIS- GARH	27.4	43.4	12.5	24.1	39.8	9.6	3.3	3.6	3.0	29.2	45.6	14.3	25.0	41.0	10.6	4.2	4.6	3.8
D & N HAVELI	29.2	48.5	10.4	25.2	44.2	6.7	4.0	4.4	3.6	31.8	54.1	9.8	28.1	50.4	6.0	3.7	3.7	3.7
DAMAN & DIU	22.4	37.9	12.3	20.4	36.0	10.2	2.0	1.9	2.1	23.8	44.5	7.6	22.6	43.3	6.4	1.2	1.2	1.2
DELHI	21.6	37.3	5.3	20.5	35.8	4.7	1.1	1.5	0.7	23.0	39.9	5.9	21.7	38.0	5.2	1.3	1.9	0.7

Elderly Population in India: Status and Support Systems

Age-group	2001									2011								
	Total Workers			Main workers			Marginal workers			Total Workers			Main workers			Marginal workers		
	Person	Male	Female	Person	Male	Female	Person	Male	Female	Person	Male	Female	Person	Male	Female	Person	Male	Female
GOA	21.3	36.4	8.7	17.8	32.1	5.9	3.5	4.2	2.9	21.6	34.6	10.4	18.0	29.9	7.8	3.6	4.8	2.5
GUJARAT	21.8	39.3	6.2	20.3	37.7	4.7	1.5	1.5	1.5	25.2	43.9	7.8	22.8	41.1	5.8	2.4	2.7	2.0
HARYANA	23.8	41.8	6.3	20.9	38.1	4.1	2.9	3.7	2.2	26.6	45.4	7.5	23.3	40.8	5.5	3.4	4.6	2.1
HIMACHAL PRA.	25.0	40.8	7.9	22.0	37.1	5.5	3.1	3.7	2.4	24.4	38.2	10.0	20.4	33.6	6.5	4.0	4.6	3.5
J & K	30.7	52.6	5.9	27.4	48.3	3.5	3.4	4.3	2.4	27.1	45.1	7.9	20.9	37.2	3.5	6.2	7.9	4.4
JHARKHAND	23.9	40.6	5.7	20.8	36.4	3.9	3.0	4.3	1.7	26.2	42.2	8.4	21.5	35.7	5.5	4.8	6.4	2.9
KARNATAKA	26.0	43.1	10.2	23.7	40.5	8.2	2.3	2.6	2.0	28.6	45.3	13.1	24.9	40.7	10.1	3.7	4.5	3.0
KERALA	18.3	32.8	7.0	14.7	27.6	4.8	3.5	5.2	2.2	20.9	36.8	8.0	16.4	30.3	5.1	4.5	6.5	2.9
LAKSHAD- WEEP	18.5	32.9	3.1	10.2	18.6	1.1	8.3	14.3	1.9	11.3	20.2	2.3	6.2	11.2	1.1	5.1	9.0	1.2
MADHYA PRA.	28.4	46.2	11.6	24.7	42.3	8.2	3.6	3.9	3.4	30.6	48.3	13.8	26.3	43.3	10.1	4.3	5.0	3.7
MAHARASH- TRA	21.4	35.7	8.5	19.2	33.2	6.6	2.2	2.5	1.9	24.8	39.2	11.1	22.1	35.9	8.9	2.7	3.2	2.2
MANIPUR (Excl. 3 Sub- divisions)	48.0	61.5	35.5	36.3	51.3	22.2	11.8	10.2	13.2	42.6	54.3	31.9	32.6	45.3	21.0	10.0	9.0	11.0
MEGHALAYA	37.1	54.7	21.6	32.9	49.8	17.9	4.2	4.8	3.6	32.8	49.1	19.8	29.3	44.9	16.9	3.5	4.3	2.9
MIZORAM	52.3	63.7	41.3	38.3	52.8	24.2	14.0	10.9	17.1	42.4	54.6	30.9	35.4	48.1	23.3	7.1	6.5	7.7
NAGALAND	46.5	65.0	18.5	42.3	60.4	14.9	4.2	4.6	3.5	42.5	53.3	29.6	34.5	46.5	20.2	8.0	6.8	9.4
ORISSA	27.1	44.8	8.7	23.6	40.6	6.0	3.5	4.2	2.7	25.9	41.0	9.9	21.3	35.4	6.5	4.5	5.6	3.4
PONDI- CHERRY	18.9	32.5	8.2	17.4	30.5	7.1	1.5	2.1	1.0	18.4	32.2	7.4	16.5	29.5	6.3	1.8	2.7	1.1
PUNJAB	28.9	50.9	6.8	26.9	48.4	5.3	2.0	2.5	1.5	29.7	50.5	8.4	26.7	46.7	6.1	3.1	3.8	2.3
RAJASTHAN	24.0	42.5	6.8	21.1	39.0	4.5	2.9	3.5	2.3	27.2	46.3	9.0	23.7	42.1	6.2	3.5	4.2	2.8
SIKKIM	36.9	57.5	12.4	33.6	53.2	10.2	3.3	4.2	2.2	31.2	46.9	13.6	26.3	40.5	10.4	4.9	6.5	3.2
TAMIL NADU	31.3	48.9	14.3	28.0	45.0	11.7	3.2	3.9	2.6	32.1	49.5	15.8	28.2	44.6	12.8	3.9	4.9	3.0
TRIPURA	23.4	42.9	6.3	21.2	39.7	5.1	2.2	3.2	1.3	23.3	39.2	8.4	19.2	34.2	5.0	4.1	4.9	3.4
UTTAR PRA.	31.9	54.6	7.7	28.1	49.5	5.2	3.8	5.1	2.5	37.6	60.4	12.9	30.7	51.2	8.3	7.0	9.1	4.6
UTTA- RANCHAL	25.5	43.4	6.3	23.0	39.9	4.7	2.6	3.5	1.5	27.2	44.7	8.5	23.8	40.2	6.2	3.5	4.6	2.3
WEST BENGAL	24.6	41.1	7.3	22.7	38.6	5.9	2.0	2.5	1.4	25.1	40.3	9.2	21.8	36.3	6.6	3.3	4.0	2.6

Source: Census of India: Primary Census Abstract, 2001-2011.

Appendix Table 2.5

Distribution of Mortality among Persons in the Age Group 55 above by Sex & Major Cause Groups (India & States) -MCCD-2015

Type of disease	Certain Infectious and Parasitic Diseases (A00-B99)	Neoplasms (C00-D48)	Endocrine, Nutritional and Metabolic Diseases (E00-E89)	Diseases of the Circulatory System (I00-I99)	Diseases of the Respiratory System (J00-J98)	Other Major Groups	Total medically certified deaths in the age group
India & States	Male						
Andhra Pradesh	9.9	2.1	2.9	42.1	11.0	31.9	10116
A & N Island	4.9	4.6	11.7	42.3	8.7	27.6	366
Arunachal Pradesh	16.3	9.9	2.1	25.5	7.1	39.0	141
Assam	21.6	24.6	5.8	10.3	7.2	30.5	6829
Bihar	9.4	5.7	6.7	45.6	7.2	25.5	2375
Chandigarh	7.6	9.0	7.7	29.1	15.6	31.0	1376
Chhattisgarh	9.0	2.5	6.6	31.3	11.1	39.6	4808
D & N Haveli	2.0	0.0	4.7	77.9	7.4	8.1	149
Daman & Diu	7.0	0.8	0.8	78.8	8.1	4.5	358
Delhi	14.7	7.4	3.5	24.2	10.7	39.6	17492
Goa	4.8	7.5	7.2	41.7	12.3	26.6	4480
Gujarat	11.1	3.8	2.5	26.4	13.4	42.7	19483
Himachal Pradesh	10.2	5.8	2.9	32.5	21.8	26.9	1738
Jharkhand	9.6	1.0	0.0	43.6	18.4	27.3	488
Karnataka	7.5	8.8	6.6	42.7	11.4	23.0	48132
Kerala	5.1	17.7	11.0	32.8	14.8	18.6	13737
Lakshadweep	3.4	12.8	5.1	43.6	6.8	28.2	117
Madhya Pradesh	7.4	1.5	4.5	52.0	12.4	22.2	6539
Maharashtra	10.3	6.6	4.1	43.2	10.9	24.9	77800
Manipur	5.4	8.1	10.4	33.7	6.4	35.9	652
Meghalaya	7.3	14.8	5.7	31.0	11.9	29.3	1021
Mizoram	9.5	22.1	4.9	23.2	17.6	22.7	569
Nagaland	3.6	7.1	8.9	26.8	12.5	41.1	56
Odisha	11.5	4.3	7.7	35.0	11.5	30.0	11492
Puducherry	8.2	3.3	4.6	20.3	5.0	58.5	2978

Type of disease	Certain Infectious and Parasitic Diseases (A00-B99)	Neoplasms (C00-D48)	Endocrine, Nutritional and Metabolic Diseases (E00-E89)	Diseases of the Circulatory System (I00-I99)	Diseases of the Respiratory System (J00-J98)	Other Major Groups	Total medically certified deaths in the age group
Punjab	10.4	6.1	7.9	36.1	12.7	26.8	9901
Rajasthan	17.1	3.8	3.2	32.6	22.1	21.3	11695
Sikkim	6.5	8.4	4.6	41.2	14.8	24.5	371
Tamil Nadu	4.0	2.4	5.0	55.1	6.6	26.9	88171
Telangana	14.7	1.5	1.5	58.4	4.7	19.1	14064
Tripura	3.1	4.3	4.8	45.9	27.9	14.1	2218
Uttarakhand	11.9	6.6	4.9	29.6	18.8	28.3	1340
West Bengal	10.0	1.4	2.2	50.1	22.7	13.6	7607

Type of disease	Certain Infectious and Parasitic Diseases (A00-B99)	Neoplasms (C00-D48)	Endocrine, Nutritional and Metabolic Diseases (E00-E89)	Diseases of the Circulatory System (I00-I99)	Diseases of the Respiratory System (J00-J98)	Other Major Groups	Total medically certified deaths in the age group
India & States	Female						
A & N Island	6.7	5.6	19.4	35.6	9.4	23.3	180
Arunachal Pradesh	16.7	10.0	6.7	20.0	13.3	33.3	30
Assam	23.9	22.1	5.5	12.7	9.0	26.8	4105
Bihar	9.5	5.3	7.5	43.3	9.6	24.9	1408
Chandigarh	5.9	9.3	9.5	29.3	11.4	34.6	861
Chhattisgarh	8.6	3.4	8.1	33.1	9.6	37.1	2630
D & N Haveli	1.1	0.0	8.5	78.7	6.4	5.3	94
Daman & Diu	3.6	1.5	0.0	87.6	4.7	2.6	274
Delhi	14.9	7.1	4.4	25.7	10.0	38.0	11037
Goa	3.8	8.1	6.5	45.9	13.3	22.3	3929
Gujarat	10.3	2.9	2.5	24.1	12.5	47.8	13767
Himachal Pradesh	8.2	3.8	6.6	40.7	17.1	23.7	931
Jharkhand	10.9	0.0	0.0	41.6	22.5	24.9	377

Karnataka	6.4	9.5	9.4	45.5	9.5	19.8	28432
Kerala	4.8	14.5	14.0	39.3	11.7	15.7	8829
Lakshadweep	1.4	7.9	2.2	44.6	11.5	32.4	139
Madhya Pradesh	5.5	1.6	6.2	56.5	7.6	22.6	3740
Maharashtra	9.2	7.5	4.4	45.7	10.9	22.2	51883
Manipur	6.5	9.9	9.6	31.9	13.6	28.5	323
Meghalaya	8.9	14.4	8.1	27.8	10.3	30.5	819
Mizoram	6.8	18.9	5.0	24.9	26.6	17.8	338
Nagaland	0.0	0.0	6.7	40.0	6.7	46.7	15
Odisha	10.9	4.4	8.0	41.0	9.8	25.8	6070
Puducherry	5.4	3.4	4.3	18.2	4.5	64.3	2131
Punjab	9.6	7.1	10.6	38.8	10.5	23.5	5903
Rajasthan	15.5	3.7	4.8	38.1	16.1	21.9	5412
Sikkim	5.5	11.1	7.1	39.1	17.8	19.4	253
Tamil Nadu	3.5	2.9	6.2	55.4	5.9	26.1	66582
Telangana	14.3	2.2	1.6	59.7	3.4	18.9	8200
Tripura	2.6	3.1	4.4	44.5	29.1	16.3	934
Uttarakhand	10.6	5.5	8.5	31.6	14.8	29.1	709
West Bengal	10.8	1.1	2.4	56.8	15.7	13.2	4121

Type of disease	Certain Infectious and Parasitic Diseases (A00-B99)	Neoplasms (C00-D48)	Endocrine, Nutritional and Metabolic Diseases (E00-E89)	Diseases of the Circulatory System (I00-I99)	Diseases of the Respiratory System (J00-J98)	Other Major Groups	Total medically certified deaths in the age group
India & States	Total						
Andhra Pradesh	9.9	2.3	3.1	43.6	9.9	31.2	16054
A & N Island	5.5	4.9	14.3	40.1	9.0	26.2	546
Arunachal Pradesh	16.4	9.9	2.9	24.6	8.2	38.0	171
Assam	22.5	23.6	5.7	11.2	7.9	29.1	10934
Bihar	9.4	5.6	7.0	44.8	8.1	25.2	3783
Chandigarh	6.9	9.1	8.4	29.2	13.9	32.4	2237
Chhattisgarh	8.8	2.8	7.1	31.9	10.6	38.7	7438

Type of disease	Certain Infectious and Parasitic Diseases (A00-B99)	Neoplasms (C00-D48)	Endocrine, Nutritional and Metabolic Diseases (E00-E89)	Diseases of the Circulatory System (I00-I99)	Diseases of the Respiratory System (J00-J98)	Other Major Groups	Total medically certified deaths in the age group
D & N Haveli	1.6	0.0	6.2	78.2	7.0	7.0	243
Daman & Diu	5.5	1.1	0.5	82.6	6.6	3.6	632
Delhi	14.7	7.3	3.9	24.8	10.4	39.0	28549
Goa	4.3	7.8	6.9	43.7	12.8	24.6	8409
Gujarat	10.8	3.4	2.5	25.4	13.0	44.8	33250
Himachal Pradesh	9.5	5.1	4.2	35.3	20.2	25.8	2669
Jharkhand	10.2	0.6	0.0	42.8	20.2	26.2	865
Karnataka	7.1	9.1	7.6	43.8	10.7	21.7	76464
Kerala	5.0	16.4	12.2	35.3	13.6	17.5	22566
Lakshadweep	2.3	10.2	3.5	44.1	9.4	30.5	256
Madhya Pradesh	6.7	1.6	5.1	53.6	10.7	22.4	10279
Maharashtra	9.9	7.0	4.2	44.2	10.9	23.8	129683
Manipur	5.7	8.7	10.2	33.1	8.8	33.4	975
Meghalaya	8.0	14.6	6.7	29.6	11.2	29.8	1840
Mizoram	8.5	20.9	5.0	23.8	20.9	20.8	907
Nagaland	2.8	5.6	8.5	29.6	11.3	42.3	71
Odisha	11.3	4.3	7.8	37.1	10.9	28.5	17562
Puducherry	7.0	3.3	4.5	19.4	4.8	60.9	5109
Punjab	10.1	6.5	8.9	37.1	11.9	25.5	15804
Rajasthan	16.6	3.8	3.7	34.3	20.2	21.5	17107
Sikkim	6.1	9.5	5.6	40.4	16.0	22.4	624
Tamil Nadu	3.8	2.6	5.5	55.2	6.3	26.6	154753
Telangana	14.5	1.8	1.5	58.9	4.2	19.0	22264
Tripura	2.9	3.9	4.7	45.5	28.2	14.8	3152
Uttarakhand	11.4	6.2	6.1	30.3	17.4	28.6	2049
West Bengal	10.3	1.3	2.3	52.4	20.3	13.5	11728

Source: Office of The Registrar General, India (ORGI), Medical Certificate of Cause of Death (MCCD) Report 2015.