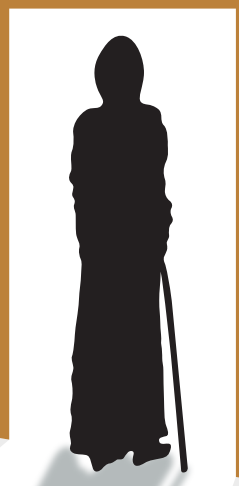
Building a Knowledge Base on
Population Ageing in India



The Status of Elderly in Punjab, 2011

UNFPA

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CONTRIBUTORS

Moneer Alam

Pratima Yadav

Ashwini Kumar Nanda

Sumit Mazumdar

ACKNOWLEDGEMENT

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

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

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

Several individuals and officials of Punjab Government including Shri H.S. Dhillon (Director, Punjab State Planning Board, Chandigarh), Dr. T.S. Bahl (Directorate of Health and Family Welfare, Government of Punjab, Chandigarh) and Ms. Saroj Nain (Punjab Health Systems Corporation, Chandigarh) have helped immensely by providing substantial data and information support. We sincerely thank all of them.

We gratefully acknowledge the dedicated support of our partner institutions and their staff. In particular, we would like to thank Professor Manoj Panda (Director, Institute of Economic Growth) for his unconditional support all through this study. We are also very grateful to Ms. Isha Chaudhry, a bright post-graduate in Economics from University of Sussex, for her support in finalizing the report.

We owe a debt of gratitude to Navin Joneja and Marie Joneja of Mensa Design Pvt. Ltd. for their patience and for their excellent editorial support.

As always, the UNFPA team has been extremely generous and provided us every support in making this work possible. Our special thanks are due to all of them. We are also grateful to UNFPA for agreeing to upload this volume on their web site and later, provide a dedicated web space for this and many other forthcoming studies under the aegis of this project.

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

Authors
December 2013

ACRONYMS

ADL	Activities of Daily Living
ADS	Atta Dal Scheme
APL	Above Poverty Line
ARC	Administrative Reform Commission
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BADL	Basic Activities of Daily Living
BKPAI	Building a Knowledge Base on Population Ageing in India
BPL	Below Poverty Line
COPD	Chronic Obstructive Pulmonary Disease
CHC	Community Health Centre
DSO	District Social Officer
DSSF	Dedicated Social Security Fund
DSO	District Social Officer
EBT	Electronic Benefit Transfer
GHQ	General Health Questionnaire
GoI	Government of India
GoP	Government of Punjab
HH	Household
HoF	Head of Family
IADL	Instrumental Activities of Daily Living
ICF	International Classification of Functioning, Disability and Health
ICIDH	International Classification of Impairments, Disabilities and Handicaps
ID	Identity Card
IEG	Institute of Economic Growth
IGNDPS	Indira Gandhi National Disabled Pension Scheme
IGNOAPS	Indira Gandhi National Old Age Pension Scheme
IGNWPS	Indira Gandhi National Widow Pension Scheme
IPOP	Integrated Programme for Older Persons
LPG	Liquified Petroleum Gas
MC	Municipal Corporation
ISEC	Institute for Social and Economic Change
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MLA	Member of Legislative Assembly
MIPAA	Madrid International Plan of Action on Ageing
MOHFW	Ministry of Health and Family Welfare
MOSJE	Ministry of Social Justice and Empowerment
MPCE	Monthly Per Capita Consumer Expenditure

MWPSCA	Maintenance and Welfare of Parents and Senior Citizens Act
NCD	Non-communicable Diseases
NGO	Non-governmental Organization
NOAPS	National Old Age Pension Scheme
NPHCE	The National Programme for Health Care of the Elderly
NPOP	National Policy on Older Persons
NPSC	National Policy for Senior Citizens
NRHM	National Rural Health Mission
NRI	Non-resident Indian
NSAP	National Social Assistance Plan
NSSO	National Sample Survey Organisation
OAPS	Old Age Pension Scheme
OBC	Other Backward Classes
OPD	Out-Patient Department
PEPSU	Patiala and East Punjab States Union
PHC	Primary Health Centre
PHSC	Punjab Health System Corporation
PPS	Probability Proportional to Population Size
PRC	Population Research Centre
PRI	Panchayati Raj Institutions
PRS	Passenger Reservation System
PRTC	Punjab Road Transport Corporation
PSU	Primary Sampling Unit
RRPRS	Rapid Rural Police Response System
RSBY	Rashtriya Swasthya BimaYojana
SC	Scheduled Caste
SCs	Sub-Centres
SDM	Sub-Divisional Magistrate
SHG	Self Help Group
SRH	Self-rated Health
SSCC	State Senior Citizen Council
SSP	Senior Superintendent of Police
SSWD	Social Security and Women and Child Development
ST	Scheduled Tribe
SUBI	Subjective Well-being Inventory
SWB	Subjective Well-being
TAC	Technical Advisory Committee
TISS	Tata Institute of Social Sciences
TOR	Terms of Reference
UNFPA	The United Nations Population Fund

CONTENTS

1. Background

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

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

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

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

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

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

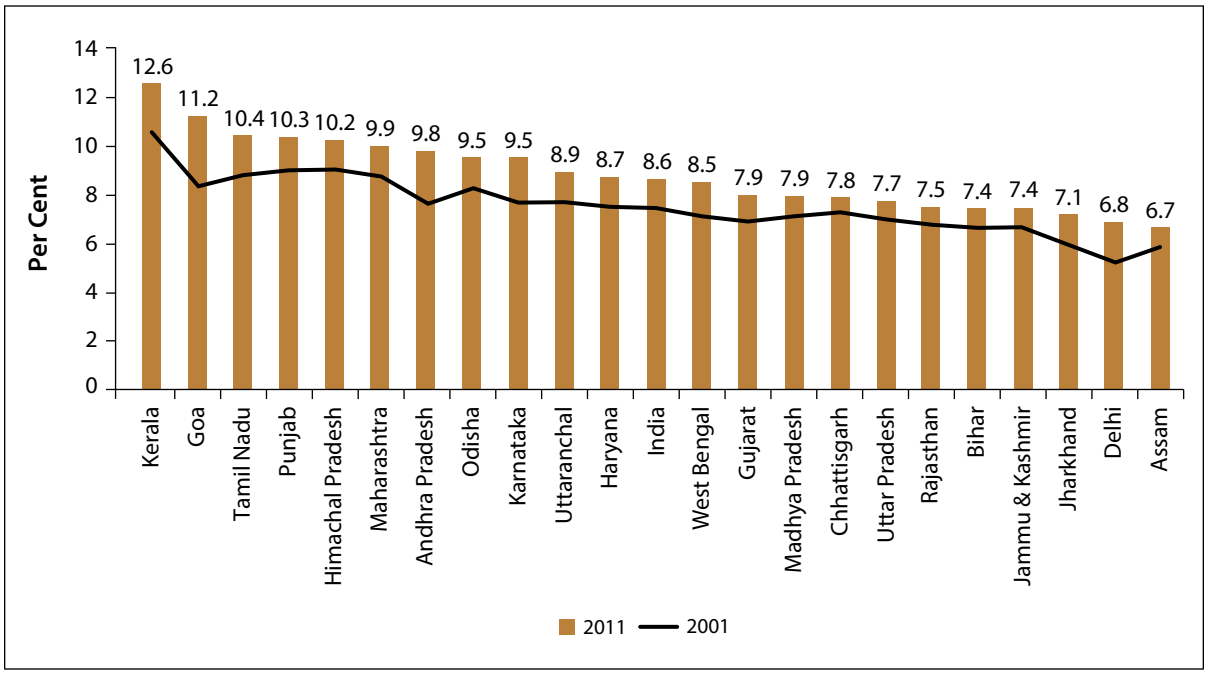
The present report is the outcome of the survey carried out in Punjab during July to September 2011, as part of the seven states study by HARCO, New Delhi (Fauzia Khan). It consists of seven sections, where the first section provides a brief introduction, the second section discusses the profile of elderly households and individual elderly; the third section is on work, income and asset holdings among the elderly; section four covers the living arrangements and family relations; section five covers the health status including subjective and mental health, and morbidity and hospital utilization; section six deals with social security in old age; and the last section is the way forward.

2. Sampled Households and Elderly Population

Punjab, a north western Indian state with Pakistan on its west and Jammu and Kashmir on its north, derives its name from two Persian words "*panj*" (i.e., five) and "*aab*" (meaning water) and is known as the 'land of five rivers', all tributaries of the River Indus. The state was divided twice, once immediately after India's partition in 1947, and later a trifurcation on linguistic considerations in 1966 under the Punjab Reorganization Act (1966).[1]

Despite these divisions and the consequent losses suffered by the state during 1947 and thereafter, the state remained one of the success stories of India's efforts to become self-reliant in the field of agriculture and for the strides it made in the production of major consumer items – apparels and textiles. Demographically also it remained one of the better performing states with many of its vital parameters showing improvements dating back to the early 1980s or even earlier. This has occurred even though the socio-cultural structure of the state remained somewhat traditional for most of these years and has played a marginal role in driving any significant changes in the demographic behaviour of its population (Basu 1988; Dyson and Moore 1983). Notwithstanding this, the state remains one of the major demographic successes in recent years and is positively comparable to most other states in the country including the high performing South Indian states like Kerala or Tamil Nadu.

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



[1] The two other states carved out from Punjab under the Punjab Reorganization Act (1966) included Haryana and Himachal Pradesh.

The population of present Punjab, after its formation as a separate state in 1966, increased from 13.55 million in 1971 to 27.74 million in 2011. During this period, the number of elderly (aged 60 and above) in the state grew from 1.01 million to 2.87 million, which constitutes 10.3 per cent of total state's population (Fig. 2.1). The current population projection suggests that the share of elderly population is expected to rise further (RGI 2006).

The factors that have contributed to the rise in the number of elderly are many and diverse. The improvements in living conditions and human health have continuously led to a reduction in the overall mortality levels across sections of society and a longer life span for individuals. The fact that the decline in mortality has immensely contributed to population ageing is clear from the data on rising expectation of life at birth and other selected ages. Longevity of males and females in Punjab has increased by 14 per cent and 26 per cent as against 28 per cent and 38 per cent at the all-India level between 1970-75 and 2006-10, making gains of 8.4 and 14.8 years, and 14.1 and 18.7 years at birth respectively (Abridged life Tables, Registrar General, India). Furthermore, the life expectancy at birth of an average person (e_0) in Punjab was estimated to be 69.3 years during 2006-10 as compared to 68.9 years in Tamil Nadu and 67.2 years in Karnataka. The only state which exceeds Punjab is Kerala where life expectancy at birth was projected closer to 75 years. An almost similar pattern emerges at the higher ages as well.

During 1971-2011, the annual linear growth rate of total population (3.5%) was substantially lower than the annual linear growth rate of the aged population (6.1%). In addition, the sex composition of the growth of the elderly population during these three decades reveals that the process of ageing has been much faster among the women than among the men in the state. Among the elderly persons, the growth rate of the 'young-old' population (aged 60-79 years) exceeded that of the 'old-old' (aged 80 years and above) during 1971-2011; the respective annual growth rates being 6.3 and 4.9 per cent.

Interestingly, while sustained economic development and better healthcare facilities in the state deserve to be celebrated and mark a strong behavioural shift in favour of smaller family size despite traces of stickiness in socio-cultural values of the state (Basu 1988), there is indeed another side to these behavioural shifts as well. The downward shift in family size as an outcome of the faster demographic transition and rising longevity – especially at the later stages of the life span –constitutes a perfect blend of fostering societal ageing with wide ranging ramifications involving numerous institutions both from the economic side and society. This volume is devoted entirely to draw attention to some of those pertinent issues making it almost essential reading for all the major stakeholders including public officials, planners, policy makers, community leaders, persons from civil society organizations, academia, international agencies and all the others who are concerned with changes in the state's demography and the resulting challenges in the form of a growing elderly population.

2.1 Household Characteristics

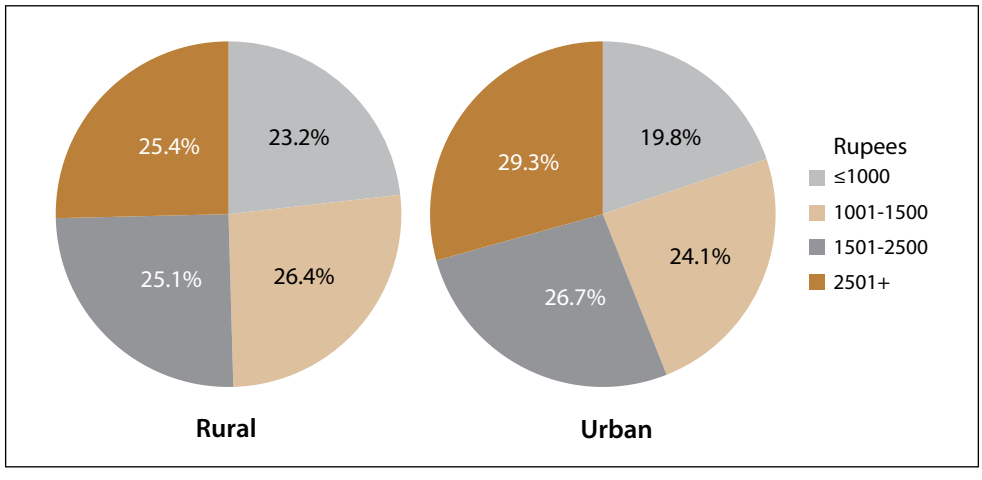
Of the 1140 elderly households surveyed in Punjab, a nearly equal proportion resided in rural and urban areas – 51 and 49 per cent respectively. Appendix Table A 2.1 shows that while the average household comprised about five members, households with six or more members were found to be more in urban (48%) than in rural areas (43%). Overall, 62 per cent of the households were headed by elderly males, while only 17 per cent were headed by elderly females.

Thirty five per cent of households belonged to scheduled castes (SCs), 49 per cent were other (general) castes and 61 per cent were Sikh. A majority of the houses (66%) were '*pucca*' houses. Around 55 per cent of the houses had more than four rooms. Almost half the houses (47%) had piped drinking water available while an almost equal proportion had access to borewells. Notably, almost a fifth of the households did not have a toilet facility. LPG/natural gas and wood were the most popular cooking fuels used by urban (79%) and rural (60%) households respectively.

2.1.1 Household Possessions, Loans and Households Support System

Electricity was available in almost all the elderly houses (99% overall). More than 80 per cent households owned a colour/black and white television. Two-thirds of the rural households had mobile phones. Fifty per cent rural houses and 72 per cent urban households owned a refrigerator. More than 50 per cent of rural and urban households owned a motorcycle or scooter. Sixty six per cent of the elderly households did not own any agricultural land. Among the sampled households, 25 per cent of the rural and 17 per cent of the urban households belonged to the below poverty line (BPL) category while overall 70 per cent of the households belonged to the above poverty line (APL) category. One third of the elderly households (27% rural and 50% urban) belonged to the highest wealth quintile while only 5 per cent belonged to the lowest wealth quintile (Appendix Table A 2.2). As can be seen from Figure 2.2, there is not much variation in the monthly per capita consumption expenditure across rural and urban areas with 22 per cent of the households having an MPCE of less than Rs. 1000.

Figure 2.2: Monthly per capita consumption expenditure (Rs.) by place of residence, Punjab 2011



More than 80 per cent of the rural and urban households did not have any outstanding loans, however around 4 per cent had a loan of more than Rs. 20 lakh. Of the surveyed households, 187 out of 1140 had taken a loan for special purposes; 8 per cent of the rural and 5 per cent of the urban elderly had taken a loan to meet health expenses. One third each of the rural and urban households had taken an agriculture and vehicle loan respectively (Appendix Table A 2.2).

2.2 Profile of the Elderly

The overall sex ratio (females per 1000 males) is 903 while among the elderly population it rises significantly to 1077 (Appendix Table A 2.1)

The sex ratio across the elderly age groups (Fig. 2.3) indicates a steady fall in the number of females from 1084 to 1004 from the 60+ to 70+ age group and then a steady rise to 1214 females per 1000 males in the 80+ age groups. However, overall female dominance with rising age is observed across the elderly age groups.

The age structure among the elderly in Punjab indicates a pattern almost similar to the combined seven state average and is similar across both sexes. Almost 30 per cent of the elderly across both the sexes were in the 60-64 age group while 3 per cent of the elderly were aged above 85 years. Nearly two thirds of the elderly had no formal education with females being less educated than the males as expected. Twenty one per cent of the elderly (32% males and 11% females) had more than eight years of education (Appendix Table A 2.3). As can be seen in Figure 2.4, 65 per cent of the elderly (78% males and 53% females) were currently married while approximately half (32%) were widowed.

Figure 2.3: Sex ratio, Punjab 2011

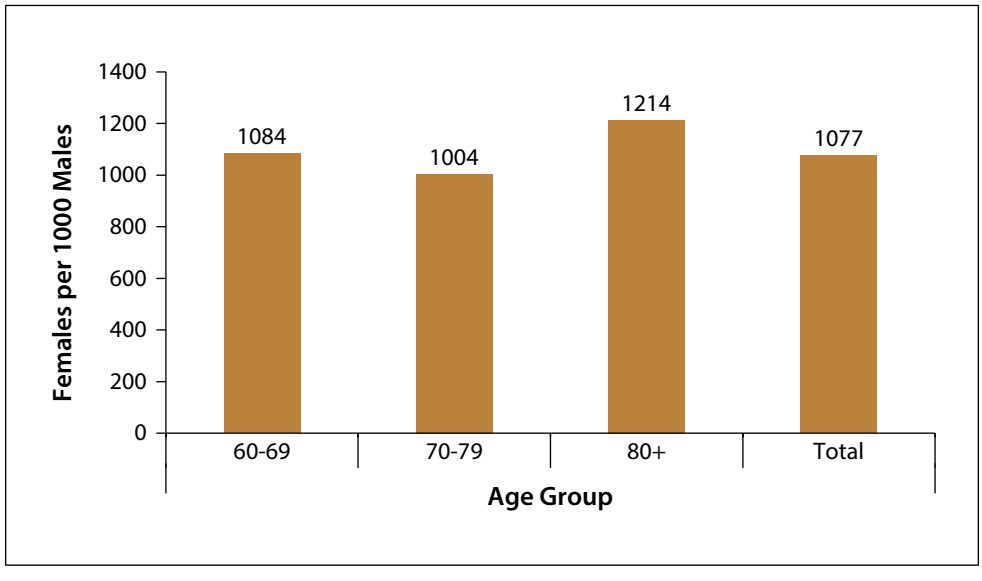
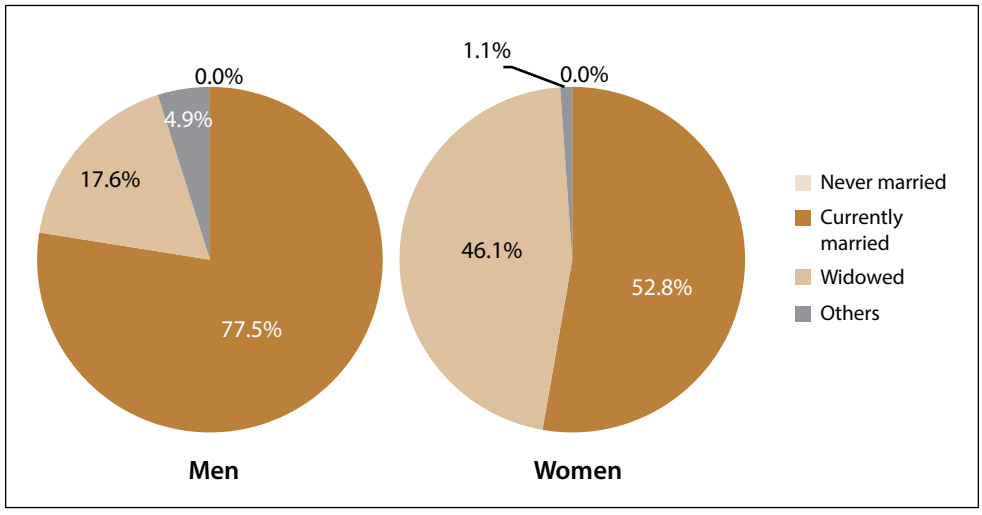


Figure 2.4: Elderly by marital status among men and women, Punjab 2011



Only 1 per cent of the elderly had remarried. As high as 61 per cent of the total elderly (90% elderly women) had migrated after reaching old age (60+), while only 3 per cent had migrated before 60 years of age. Sixty seven per cent of the elderly men had never migrated.

In summary, this section broadly highlighted the profile of the sampled elderly and their household characteristics. Elderly women experience greater longevity in the older ages as compared to men. A relatively high percentage of elderly (65%) were not formally educated and migration after marriage among the elderly women was found to be significantly high.

3. Work, Income and Assets

This Section discusses the work participation, sources of income and the extent of asset holdings among the elderly in the state. Each of these dimensions *inter alia* provides an indication of the extent of economic independence of the elderly.

3.1 Work Participation Rate and Work Intensity

The work participation rate in Punjab among the elderly is 21 per cent (Appendix Table A 3.1) with 38 per cent men and 5 per cent women currently working. While 95 per cent of the elderly men had ever worked, the same characteristic for elderly women was substantially lower (12%). Figure 3.1 shows that almost half of the elderly men in the age group 60-69 years are currently working. However, 9 per cent continue to work even beyond the age of 80 years which highlights the severe economic constraints for the elderly in the state, forcing them to work even in their old age.

Ninety five per cent of the elderly in the age group of 60-69 years are main workers, working for more than six months in a year. Nearly 91 per cent of the elderly in the rural and almost universally in urban areas work for more than four hours a day. A higher proportion of the least wealthy elderly (99%) were working as main workers as compared to the wealthiest elderly (93%). Work intensity decline with higher wealth quintile among the elderly (Appendix Table A 3.2). Figure 3.2 highlights the economic burden on elderly men working intensively in their old age.

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

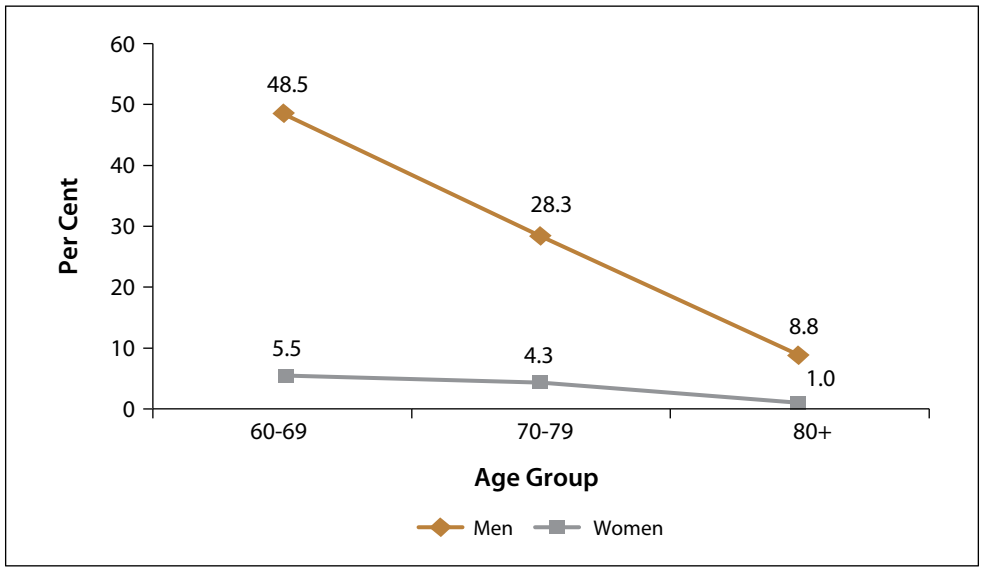
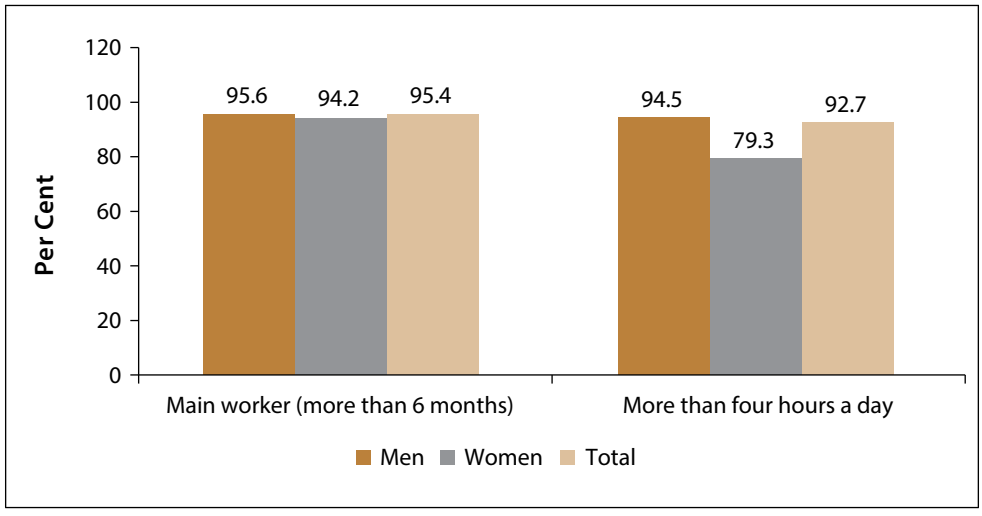


Figure 3.2: Main workers and working more than 4 hours a day among elderly workers, Punjab 2011



Among the elderly workers the major occupation type is cultivators (24%) followed by other labour activities. Appendix Table A 3.3 shows that informal employment was the major type of employment undertaken by the elderly with 32 per cent of the urban elderly and 48 per cent of the rural elderly being informally employed. Thirty two per cent of the elderly were self-employed. Surprisingly elderly women in both rural and urban areas had a higher proportion of employment in the public sector as compared to elderly men.

3.2 Need for Current Work

Workforce participation among the elderly in Punjab is predominantly influenced by economic compulsions. While 70 per cent of the rural elderly work due to economic compulsions, 48 per cent of the urban elderly were working out of choice. Nine out of 10 elderly women were working due to various economic constraints (Fig. 3.3).

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

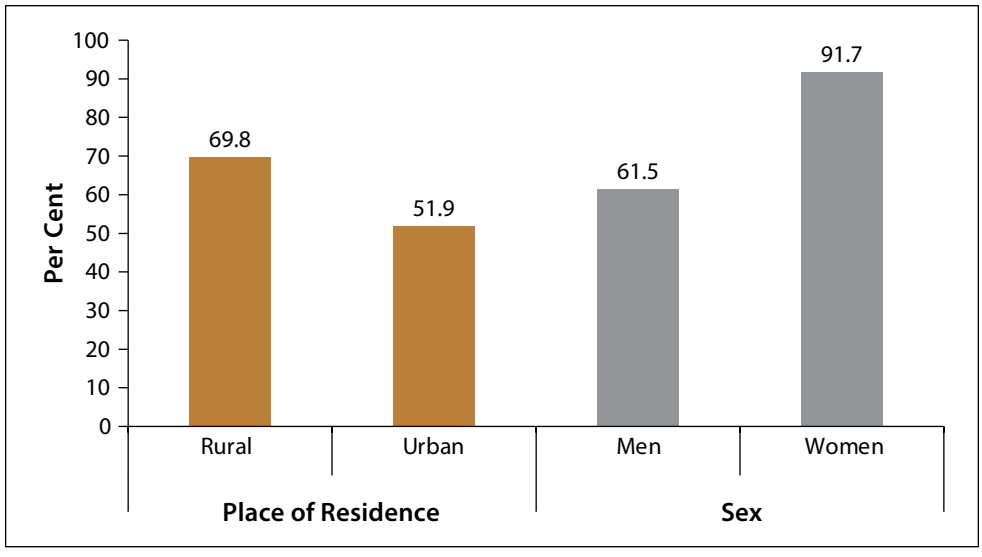
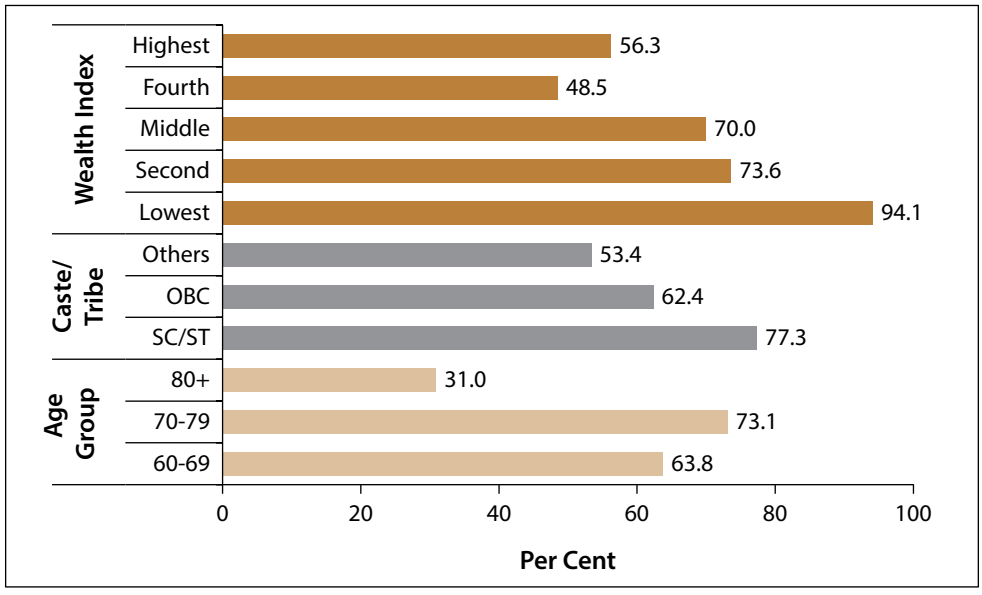


Figure 3.4: Elderly working due to compulsion by age, caste and wealth index, Punjab 2011

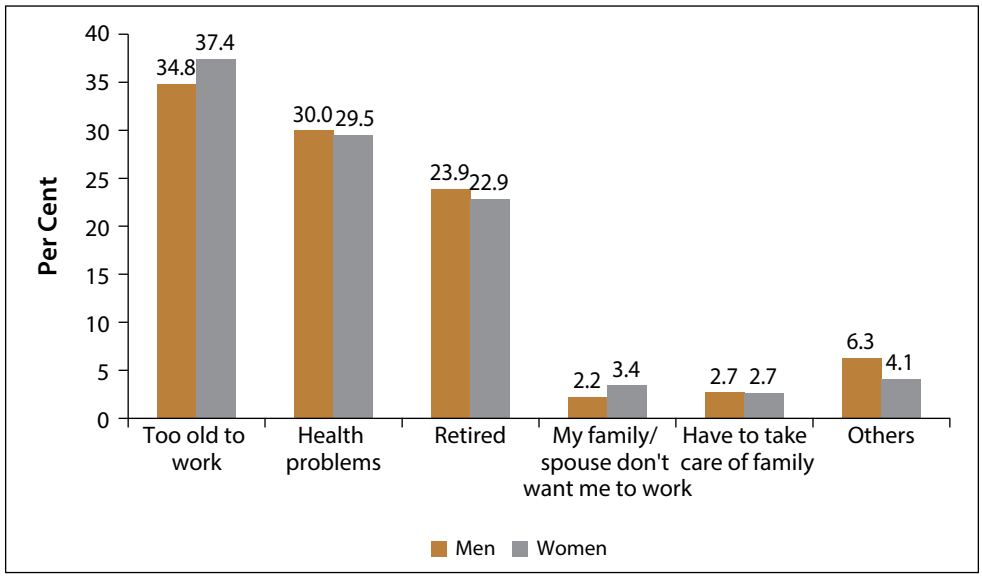


Motivations for work varied across the background attributes of the elderly, such as age and living standards. As shown in Figure 3.4, the influence of economic or other compulsions as work motivators steadily declines from about 94 per cent in the poorest wealth quintile to about 56 per cent in the richest quintile. Across social groups a higher proportion of elderly from SC/ST groups were working out of economic and other compulsions. Overall, 65 per cent of the elderly were working due to economic necessity while 35 per cent were working out of choice (Appendix Table A 3.4).

3.3 Reasons for Not Working

Old age was reported as the major reason for the elderly who are not currently working with 35 per cent men and 37 per cent women out of the current workforce because of old age followed by nearly 30 per cent of elderly men and women citing health problems as the reason for not working. More than a fifth of the elderly men and women had retired from work (Fig. 3.5).

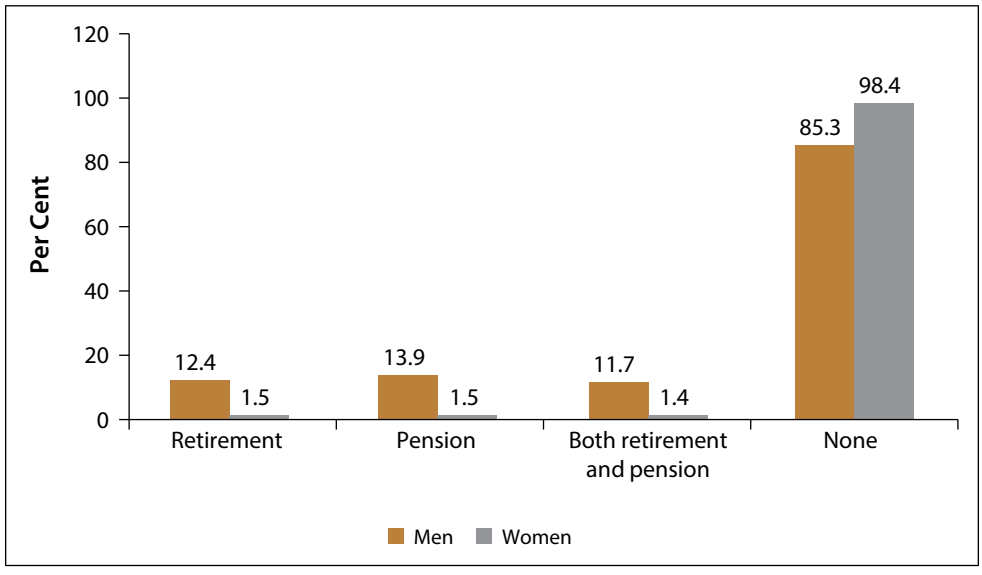
Figure 3.5: Five major reasons for currently not working by sex, Punjab 2011



3.4 Work Benefits

A high proportion of the elderly in Punjab – 85 per cent males and 98 per cent females –reported not receiving any work related benefits such as prescribed ages for retirement and pension. About 12 per cent of males and less than 2 per cent females received both the benefits (Fig. 3.6).

Figure 3.6: Work benefits among elderly, Punjab 2011

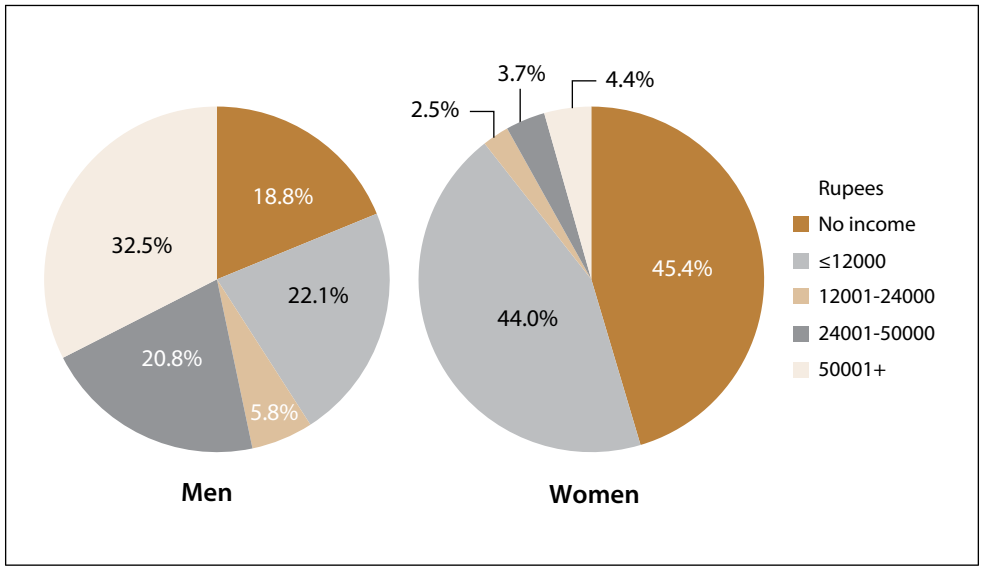


As expected, the possibility of receiving benefits increases with the education level. The elderly in the lowest wealth quintile receive no benefits while 26 per cent of the elderly in the highest quintile receive both the benefits (Appendix Table A 3.5). It can be concluded that due to the large scale of informal and self-employment among the elderly, the probability of receiving benefits is quite rare.

3.5 Personal Income of the Elderly

Appendix Table A 3.6 shows that overall 67 per cent of the elderly have some income, with men earning more in both rural and urban areas. Forty per cent of men in the urban areas and 30 per cent in the rural areas earn more than Rs. 50,000 annually. Among the elderly women across rural and urban sectors who had an income, a majority earned around Rs. 12,000 annually. The mean income for the surveyed elderly was Rs. 30,500 per annum or approximately Rs. 2,500 per month which is a meagre amount in view of the rising cost of living and inflation. The gender differential in income earning is shown in Figure 3.7.

Figure 3.7: Elderly by annual personal income by sex, Punjab 2011



The proportion of elderly with no income had a positive correlation with the wealth index quintiles (Fig. 3.8). The proportion of elderly with no income rises from 7 per cent in the lowest wealth quintile to 25 per cent in the richest wealth quintile for elderly males. This pattern is steeper for elderly females.

Breaking up the income earned by the elderly into its sources reveals that for men, one fifth earn their income through salaries and wages, while for women the major source (42%) was from social pensions (old-age/widow pensions) (Fig. 3.9). A quarter of males earn their incomes through pensions and about 20 per cent from agricultural sources. Notably, in urban areas, employers' pensions are the major source of income for males (23%), explained by their higher engagement with formal employment sources. For rural males, social pension (29%) and agricultural income (25%) are found to be significant sources of income (Appendix Table A 3.7).

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

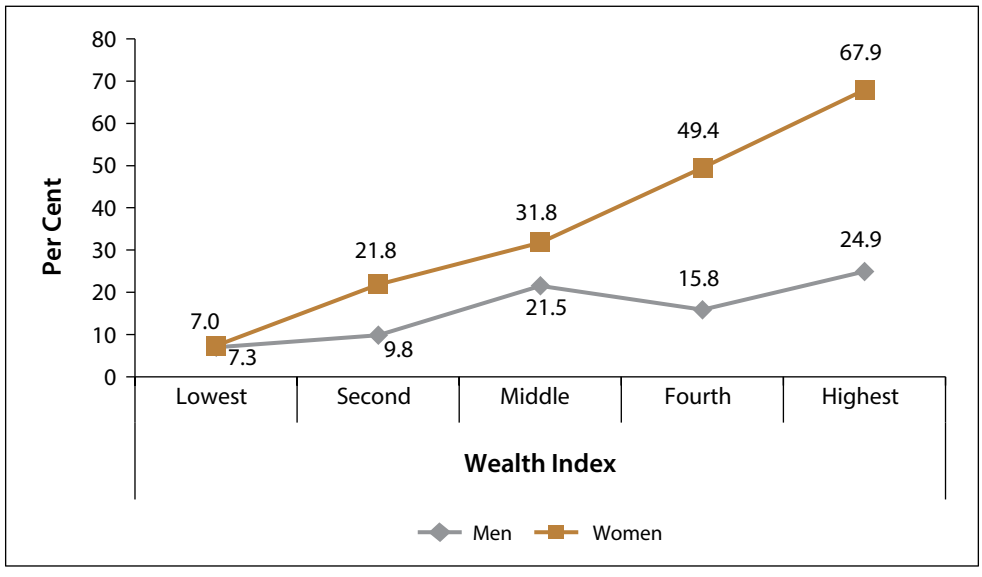
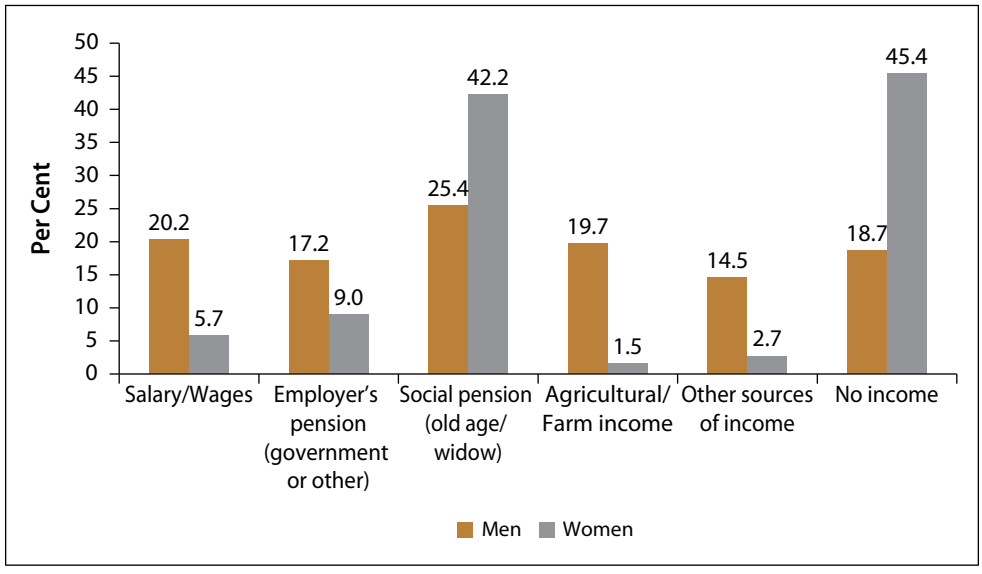


Figure 3.9: Elderly by sources of current personal income according to sex, Punjab 2011



3.6 Economic Contribution of Elderly to the Family

In terms of contribution of their personal income towards the household expenses, two third of the elderly reported that they do contribute. In urban areas, more than three-quarters of the elderly males (76%) and 46 per cent females contributed to household expenses while in rural areas the figures were 81 per cent for males and 56 per cent for females (Fig. 3.10).

The survey attempted to measure the perception of respondents on the magnitude of their economic contribution to the household expenditure. Overall 33 per cent of the elderly respondents felt that they do not contribute any income. However, 40 per cent of the elderly felt that they

Figure 3.10: Elderly providing economic contribution to the household expenditure by place of residence and sex, Punjab 2011

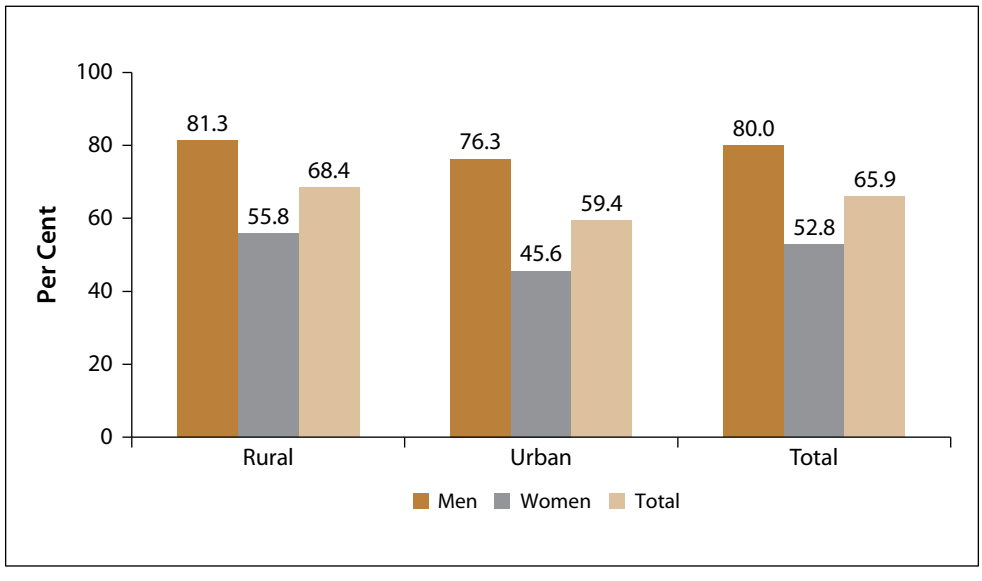
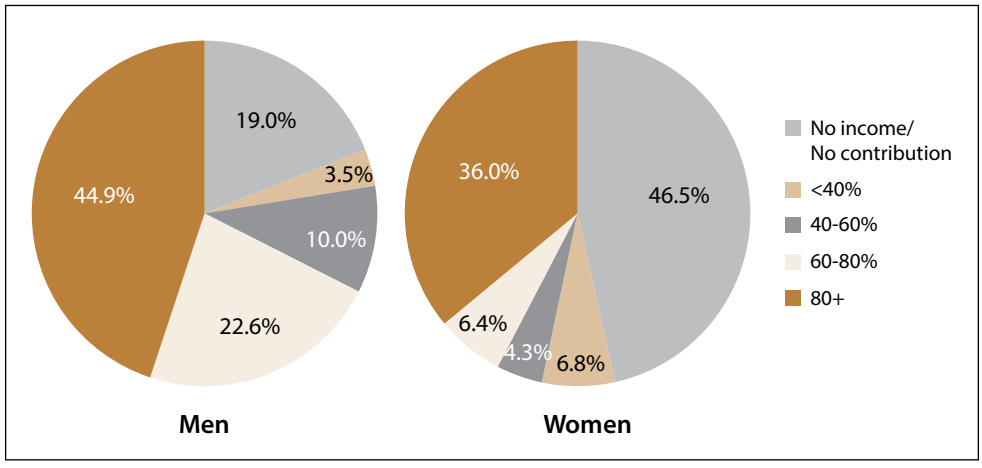


Figure 3.11: Elderly by their perceived magnitude of contribution towards household expenditure according to sex, Punjab 2011

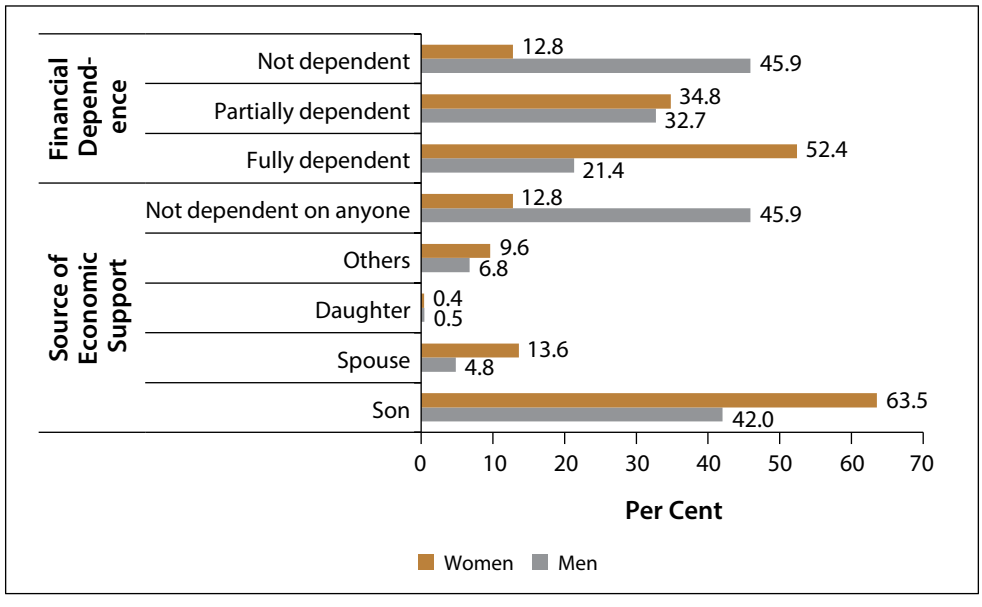


contribute more than 80 per cent of their income to the household expenses. Due to a higher proportion earning an income, men generally felt that they contributed more, and also accounted for a larger part of the household's expenses out of their own incomes (Fig. 3.11).

3.7 Economic Dependence

Vulnerability among the older population can be measured by ascertaining the economic dependency of the elderly. Twenty nine per cent of the elderly in Punjab are economically independent while 37 per cent are completely dependent (Appendix Table A 3.9). Economic dependency is higher among urban males and females than their rural counterparts. Overall, although 46 per cent males consider themselves not dependent on anyone, more than 52 per cent females are financially dependent. Across both urban and rural areas, as well as for the elderly men and women respondents, sons are the predominant source of economic support (Fig. 3.12).

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



3.8 Asset Ownership

Asset ownership is an important determinant for the financial well-being of individuals. More than a quarter of the elderly in Punjab does not own any assets as shown in Table 3.1. A gender differential is observed in asset ownership with males owning more assets than females. Self-acquired houses and savings bank accounts are the most prominent assets owned by the elderly. Elderly females in urban areas have a significantly high proportion of gold or jewellery as their assets.

To sum up, this section has outlined the work participation, earnings and asset holdings of the elderly in Punjab. It can be seen that more than a fifth of the elderly are currently working and a majority is working because of economic compulsion, especially in the case of women. A very low percentage of the elderly receives any benefits since most of them are informally employed and the informal sector lacks provision of work benefits. Punjab has the highest percentage of elderly contributing their income to the household expenditure as compared to the other six states surveyed. In fact, among the surveyed states, Punjab has the second highest mean annual income after Himachal Pradesh. This shows that the elderly in this state are financially better off than their counterparts in a majority of other states in the survey.

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

Type of Assets	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Inherited land	21.8	5.1	13.3	8.0	0.5	3.9	18.3	3.8	10.8
Self acquired land	13.4	1.8	7.5	2.2	0.6	1.3	10.5	1.5	5.8
Inherited house(s)	20.4	7.7	14.0	17.3	5.1	10.6	19.6	6.9	13.0
Self acquired house(s)	56.5	15.6	35.8	53.8	20.6	35.6	55.8	17.1	35.7
Housing plot(s)	0.9	0.0	0.5	3.5	0.0	1.6	1.6	0.0	0.8
Inherited gold or jewellery	5.1	12.7	9.0	5.1	7.0	6.1	5.1	11.1	8.2
Self acquired gold or jewellery	12.0	20.4	16.3	21.3	31.4	26.8	14.4	23.6	19.1
Savings in bank, post office, cash	42.6	26.1	34.2	57.2	37.3	46.3	46.4	29.3	37.5
Savings in bonds, shares, mutual funds	1.3	0.3	0.8	5.9	0.4	2.9	2.5	0.4	1.4
Life insurance	0.0	0.0	0.0	0.5	0.7	0.6	0.1	0.2	0.2
Don't own any asset	12.0	41.6	27.0	12.6	35.3	25.0	12.2	39.8	26.5
Number of elderly	369	373	742	293	335	628	662	708	1,370

4. Living Arrangements and Family Relations

India has always maintained the traditional system of joint families with several generations living together under one roof. However, this system is slowly changing to the nuclear family system owing to rapid urbanization, global migration and family values becoming obsolete. This section will discuss the living arrangements for the elderly by comparing their current living pattern and perceived level of satisfaction. It also focuses on the different roles played by the elderly in daily activities of the household and discusses the important emerging issue of elderly abuse.

4.1 Type of Living Arrangements and Reasons for Living Alone

In Punjab, more than 80 per cent of the elderly men and women are co-residing with their spouses, children and grandchildren and other relatives. Overall, nearly 3 per cent of the elderly are staying alone (Fig. 4.1).

In fact, among the seven states in the study, Punjab has the lowest percentage of elderly women living alone (Fig. 4.2), which has clear psychosocial implications (Alam et al, 2012). This shows that Punjab is still trying to preserve the traditional joint family system where parents prefer to live with their children and grandchildren during their old age.

The proportion of elderly staying alone does not change significantly across age groups except in terms of socio-economic status. Sixteen per cent of the elderly in the lowest wealth quintile stays alone while the proportion is less than 1 per cent for the highest wealth quintile (Appendix Table A 4.1).

Figure 4.1: Living arrangement by sex, Punjab 2011

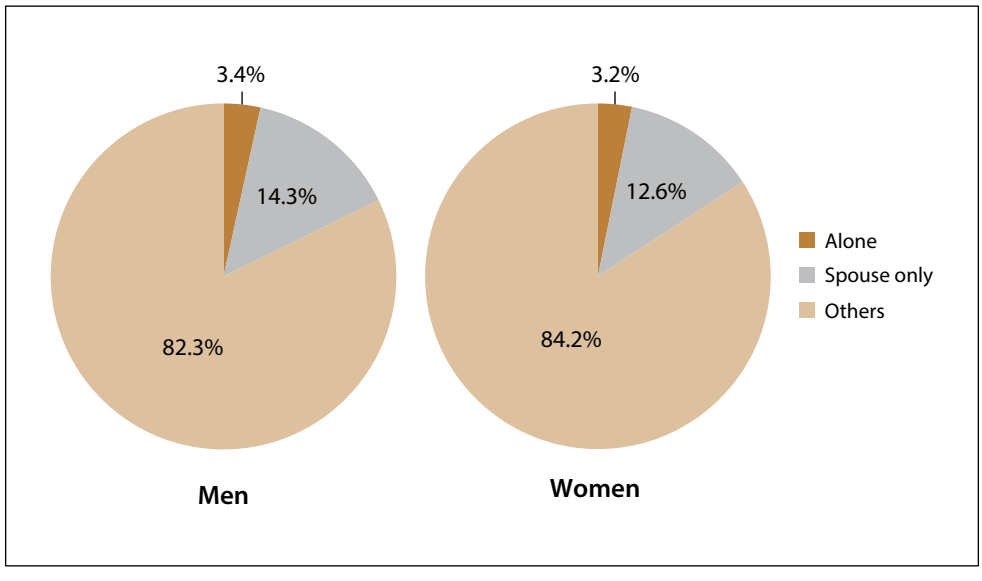
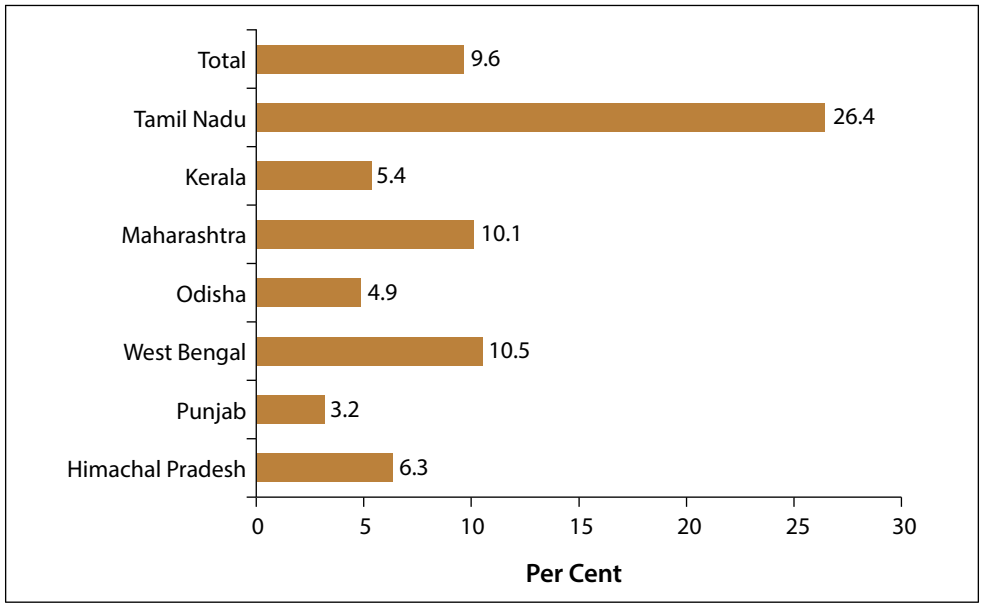
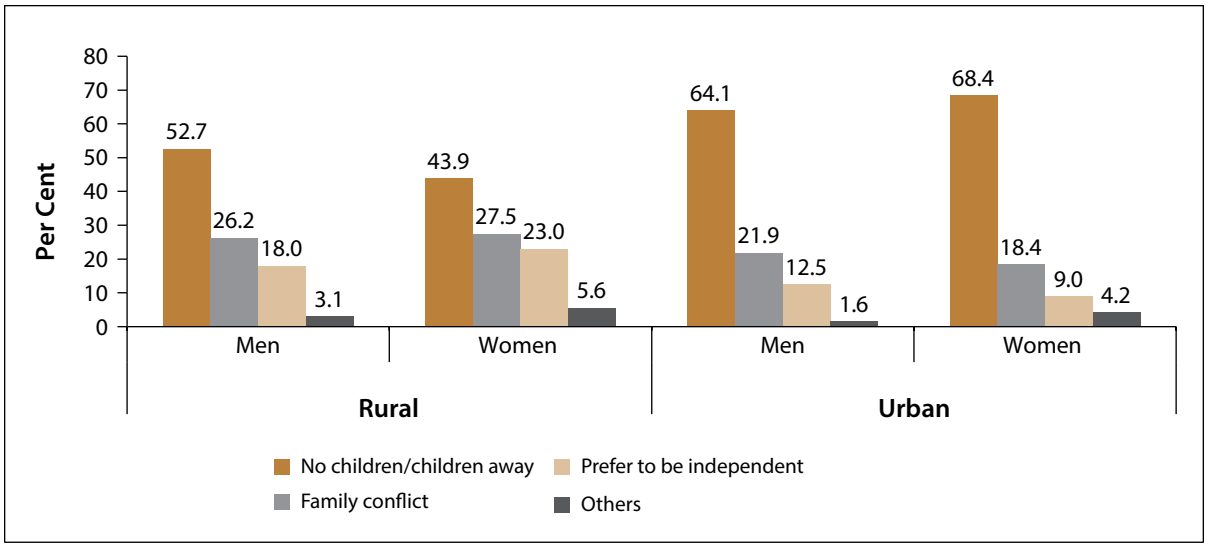


Figure 4.2: Women living alone across seven select states, Punjab 2011



In both rural and urban areas, and with an equal predominance across the gender, the main reason for the elderly living alone is because they have no children or the children stay separately. Such a pattern is more evident in urban areas. While 53 per cent of rural men and 44 per cent of rural women indicated that they had no children or that the children stayed away as the main reason for living alone, the corresponding figure rises to 64 per cent and 68 per cent for urban men and women respectively. More than a quarter of rural men and women cited family conflict as a second major reason for living alone while their urban counterparts reported a slightly lower percentage. Surprisingly while nearly one-fifth of the rural elderly prefers living alone so that they remain independent or economically active; the corresponding figure for the urban elderly is significantly lower as shown in Figure 4.3.

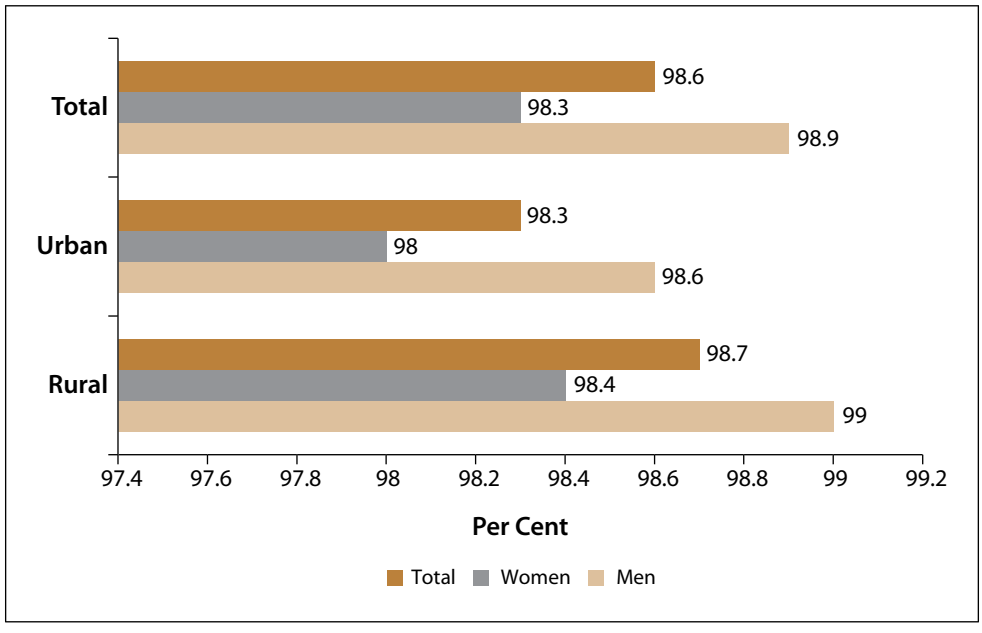
Figure 4.3: Main reasons for living alone or with spouse only, Punjab 2011



4.2 Level of Satisfaction with Present Living Arrangements

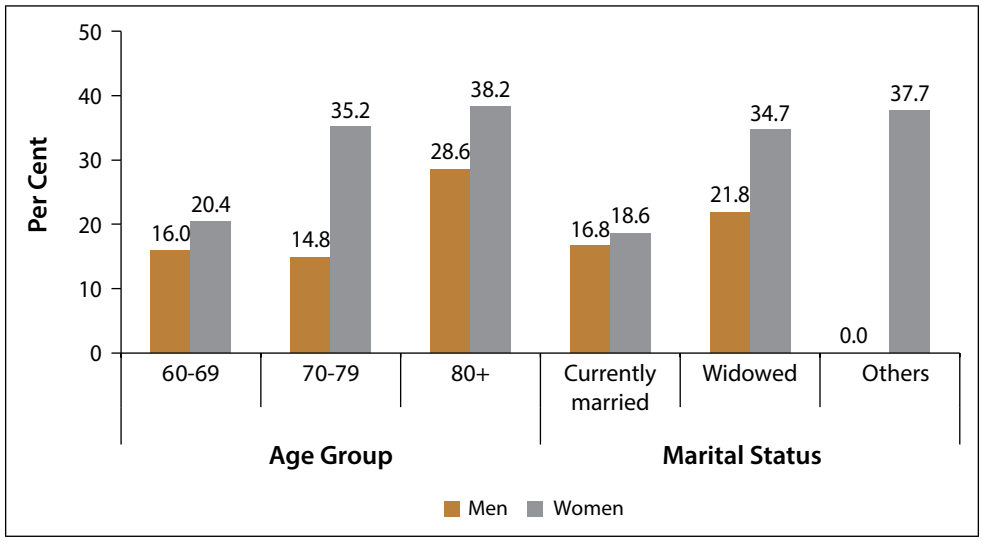
The survey attempted to understand the perceived comfort level of the elderly in their present living arrangement. As can be seen in Figure 4.4, it can be easily established that the elderly across rural and urban areas and gender are generally comfortable and satisfied with their present living arrangement.

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



Again, and highlighting the perceptions regarding economic independence and its linkages with living patterns, a majority of the women consider themselves to be staying with their children, and not the other way round. As seen from Figure 4.5, such a perception steadily increases with age and is considerably higher among widows.

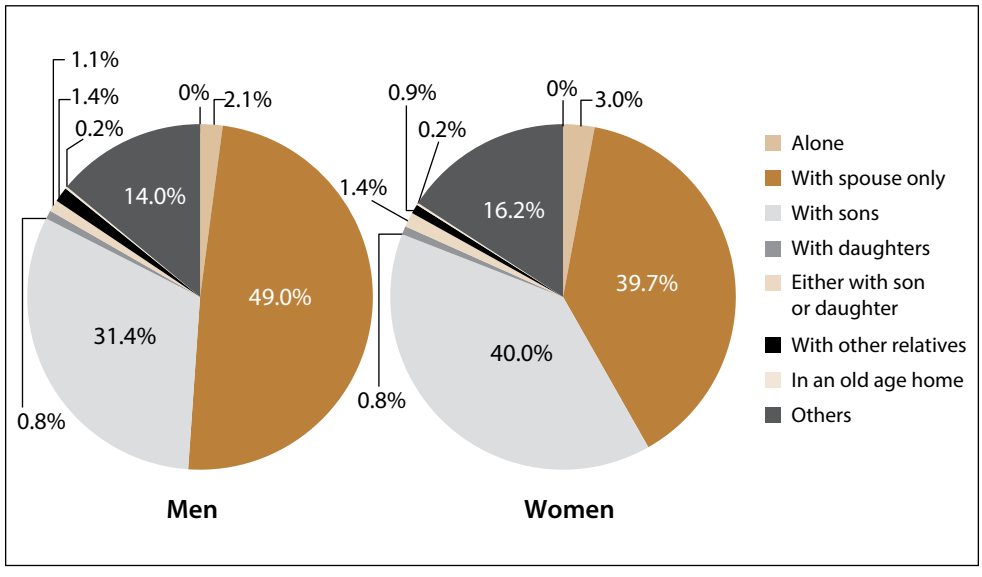
Figure 4.5: Elderly who think they are living with their children rather than children living with them by age and marital status, Punjab 2011



4.3 Preferred Living Arrangements

Living with sons is the most preferred living arrangement in the elderly respondents in Punjab. However, there is a gender difference in the perceptions; men prefer to stay with their spouses rather than with their sons, unlike the women. About 2 per cent of elderly males and 6 per cent of elderly females prefer staying alone (Fig. 4.6). Notably, among both males and females, the elderly whose preferred living arrangements was to stay with their children and others (mostly grandchildren, and spouses) were found to be presently staying in similar living arrangements, largely explaining the higher proportion of elderly expressing their satisfaction with present living arrangements (Appendix Table A 4.2)

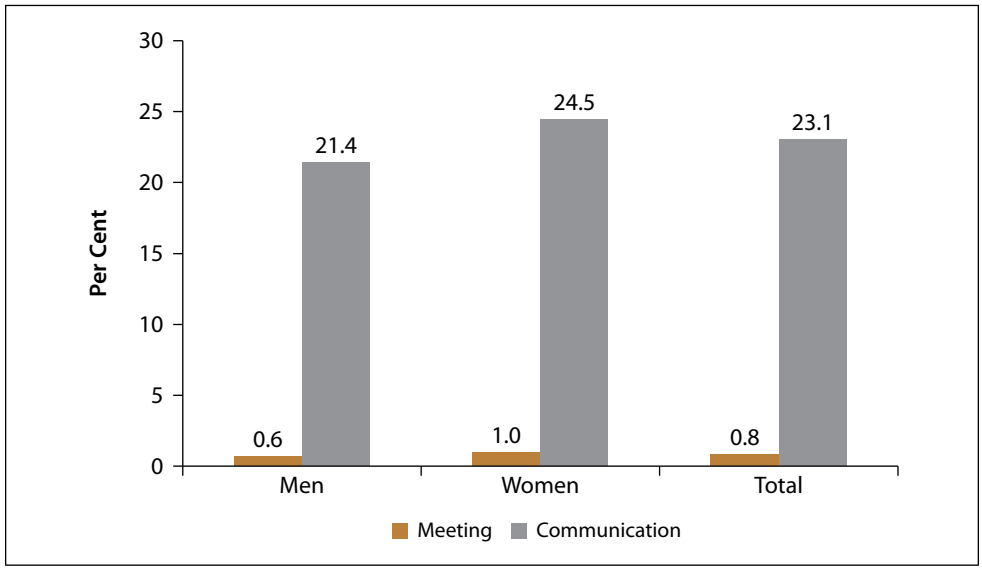
Figure 4.6: Preferred living arrangement by sex, Punjab 2011



4.4 Family Interaction and Monetary Transactions

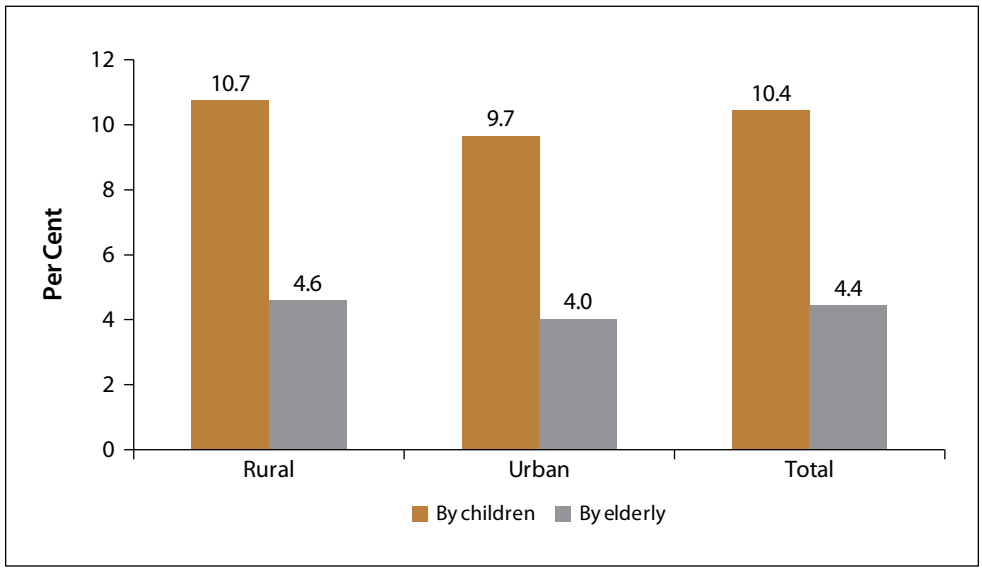
Nearly 70 per cent of the elderly and their non co-residing children frequently communicated with each other and their meetings were almost universal (Appendix Table A 4.3). The lack of communication between the elderly and their children staying apart appears to be slightly higher among elderly women as compared to men (Fig. 4.7).

Figure 4.7: Elderly with no meeting or no communication with non co-residing children, Punjab 2011



The direction of the monetary transfers between the elderly and children indicates that in nearly one tenth of the instances, transfers originate from the children to the elders while about 4 per cent of the elderly provides monetary support to their children. This is true for both elderly men and women (Fig. 4.8).

Figure 4.8: Elderly who have monetary transfer between them and non co-residing children, Punjab 2011



4.5 Engagement in Family Activities and Decision Making

This section will discuss the participation of the elderly in various routine activities and decision making in the household. It is evident from Table 4.1 that the most important role played by the elderly is giving advice to their children and for settling disputes (87% and 78% respectively).

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

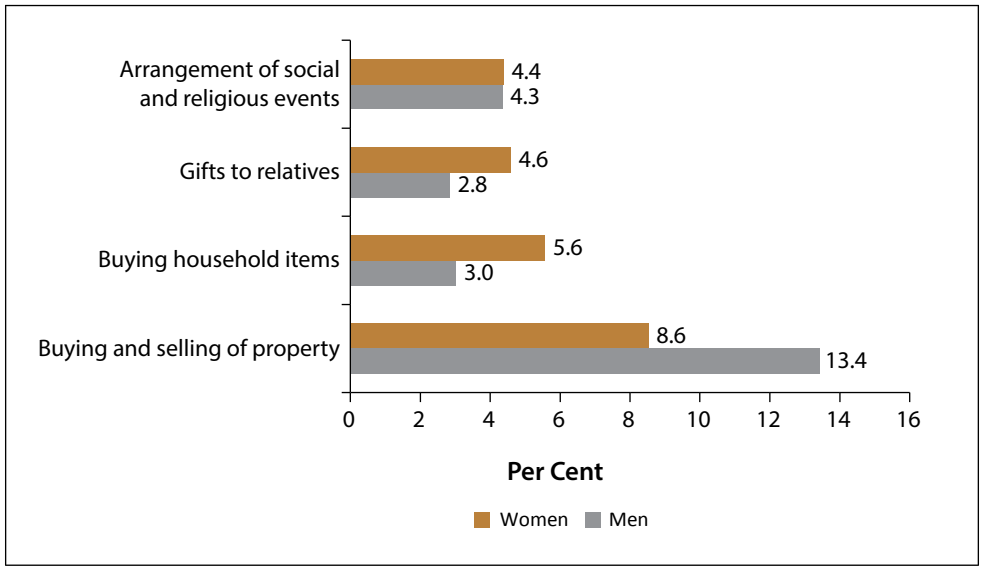
	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Taking care of Grandchildren	54.6	66.0	60.4	56.8	67.1	62.4	55.1	66.3	60.9
Cooking/Cleaning	14.6	59.3	37.3	16.0	62.6	41.5	14.9	60.3	38.4
Shopping for Household	51.5	47.7	49.6	61.1	55.5	58.1	54.0	50.0	51.9
Payment of Bills	65.2	20.0	42.3	65.7	25.7	43.8	65.3	21.7	42.7
Advice to Children	89.2	84.5	86.8	87.2	87.0	87.1	88.7	85.3	86.9
Settling Disputes	84.2	69.2	76.6	88.2	77.5	82.3	85.2	71.6	78.1

Note: All row percentages for men refer to 662 cases, all row percentages for women refer to 708 cases, and all row percentages for total refer to the full sample of 1,370 elderly.

A slightly higher proportion of urban men and women as compared to rural men and women fulfil these two major roles. More than 60 per cent of the rural and urban elderly participate in household activities by taking care of the grandchildren. Nearly 65 per cent of the elderly men are responsible for the payment of household bills. This clearly highlights the involvement of the elderly in various significant household activities.

Regarding decision making for different activities and tasks, it was seen that elderly men and women do contribute in making decisions for the family. Less than 14 per cent of the elderly men and less than 10 per cent of the elderly women do not participate in decision making related to buying and selling of property. Less than 5 per cent of the elderly does not participate in other decisions in the household (Fig. 4.9).

Figure 4.9: Elderly reporting no role in various decisions making activities, Punjab 2011



4.6 Social Engagement

Social engagement of the elderly was assessed in the survey through a set of questions seeking to know whether they participated in any meetings, community gatherings, and social or religious functions and the frequency of such attendance was also recorded. As can be seen from Table 4.2, nearly 70 per cent of the elderly had not attended any public meeting in the year preceding the survey, the proportion being higher among the urban elderly as compared to their rural counterparts.

Table 4.2: Per cent distribution of elderly by the frequency of attending any public meetings one year preceding the survey by place of residence and sex, Punjab 2011

Frequency of Attendance in Meetings	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Never	55.3	75.5	65.6	73.2	82.8	78.5	59.9	77.7	69.1
Rarely	28.6	17.4	22.9	15.9	9.9	12.6	25.3	15.3	20.1
Occasionally	12.7	6.9	9.8	7.9	6.7	7.2	11.5	6.8	9.1
Frequently	3.3	0.2	1.7	3.1	0.6	1.7	3.3	0.3	1.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	369	373	742	293	335	628	662	708	1,370

A relatively different pattern emerges when the elderly were questioned about attendance in religious programmes in the last one year. One third of the elderly men and women in both rural and urban areas reported never attending such programmes; however nearly 40 per cent of all the elderly surveyed had attended such programmes once or twice in the one year before the survey. More than 15 per cent of the rural and urban elderly attend these programmes at least once or twice a month (Table 4.3).

Note: Elderly were questioned about the reasons for not going out more. A majority of the elderly (79%) cited health problems followed by safety concerns (10%) as the main reason for not going out frequently (Appendix Table A 4.5).

Table 4.3: Per cent distribution of elderly attending religious programmes or services (excluding weddings and funerals) in last one year preceding the survey by place of residence and sex, Punjab 2011

Frequency of Attendance in Religious Programmes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Never	31.2	34.7	33.0	33.1	33.0	33.0	31.7	34.2	33.0
Once or twice per year	48.5	37.6	42.9	37.1	34.5	35.7	45.5	36.7	41.0
Once or twice per month	12.7	17.7	15.3	17.2	18.6	18.0	13.9	18.0	16.0
Once or twice per week	4.0	5.7	4.9	7.8	10.4	9.2	5.0	7.1	6.1
Daily	3.6	4.2	3.9	4.8	3.5	4.1	3.9	4.0	4.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	369	373	742	293	335	628	662	708	1,370

4.7 Elderly Abuse

Elderly abuse is a growing concern for the ageing population. Almost 11 per cent of the elderly in Punjab have reported facing abuse after turning 60 with the proportion of abuse being slightly higher in rural areas as compared to urban areas (Table 4.4). This is similar to the findings of the national report. However, the incidence of abuse in the month preceding the survey is almost negligible.

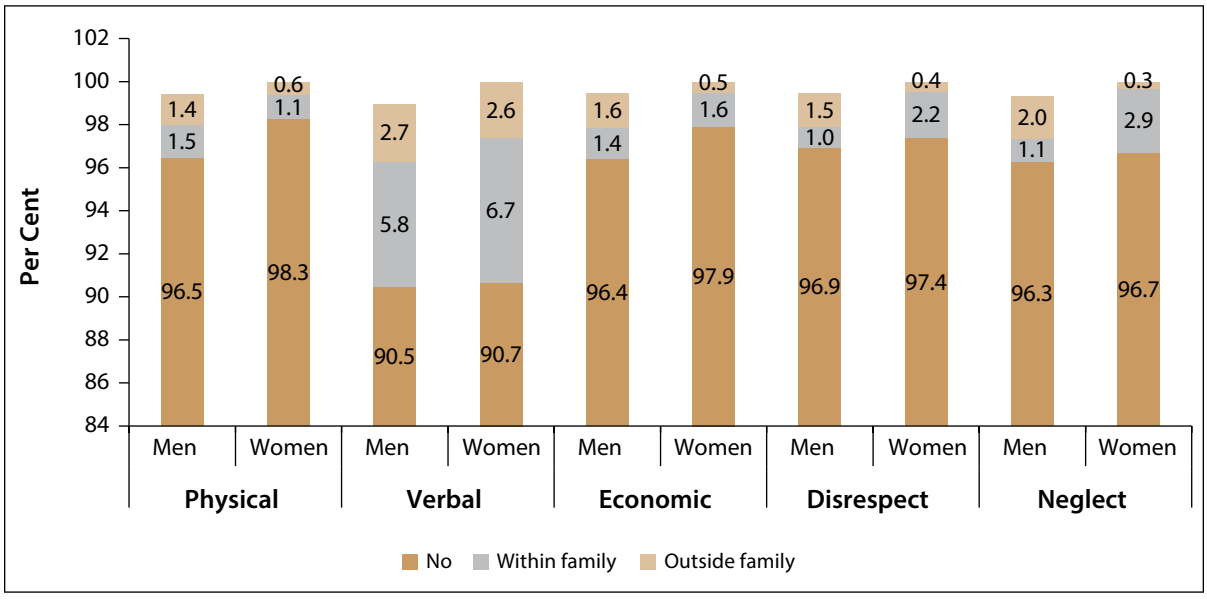
Table 4.4: Per cent distribution of elderly by experience of abuse after turning 60 and in the month preceding the survey according to place of residence and sex, Punjab 2011

Experienced Abuse	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Yes, after age 60	11.8	10.2	11.0	9.3	9.2	9.2	11.2	9.9	10.5
Yes, last month	0.7	0.5	0.6	0.4	0.2	0.3	0.6	0.4	0.5
Number of elderly	369	373	742	293	335	628	662	708	1,370

The survey has tried to ascertain the various forms and sources of abuse faced by the elderly. As can be seen from Figure 4.10, the majority of the elderly (more than 90%) reported that they had not faced any abuse in their old age. About 6 per cent of elderly men and women have experienced verbal abuse within the family, while less than 2 per cent have faced either physical or economic abuse, disrespect and neglect in the family. Around 3 per cent of the elderly reported experiencing verbal abuse outside the family.

To sum up, this section outlined the present and preferred living pattern of the elderly in the state and has found that almost all the elderly are satisfied with their present living arrangements. The elderly play an important role in performing various tasks and taking important decisions in the household. The growing area of concern is the problem of different forms of abuse experienced by the elderly in the state and this requires immediate attention from society and the government.

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



5. Health and Subjective Well-Being

At the core of the well-being of the elderly and their quality of life is their health – both physical and mental. Accordingly, information on both the measures objective health statuses – presence or absence of any diseases or functional limitations as well as perceptions on health and health-related well-being are required to determine the fuller spectrum of elderly health. This section reports the findings from the rich data on elderly health collected by the UNFPA-BKPAI survey for Punjab, and is organized as follows: starting with health perceptions and self-assessed health status, functionality, mental health and cognition, risky health behaviours, the discussion moves to acute and chronic morbidity, hospitalization and financing health care expenditure.

5.1 Self-rated Health, Functionality and Well-Being

5.1.1 Self-rated Health

Self-rated health (SRH) status is a measure which provides a good account of functional ability, life satisfaction, and familial factors and is also sensitive to variations in objective health.[2] As shown in Figure 5.1, the SRH ratings in Punjab indicate better health perceptions among males than females and in lower age groups among the elderly. Based on current health status alone, around 70 per cent of the elderly in Punjab rated their health as 'Fair' or 'Poor'. The rating of poor health status increases with age. Based on current health status only, nearly a fifth (18%) of the elderly in rural Punjab and 22 per cent in urban areas rated their health as poor (Appendix Table A 5.1).

Figure 5.1: Self rated current health by age and sex, Punjab 2011

[2] Zimmer, Z., Natividad, J., Lin, H.S., Chayovan, N. (2000). "A cross-national examination of the determinants of self-assessed health." *Journal of Health and Social Behavior,* 41, (4): 465-481.

Figure 5.2: Self-rated current health by marital status, caste and highest and lowest wealth index group, Punjab 2011

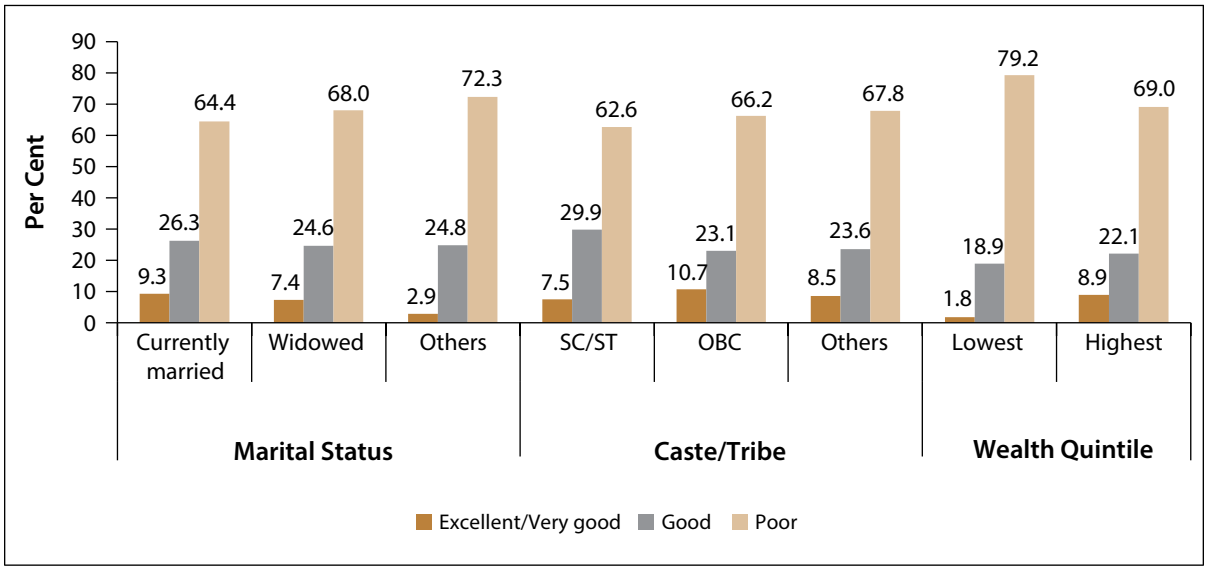


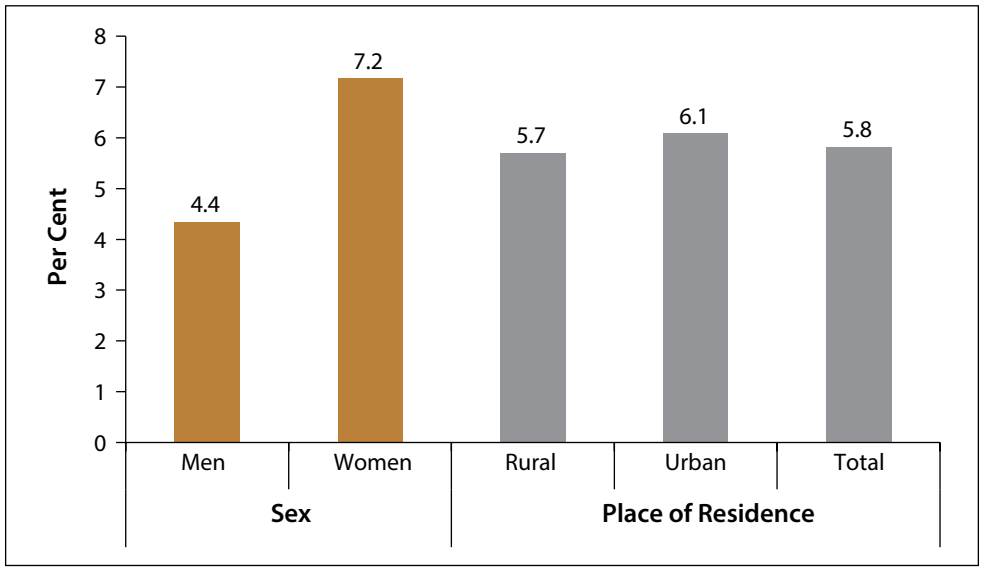
Figure 5.2 indicates little difference in the current health ratings in terms of wealth quintiles and marital status in Punjab: while a higher proportion of lowest-quintile households (79%) rate their health as poor as compared to those in the richest quintile (69%), the difference in ratings of 'poor' health is largely insignificant across social groups, or between currently married and widowed. An almost similar pattern is also evident in case of 'good' health ratings.

5.1.2 Functionality

The notion of functionality for the elderly involves the ability to perform self-care, self-maintenance and routine physical activities. Such notions involve a process of progressivity that leads to impairment or loss of physical functioning among the aged, or the disablement process. Under the International Classification of Functioning, Disability and Health (ICF) which has its theoretical underpinnings in social models of disability, physical functioning and disability are considered outcomes of interactions between health conditions and contextual factors. The concepts and measures of activities of daily living (ADL) and instrumental activities of daily living (IADL) have emerged as the most common approaches in empirical assessments of functionality among the elderly and are considered to be befitting the ICF framework.

The 'activities of daily living' or ADLs are the basic tasks of everyday life. In the household survey, respondents were asked to assess their level of independence for six different types of ADLs covering physical domains of functionality viz., bathing, dressing, using the toilet, mobility, continence and feeding, under categories of 'do not require assistance', 'require partial assistance' and 'require full assistance' (Appendix Table A 5.3). For summary indicators of ADL disability and analysing their observed variance across background attributes, the last two categories were combined as 'requires assistance (partial/full)'. As seen from Figure 5.3, females have worse ADL functionality

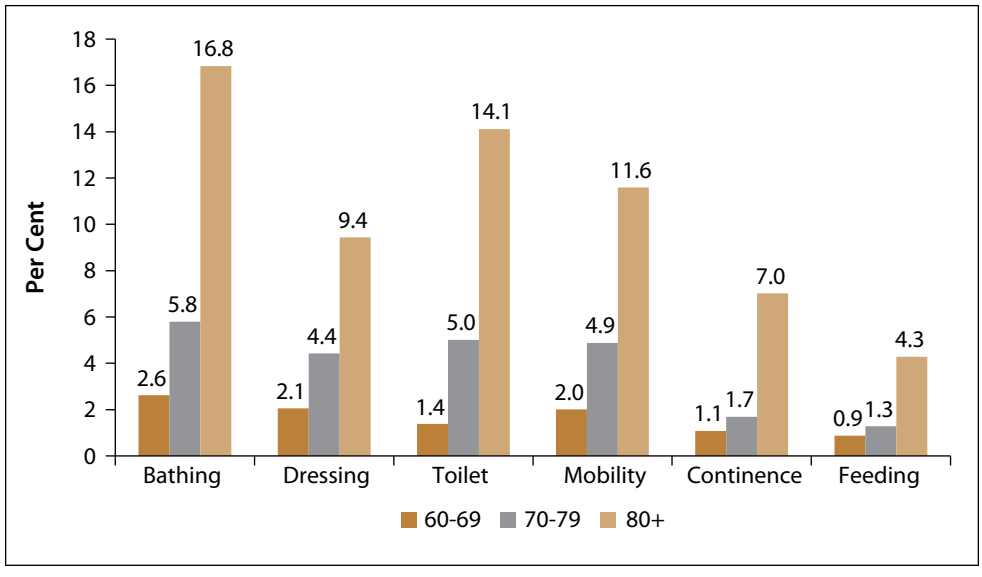
Figure 5.3: Elderly needing full/partial assistance in at least one ADL domain by sex and place of residence, Punjab 2011



(in terms of proportion requiring full/partial assistance in at least one ADL domain) than men, and the extent of such disability is found to be marginally higher in urban areas. With few institutional support mechanisms in the country offering help to the elderly in need of such disability-friendly assistance, and with this study's finding of a progressive increase in the extent of the ADL disabilities with ageing (as indicated by the growing incidence of ADL functionality losses in higher age in Fig. 5.4), future programmes should be cognizant of the growing demand and need to respond effectively to it.

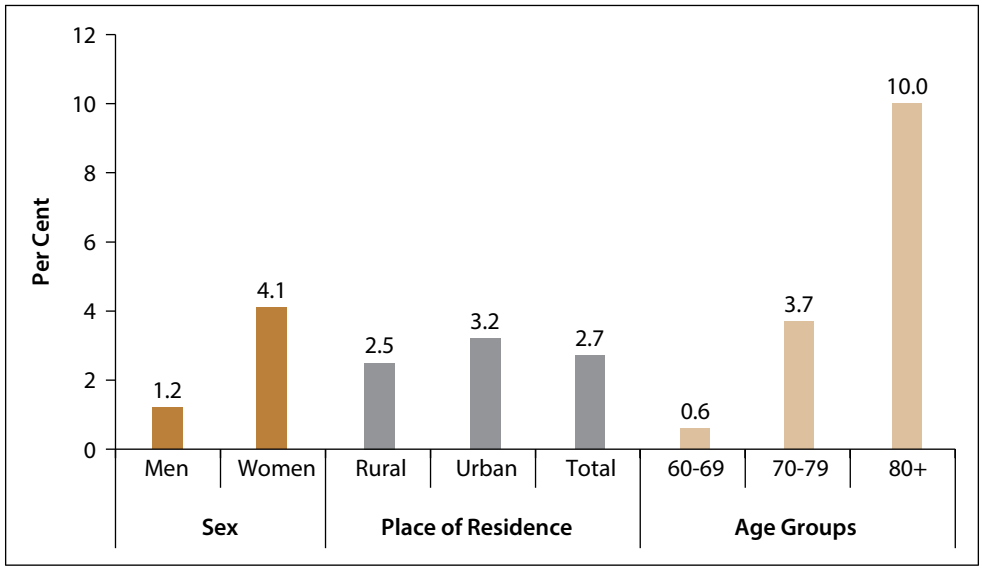
Apart from ADLs, IADLs constitute an important dimension of functional limitation or disability among the elderly. The origin of this measure lies in a seminal work by Lawton and Brody[3] and it is

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



[3] Lawton, M.P., Brody, E.M. 1969. "Assessment of older people: Self-maintaining and instrumental activities of daily living." *Gerontologist*, 9:179-186.

Figure 5.5: Elderly can perform no IADL domain according to age, sex and place of residence, Punjab 2011

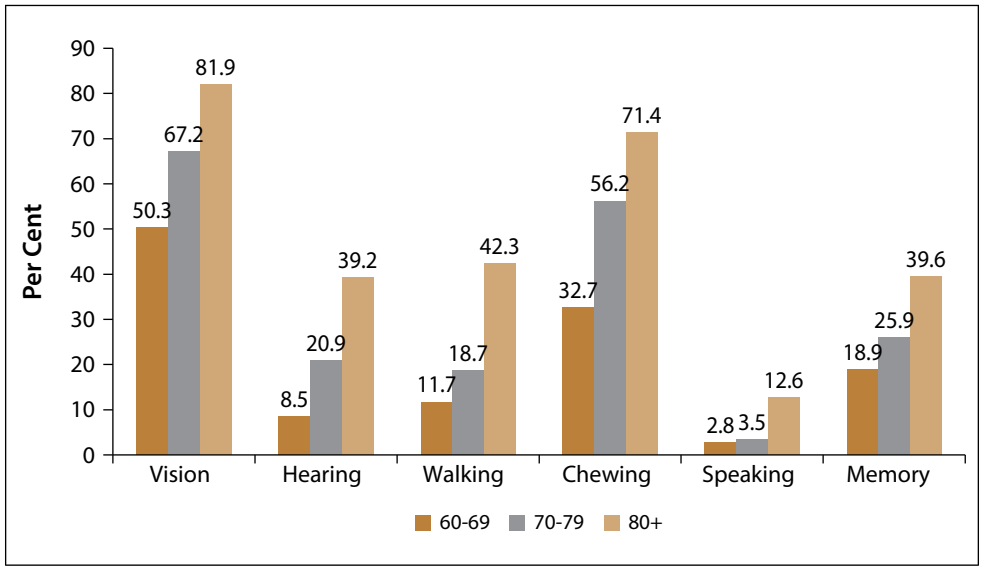


believed that IADL disabilities– in one or more dimensions – are more widely prevalent than ADL disabilities. The construction of the IADL scale used and reported here is explained in the National Report (Alam et al, 2012). Following the standard approaches, the extent of IADL disabilities among the elderly in Punjab is substantial: suffering such limitations in at least one domain is almost universal.

Appendix Table A 5.4 shows that nearly half the elderly are unable to do their laundry, while nearly three-quarters of them (71%) are unable to prepare their meals. Nearly 3 per cent of the elderly in Punjab cannot perform any IADL (Fig. 5.5). Further, judging by the proportion of elderly able to do at least half of the IADL tasks themselves, women have poorer functionality than men, with an indication of lower IADL functionality in the poorer wealth index groups (Appendix Table A 5.5). Hence, as for ADL disabilities, the need for alternative support systems emerges, aided by formal institutional arrangements that can assist the elderly, more so the vulnerable among them – either those from better-off families, or staying with children and grandchildren – in executing these common daily tasks, and thus make their daily lives more comfortable.

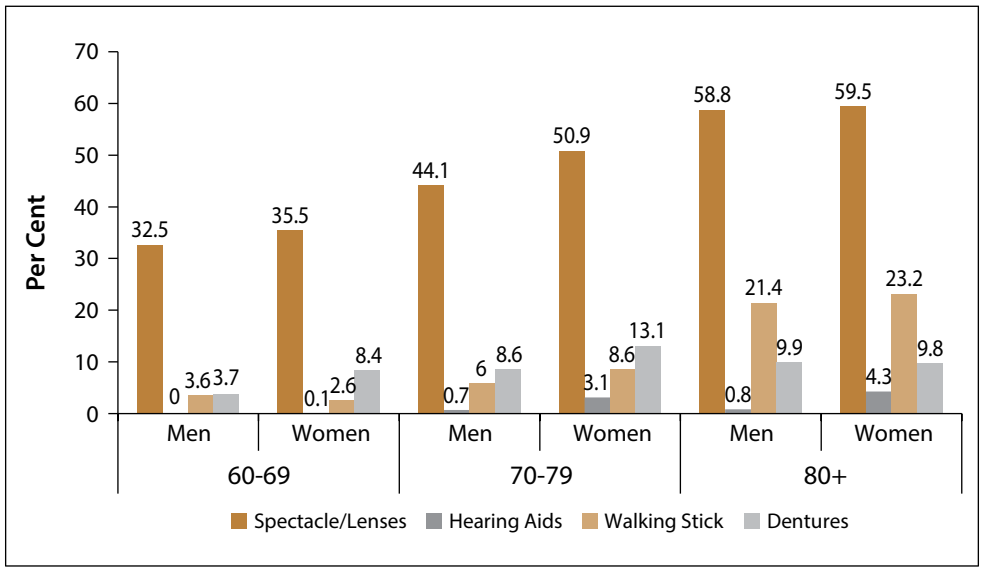
We now discuss another important aspect of physical health among the elderly i.e., locomotor disability. The survey asked respondents about any difficulty regarding vision, hearing, walking, chewing, speaking and memory. Except for speaking and memory, they were asked about the use of aids, source of financing such aids and extent of help available through the use of such aids. The results indicate a significant extent of locomotor disability in Punjab – ranging from about 60 per cent for vision to about 5 per cent for speech (Appendix Table A 5.6), including both full and partial disability. Differentials in the extent of these disabilities across place of residence or wealth index are irregular, but there appears some indication of a higher prevalence among women and widowed individuals. Also, the burden of hearing, chewing, memory and locomotor disability is found to be significant in the poorer wealth quintiles (Appendix Table A 5.7).

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



What is of greater concern however is the significant unmet need – measured among those reporting any difficulty and using any aids – in the use of locomotor aids. As evident from Appendix Table A 5.8, less than half the urban elderly and two thirds of those in rural areas with vision problems in Punjab do not use spectacles; use of walking sticks is rare for other-than-oldest ages; dentures and hearing aids are rarely used. While poverty could be a reason for not being able to afford the aids, lack of adequate awareness and ready availability – particularly dentures and hearing aids – in rural or small town settings could be a major impediment, clearly requiring corrective action. Again, an integrated strategy to address the functionality needs of the elderly that allows for low-cost aids to be distributed among those unable to afford them is clearly the need of the hour. The proportion of elderly using disability aids rises with the increasing age. Spectacles/lenses are the most commonly used loco-motor disability aid followed by dentures (Fig. 5.7).

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



5.1.3 Mental Health and Cognitive Ability

In the present study, a number of standardized scales and questions were used to assess the mental health conditions among the elderly respondents. These included the 12-item General Health Questionnaires and the Subjective Well-being Inventory (SUBI) scales. The following section presents the salient findings from the data collected through these instruments.

General Health Questionnaire

The General Health Questionnaire (GHQ) was originally developed in the United Kingdom as a screening instrument to identify general psychological distress in primary care settings. Developed by Goldberg and Blackwell (1970), it was originally designed as a 60-item questionnaire, but several shorter versions (30-item, 28-item, 20-item and the 12-item GHQ questionnaire) have been used subsequently. In this study, the shorter 12-item questionnaire, commonly referred as GHQ-12, has been used. The GHQ-12 has been translated, used and validated in various contexts and study settings, including in India. The results have been found to be comparable to longer versions of the GHQ in multi-country assessments; in India little difference in the ability of alternative scales and questionnaire items, which included the GHQ-12, could be found to identify cases accurately. For details on the GHQ methodology, please refer to the seven state report (Alam et al 2012).

Subjective Well-being Inventory (SUBI)

Subjective Well-being Inventory (SUBI) involves a measure designed to measure "feelings of well-being or ill-being as experienced by an individual or a group of individuals in various day-to-day life concerns". An important aspect of mental health, and psychological well-being, empirical assessments of subjective well-being (SWB) involves the evaluation of one's life in terms of judgment of overall life satisfaction as well as one's experience of pleasant and unpleasant emotions. In the present study, a nine-item SUBI has been used, namely, life – interesting, life – compared with the past, things one has been doing in recent years, fulfilment of expectations – standard of living, congruence success – desserts, congruence accomplishments – efforts, confidence of managing unexpected situations, confidence in facing crisis situations and confidence in coping with the future. Details of the SUBI methodology have been laid out in the seven state report (Alam et al 2012).

In terms of the nine-item SUBI score as followed in the study, subjective well-being or life-satisfaction among the elderly is found to be quite high: an insignificant proportion of the respondents (less than 2%) fall under the subjective 'ill-being' category in Punjab. Accordingly, few differences are noticed in the well-being levels across age-groups and marital status. However, it does appear that the levels of 'successful ageing' as SUBI-ratings are commonly interpreted, tend to be higher among the poorer groups as compared to their wealthier counterparts, although on an absolute scale the differences are about 5 per cent.

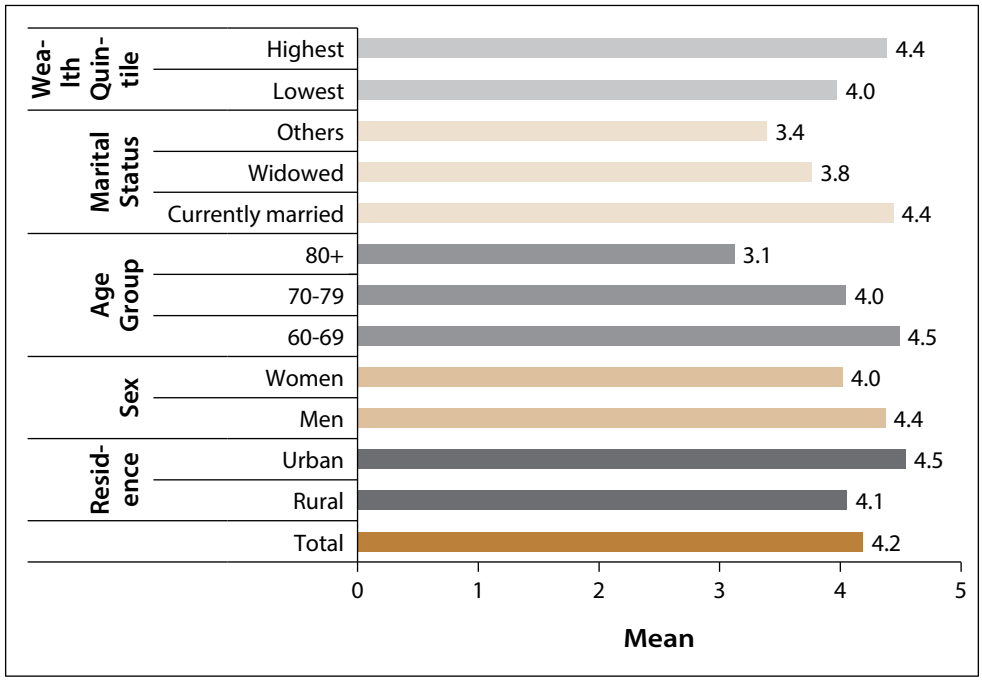
The results for both GHQ and SUBI-based measure are summarized in Table 5.1.

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

Background Characteristics	GHQ Score Below Threshold Level (≥12)	SUBI (All Negative)
Sex		
Men	18.4	0.5
Women	25.8	1.5
Place of Residence		
Rural	22.4	0.8
Urban	21.7	1.4
Age Group		
60-69	20.1	0.3
70-79	21.7	1.2
80+	33.1	4.1
Marital Status		
Currently married	21.0	0.5
Widowed	24.9	2.0
Others	18.6	2.0
Wealth Index		
Lowest	27.9	5.4
Highest	20.8	0.0
Total	22.2	1.0

To complement the findings on the extent of 'ill-being' among elderly in the state on the basis of the SUBI scores, the psychological stress suffered by the elderly was assessed on the basis of the 12-item GHQ responses. Comparing seven states based on the GHQ scale, the presence of psychological distress among the elderly is found to be highest in Tamil Nadu (Average score = 16.6), closely followed by Odisha (16.3) and West Bengal (15.8), while Punjab had the lowest average score (10.2) (Alam et al 2012). About one-fifth of the males (18%) and a slightly higher proportion of women (25%) demonstrated worse psychological conditions, if a cut-off reference is set on the 12 point score in the GHQ scale. The burden of mental distress is found to be almost similar for rural and urban locations, as demonstrated by a lower proportion of elderly recording a score above the cut-off point score (viz., 22% for rural and urban areas). Better psychological health is noted among the elderly who are currently married (21% scoring above 12 point cut off for GHQ), compared to the widowed (25%). The phenomenon of psychological distress seems more congruent with increasing age as shown by the increasing proportion of the elderly scoring above the threshold level of GHQ scores (viz., 20% for 60-69 years as compared to 33% for 80+ years). The difference in reported GHQ score above the 12 point threshold is however considerable if compared across the highest and lowest wealth quintile – nearly 21 per cent of the elderly belonging to the highest quintile demonstrated poorer psychological well-being as compared to 28 per cent from the lowest quintile (Table 5.1).

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

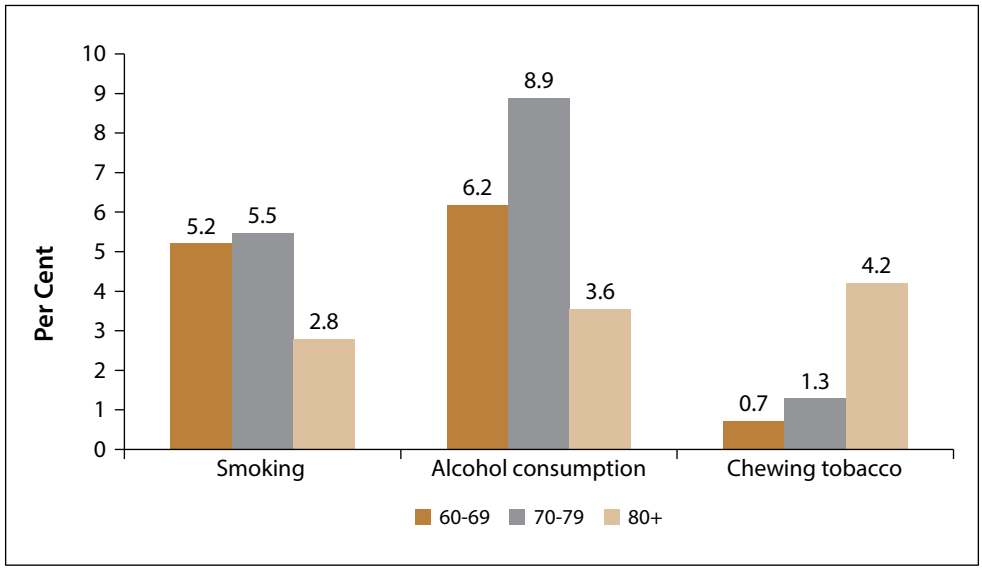


A brief exercise was conducted during the survey to assess the degree of cognitive ability among elderly respondents in addition to the GHQ and SUBI-scale based assessments of mental health conditions and subjective well-being. A list of 10 commonly used words (bus, house, chair, banana, sun, bird, cat, *saree*, rice, and monkey) was read out to the respondents which they were asked to recall. The order of the words being recalled was kept flexible. The number of words recalled as well as the time taken for the recall was recorded. In Punjab, one in five elderly could recall six or more words correctly, with an average of about four words. The average number of words recalled was greater among the elderly who had better mental health and better subjective well-being. The gradient is found higher for the elderly from urban areas (mean words recalled 4.5), the mean number of words recalled was found to decrease with age, currently not married and if they belonged to the economically weaker section (Fig. 5.8).

5.1.4 Risky Health Behaviour

Figure 5.9 shows alcohol consumption is the most common current substance abuse (almost 6%) among the elderly in Punjab, compared to other forms namely, smoking and non-smoking tobacco consumption. The phenomenon is persistent across age groups, except for the oldest-old group, where marginally higher proportions reported chewing tobacco. Notably, only a negligible proportion of the female elderly in Punjab have any of these three risky health habits (0.5%) both for current and ever use, compared to 17 per cent current-user male elderly, who mentioned having at least one of these habits (Appendix Table A 5.12). In the case of both smoking and alcohol consumption, a declining gradient with age was noted. Smoking however, is found to be more

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



common for males (9%) than their female counterparts (less than 1%). Prevalence of any of these three risky behaviours among the elderly in Punjab is found marginally higher for the rural elderly (9%) as compared to the urban elderly (7%). Talking about ever use of harmful substances, the trend seems similar to the current users. However, higher reported prevalence for ever-use in case of smoking and alcohol substances indicates that some of the male elderly might have successfully quit earlier risk behaviours, at the present point of time. Non-smoking tobacco consumption is the least common current substance abuse (nearly 1%) among the elderly in Punjab, compared to other forms namely, smoking and alcohol consumption.

The survey has tried to ascertain the health of the elderly by questioning them about the frequency of undergoing health checkups. Nearly a quarter of the elderly reported going for a routine check up with a higher proportion of urban elderly (31%) doing so as compared to their rural counterparts (22%). More than half the elderly go for a monthly check-up; however, the proportion is marginally less for women as compared to men (Appendix Table A 5.13).

5.2 Morbidity, Health Care Access and Financing

During the survey, respondents were asked a set of questions regarding, acute ailments suffered by respondents during the 15 days prior to the study. As per the assessment, about 13 per cent of the respondents overall reported falling ill during the 15 days preceding the survey (Alam et al 2012). However, in contrast to the general pattern in prevalence of common or acute illnesses among the elderly as found from the 60th Round of the NSSO survey on Condition of the Aged (2004-05) (as reported in Alam and Karan, 2013), self-reported acute ailments are more common among the elderly in rural areas. Such a rural-urban differential is evident across most of the study states, apart from Punjab and Tamil Nadu.

5.2.1 Acute Morbidity

The burden of acute morbidities (suffered over the 15 days preceding the survey) among the elderly is found to be considerably lower in Punjab (8%), with not much variation across urban and rural areas, than the combined seven state average (13%). The rate of acute disease prevalence is still higher for women from urban areas (11%), compared to their male counterparts (i.e., urban 5%) (Appendix Table A 5.14). The mean number of illness episodes was one across location and gender, during the reference period of 15 days preceding the survey. During this period, the elderly, mostly suffered from fever (prevalence rate, 56.5% among males, and 47.0 among females); followed by blood pressure and problems related to cold and cough. The prevalence of fever was found to be higher in rural areas (53.4%) as compared to urban areas (45.3%) (Appendix Table A 5.16).

If the acute disease prevalence rate among the elderly in the state is checked out across certain other important background characteristics (Fig. 5.10), i.e. age, current marital status, caste and wealth index, it increases with age (113/1000 in 80+ age group, compared to 64/1000 among 60-69 age group). Compared to the general caste (80/1000), the elderly in the OBC group reported a higher prevalence of acute morbidity (113/1000). Confirming the positive association between better standard of living and better health status, the reported prevalence of acute morbidity among the elderly belonging to the highest wealth quintile (52/1000), was found to be half that of the lowest wealth quintile (105/1000). However, the highest prevalence of acute morbidity is found among the elderly who are neither married nor widowed (132/1000) (Appendix Table A 5.15).

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

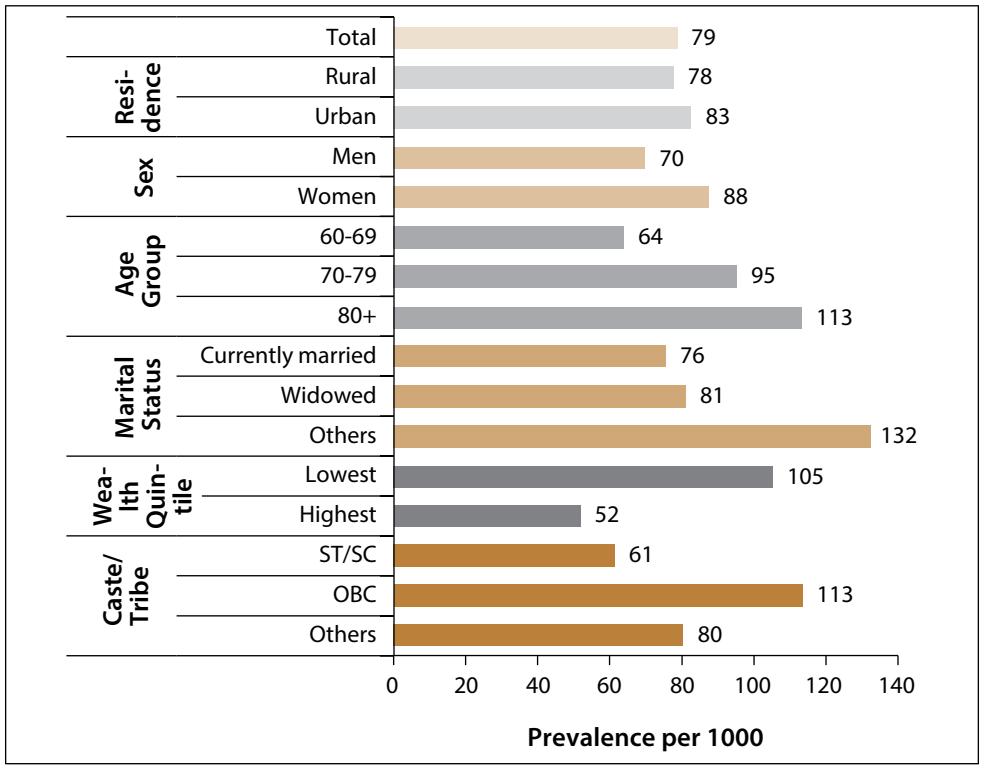
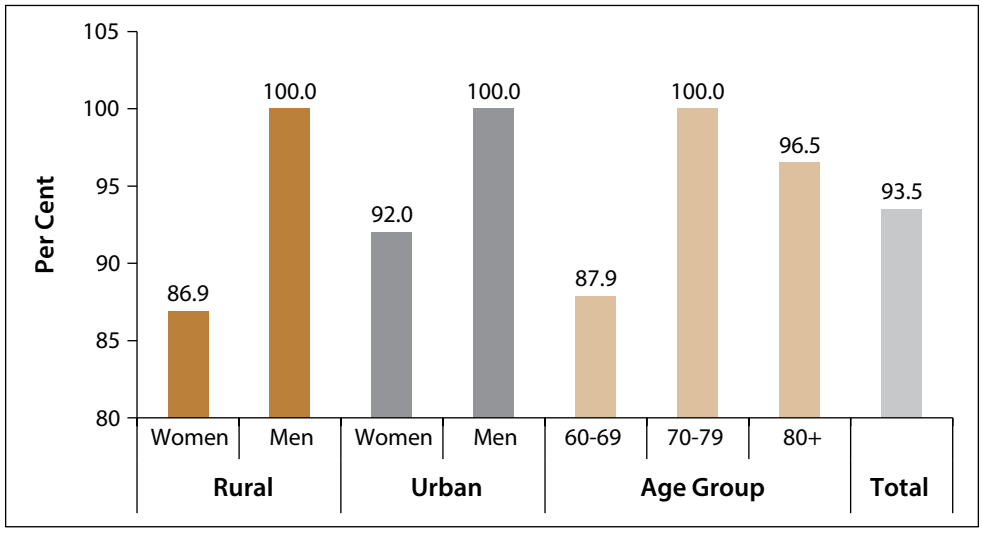


Figure 5.11: Acute morbidity episodes for which treatment was sought according to place of residence sex, and age, Punjab 2011

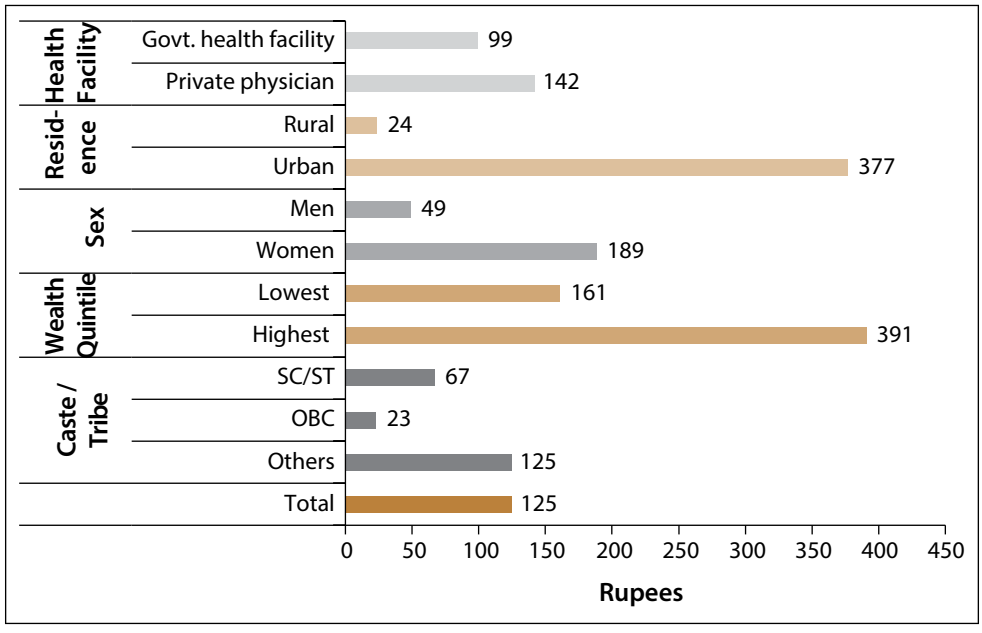


It was found that the elderly suffering from acute morbidity over 15 days reference period sought treatment for their conditions almost universally (94%). No difference was noticed in seeking treatment across rural and urban areas. Not much variation is noted across age-groups, and in both urban and rural areas 100 per cent of the male elderly sought treatment for acute morbidity suffered over the 15 day reference period (Fig. 5.11).

In terms of sources of treatment seeking, more than three quarters of the elderly sought treatment from private sources (78%), which may indicate their preference for private sources over government sources. Both in urban and rural areas, more females sought private treatment than males (Appendix Table A 5.18). In higher wealth quintiles the number of elderly seeking treatment from private sources was found to increase considerably, which may mean that with higher incomes, the elderly preferred options which they considered to be of better quality (Appendix Table A 5.19).

Regarding the cost of treatment, the average expenditure was higher for private physician (Rs. 142), compared to government sources (Rs. 99) (Fig. 5.12). Similarly, a higher mean expenditure was observed for urban areas (Rs. 377) as compared to rural areas (Rs. 24). The mean expenditure incurred for the treatment of acute ailments was much higher for females (Rs. 189) than for males (Rs. 49). As expected, the cost of treatment for the richest quintile was found abysmally higher than the poorest group. However, this may not be strictly comparable due to small sample size (Appendix Table A 5.20). Expenditure incurred towards medicines was found to be proportionally high across all sources, over a third of the total expenditure. The cost incurred for medicines is the maximum across all the sources of treatment. A majority of elderly males bore their own expenses for treatment of acute diseases (54%), while for nearly 44 per cent of elderly females; the costs were borne by their spouses (Appendix Table A 5.21).

Figure 5.12: Average expenditure (Rs.) on treatment of last episode of acute morbidity by type of facility, sex, place of residence, wealth index and caste, Punjab 2011



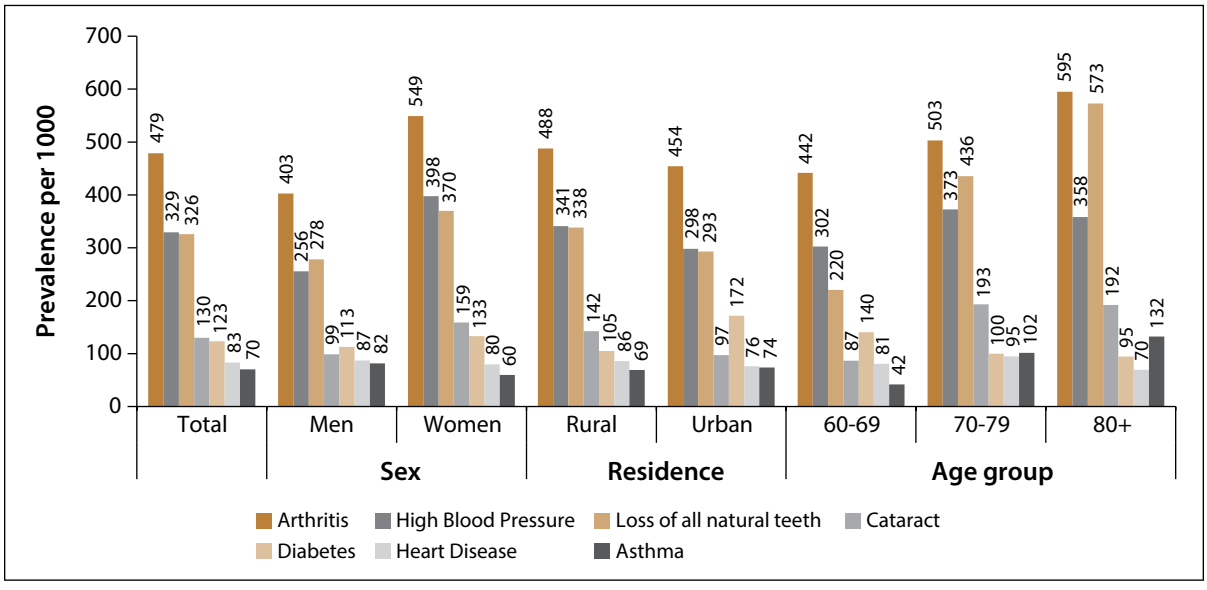
5.2.2 Chronic Morbidity

The growing incidence of non-communicable, chronic ailments has characterized recent patterns in epidemiological transition across the country. Keeping pace with the demographic transition and the increasing proportions of elderly population in most of the states (Fig. 2.1), the burden of chronic ailments has been on the rise. Accordingly, it is necessary to examine the prevalence of chronic ailments among the elderly, the profile of different NCDs, and differentials in the reported prevalence across socioeconomic groups.

The survey elicited responses from the elderly regarding 20 different types of chronic ailments. Instead of following a self-reporting approach as in the case of acute morbidities, respondents were asked whether a doctor or nurse had told them that they were suffering from the respective ailments. However, such reports were not cross-checked with prescriptions or any other clinical records. The results suggests that chronic ailments are widely prevalent and overall nearly two-thirds of the respondents (77%) reported suffering from any chronic ailment (Appendix Table A 5.22).

Among the six common chronic health conditions prevalent in Punjab (e.g., arthritis, high blood pressure, loss of all natural teeth, cataract, diabetes and heart disease), the elderly mostly suffer from arthritis (479/1000), followed by high blood pressure (329/1000), loss of natural teeth (326/1000) and cataract (130/1000) (Fig. 5.13). The overall prevalence of all the four chronic complaints was higher among females compared to males, and a higher prevalence was noted for rural locales as compared to urban areas. Arthritis (595/1000), loss of natural teeth (573/1000) and Asthma (132/1000) were the most prevalent health conditions among the elderly aged over 80 years (Appendix Table A 5.22).

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

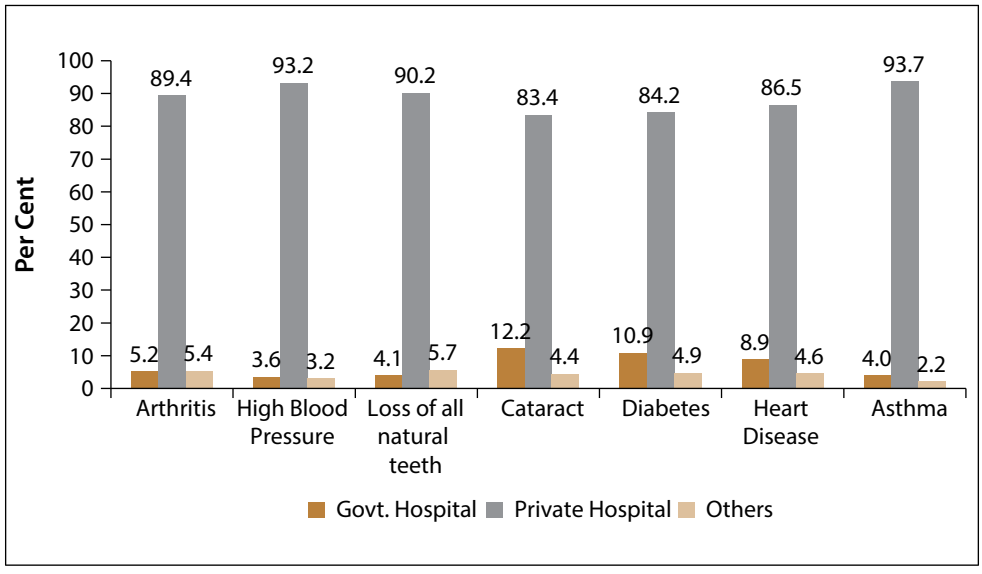


Nearly 77 per cent of those suffering from arthritis sought treatment, while 93 per cent, 17 per cent, 33 per cent and 97 per cent sought treatment for high blood pressure, loss of natural teeth, cataract and diabetes, respectively (Appendix Table A 5.24). Except for treatment sought for loss of natural teeth (which was found to be the third major chronic ailment suffered by the elderly in Punjab), in all other cases, a proportionally higher number of males was found seeking treatment for their chronic ailments as compared to their female counterparts. Since chronic diseases are often low intensity and do not show a sudden worsening of overall health, the felt need for treatment may also appear relatively tentative. Regarding meeting the cost of treatment, while half the elderly men funded their own treatment, costs incurred for the treatment of chronic ailments among elderly females were mostly borne by their children.

Treatment of chronic ailments (Fig. 5.14) had almost universally been sought from private hospitals. While only limited dependence on government hospitals could be seen in case of several chronic ailments; a comparatively higher proportion sought treatment in case of cataract (12%) and diabetes (11%) from government hospitals. As regards cost of treatment for chronic ailments, the highest average expenditure was observed in the case of cataract, if treatment was sought from private hospitals.

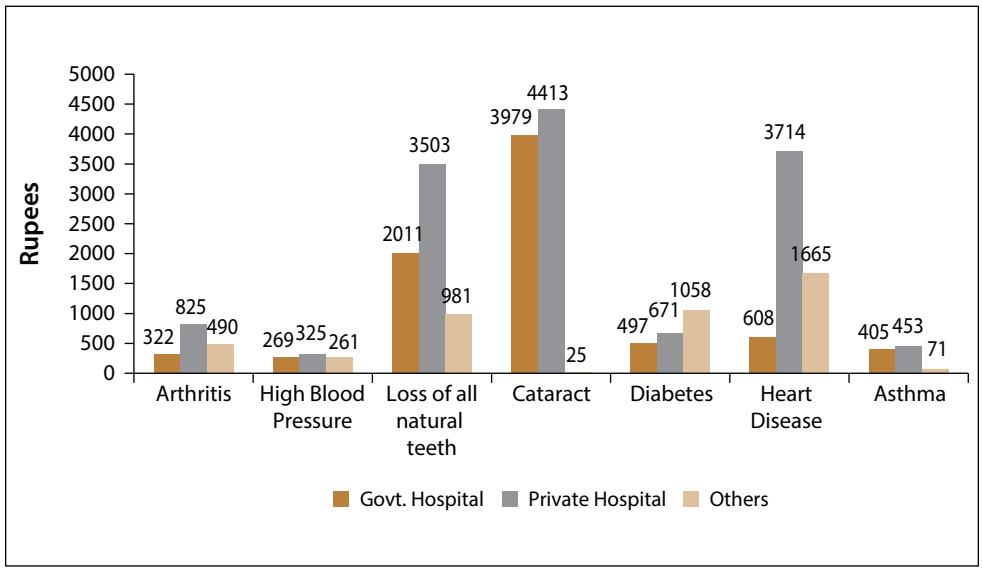
In the case of all the seven common chronic ailments, the average costs incurred per month for services from private hospitals was high. Unfortunately, as observed earlier, a majority of the elderly were found seeking care from private hospitals for chronic morbidities, incurring large monthly expenditures. A comparison drawn between costs incurred for treatment for heart disease from private and public sources shows a huge difference. Treatment for heart disease in government hospitals costs only Rs. 608 per month on average while the comparative average treatment cost

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



was Rs. 3714 if care was sought from private sources (Fig. 5.15). The difference in the cost might be due to the subsidies provided at the government hospitals for similar services; however, as evident from the study, the elderly in Punjab prefer private sources for the treatment of chronic ailments.

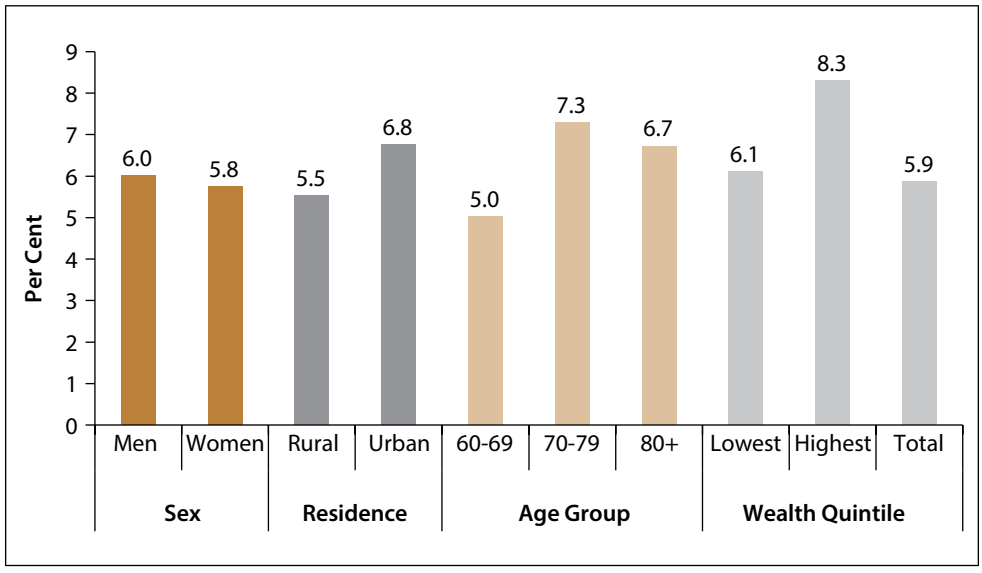
Figure 5.15: Monthly expenditure (Rs.) on treatment of common chronic morbidities by source of treatment, Punjab 2011



5.2.3 Hospitalization

A possible approach to ascertaining the severity of ailments – either self-reported based on symptoms, or based on the respondents' reports of having been informed about such ailments by medical personnel – is to examine the extent of hospitalization, or in-patient stays, in health facilities. Overall, about 10 per cent of the respondents reported 'major health problems requiring

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

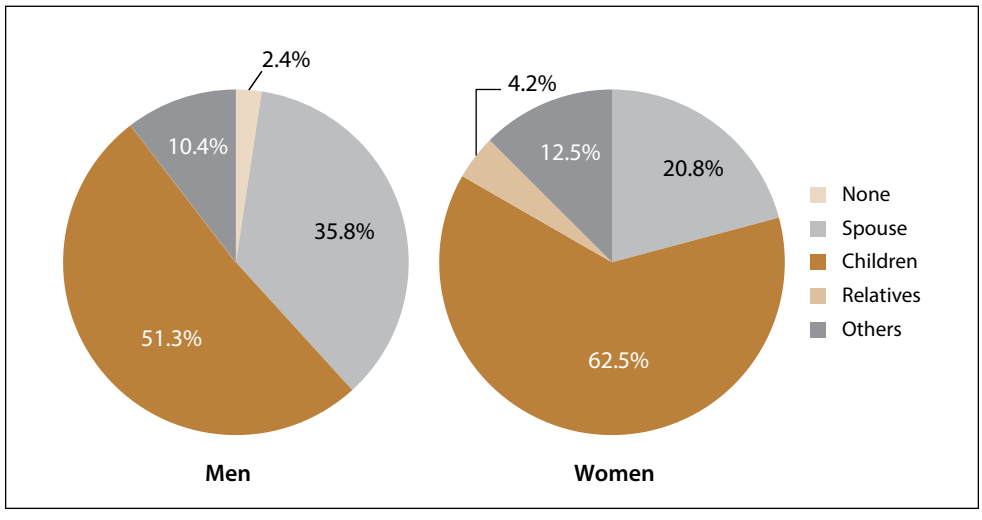


hospitalization' during the preceding one year (Alam et al, 2012). In Punjab, the hospitalization rate for the elderly was about 6 per cent.

The proportion of females hospitalized for treatment in the preceding one year was marginally lower than their male counterparts (6%)(Fig. 5.16). The trend across wealth quintiles shows a marginal difference in hospitalized treatment over the preceding one year. The age gradient in hospitalized care is also not evident from the emerging trend in Punjab. Mostly (75%) treatment was sought from private sources, compared to 24 per cent from government sources. Among elderly males, nearly one fifth sought hospitalized care for heart diseases, and renal and kidney disorders, while among females the major cause of hospitalized treatment was once again heart disease (12%) and similar proportions for cataract and eye-surgery, and hypertension (Appendix Table A 5.27).

As seen in Figure 5.17 the majority of elderly males and females were accompanied by their children during their hospital stay (male 51% and female 63%), followed by spouses (males 36% and female 21%).

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



A huge difference was seen between the average expenditure towards hospitalization costs between government facilities (Rs. 5571) and private hospitals (Rs. 13,401). A major part of the expenditure was incurred for medicines in both government and private hospitals; when care was taken from 'other sources' a sizable part of average expenditure was found to be for diagnostic tests (Table 5.2). The large difference in costs incurred for hospitalized treatment across private and government hospitals is a cause of concern for the elderly in Punjab. The reasons for the respondents not seeking inpatient services from government sources, which would have reduced their financial burden to a large extent, need to be further studied.

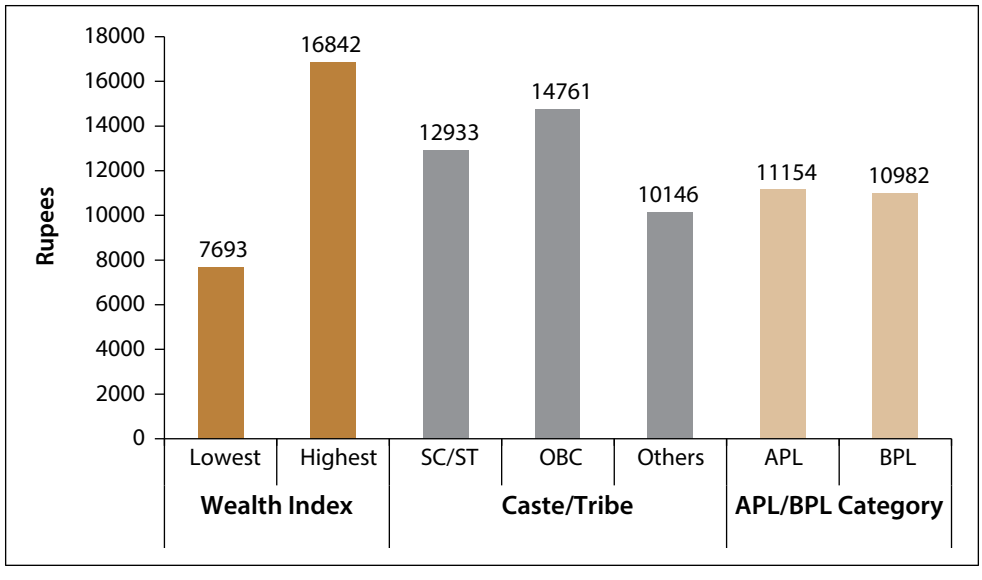
Table 5.2: Average expenditure per year on hospitalization by type of hospitals according to major heads, Punjab 2011

Average Expenditure by Major Heads	Govt. Hospitals	Private Hospitals	Others	Total
Total	5571	13401	27843	11784
Consultation	258	1079	368	873
Medicines	1545	4879	4216	4080
Diagnostic tests	885	1570	6494	1488
Hospitalization	187	1098	1332	886
Transportation	176	869	504	699
Food	1009	995	873	997
Others	502	1294	266	1090
Others (indirect cost)	1511	2911	14055	2761

The average expenditure towards hospital expenditure (Fig. 5.18) was higher for the elderly belonging to the highest wealth quintile, the OBCs, and the APL households. This probably indicates their strong preference for private hospitals, which increased the expense for treatment incurred by them.

Irrespective of gender, it was observed that the major part of the cost for hospitalized treatment of the elderly was borne by their children; the trend was similar across both urban and rural areas (Appendix Table A 5.29).

Figure 5.18: Average (Rs.) per year on hospitalization by wealth index, caste and BPL/APL category, Punjab 2011



To conclude, this section examined the self-rated health, functionality, cognitive ability, risky health behaviour, levels of acute and chronic morbidity and its treatment in detail. A majority of the elderly in Punjab has reported their current health as 'Fair', although deteriorating health can be observed with increasing age. A significant proportion of elderly in the state faces limitations in performance of various daily activities (IADL) which requires suitable attention. Punjab records the lowest proportion of elderly suffering from psychological conditions. Risky health behaviours are also found to be considerably lower compared to the national average. The burden of acute morbidity is found to be low. However, fever is one of the most prevalent diseases in the state. Arthritis is the most common chronic ailment in both urban and rural areas of the state. It is important to note that most of the expenditure for treatment of acute and chronic ailments is on private physicians and hospitals which are far more costly and often cause severe economic hardship. The major component of health expenditure is the cost of medicines. These findings call for important initiatives to be taken by the Government of Punjab to ensure the better quality of services being offered in government hospitals and regulation of drug prices.

6. Social Security

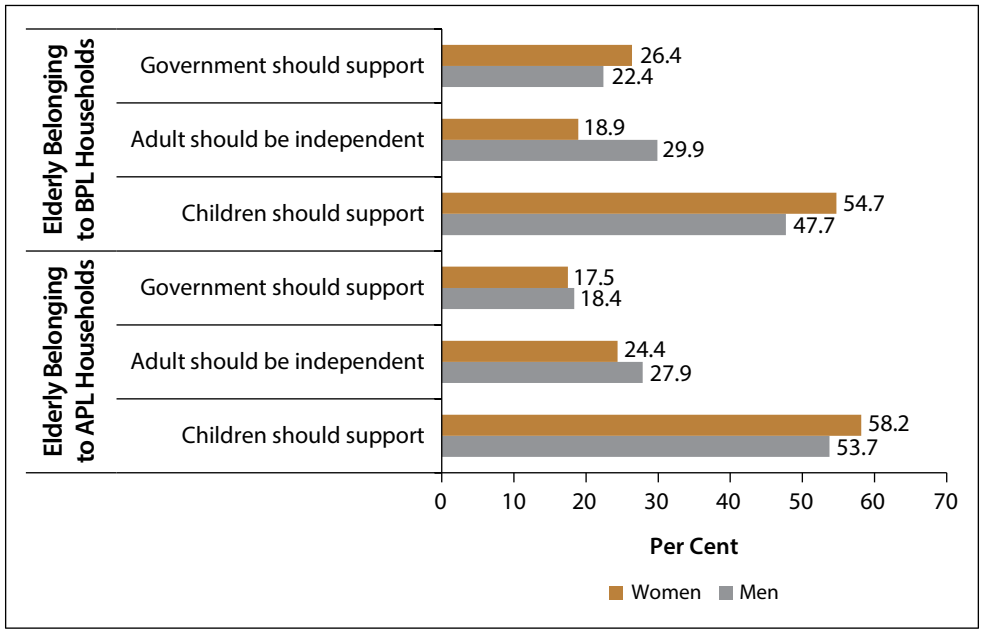
6.1 Introduction

The growth trajectory in human ageing in Punjab has short and long term implications in terms of delivery of health and care services, management of disability, living arrangements, livelihood, dependency and pension, financing of public programmes for elderly, etc. In view of factors such as the slowing down of economic growth, higher levels of urbanization, a substantial share of *Dalit* population, considerable international out-migration and extensive disparity among the regions in Punjab, the dimensions and scale of vulnerability in old age in the state need to be examined for comprehensive revision in social security programmes for the elderly. Unfortunately, not much is known of these aspects in the state and there is an urgent need for more research and documentation in these areas for effective planning and intervention. The issue of ageing acquires added significance in the state.

A multitude of social security schemes are operational in the state, initiated either by the Government of Punjab or by the Government of India, with the objective of targeting different sections of the disadvantaged population. These schemes have varying objectives, with the focus on a range of critical issues such as livelihood, nutrition, education, health care, mobility, employment generation and training, domestic violence, self-help, housing, awareness generation etc. The financial contribution to the cost of operating the schemes varies substantially. The schemes are largely implemented by the state government though they may be conceived by either the state or the central government. While most of the social security schemes are operational in the entire state, some are also limited to select districts or even to select blocks for a variety of reasons.

When asked about the sources of support in old age, elderly men and women from both BPL and APL categories overwhelmingly preferred support from their own children (Fig. 6.1). Beyond their own family and children, government help in old age was sought more frequently by the BPL households than by their APL counterparts. By contrast, a relatively larger share of the elderly in APL households wanted to be independent in their old age so as not to depend on support from the government. Sex-specific comparisons indicate that women had slightly higher expectations from children than men in their old age in both BPL as well as in APL households. Similarly, irrespective of being poor or not, elderly men exceedingly wanted to be independent in their old age.

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



6.2 Overview of the Social Security Schemes

There is no separate and specifically framed State Policy on Older Persons in the State of Punjab. However, this is not to suggest that the welfare of the elderly is outside the realm of policy, planning and programme by the government. In fact, the state has a long history of social security measures and interventions for the vulnerable elderly not withstanding their spread and efficiency. The current policy and programmes for the elderly in the state are in the framework of the National Policy on Older Persons (NPOP) framed by the Government of India (GoI) in 1999.

To give succour to the elderly, the Government of Punjab adopted the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 which is also a source of considerable support for the elderly. The Government of Punjab (GoP) notified the Act on 17th November 2012. The aim was to empower senior citizens and parents. Promulgated in the state as the *Punjab Maintenance and Welfare of Parents and Senior Citizens Act, 2012*, this Act places a legal obligation on children and relatives to enable the elderly to live a normal and dignified life. It also provides the right to senior citizens and parents who are unable to maintain themselves to move applications for maintenance against their children before the maintenance tribunal. The provisions in the Act also allow childless parents or senior citizens to file applications against the relatives inheriting their properties. If required, the maintenance tribunals are authorized to initiate proceedings for maintenance *suo moto*. As required by this Act, maintenance tribunals have been constituted and conciliation officers have been appointed in the State of Punjab. However, it is yet to be seen how effective this legislation is in guaranteeing the rights of the elderly in the state.

During the financial year 2012-13, the following schemes have been made operational in Punjab, and include schemes for various target groups including the elderly (Table 6.1).

Table 6.1: Major social security schemes for the elderly in Punjab

Type of Scheme	Name of the Scheme	Year of Implementation	Eligibility Criteria	State/Central Scheme
Exclusively for Older Persons				
Income Security	Old Age Pension Scheme	1964	Females aged 58 years and above and males aged 65 years and above at the time of application	State Scheme
	Indira Gandhi National Old Age Pension Scheme	1995	BPL Household applicant aged 60 years or above	Central Scheme
Health Care	National Programme for Health Care of the Elderly	2010	Males and females aged 60 years or above	Central Scheme
Residential Care	Home for the Aged and Infirm, Hoshiarpur	1961	Males (aged above 65 years) and females (aged above 60 years) who are destitute or infirm	State Scheme
Old Age Identity	Scheme for the Issue of Identity Cards to Senior Citizen	NA	The applicant must be aged 60 or more years at the time of application	State Scheme
Subsidized Travel	Concessional Bus Travel Facility for Women	1997	Only women who are residents of Punjab and are 60 years or above are eligible	State Scheme
Other Schemes				
Income Security	National Family Benefit Scheme	1995	BPL households where primary breadwinner has died between 18-64 years of age	Central Scheme
	Indira Gandhi National Widow Pension Scheme	2009	BPL widows in the age group 18-79 years	Central Scheme
	Indira Gandhi National Disabled Pension Scheme	2009	Persons with severe or multiple disabilities aged 18-79 years belonging to a BPL household	Central Scheme
Physical Security	State Protective Homes, Jalandhar	1951	Neglected or destitute or infirm older persons of both sexes (women above the age of 60 years and men above the age of 65 years)	State Scheme
Nutritional Security	Atta Dal Scheme (ADS)	2007	Households with annual income less than Rs. 60,000 from all sources, or cultivable landholding less than 2.5 acres. Households owning AC or four-wheeler or the head being income tax or service tax or VAT assesses or professionals or registered industrialist or permanent employees in central/ state government/public sector undertakings/ municipal corporations/boards are excluded from the Scheme.	State Scheme

Source: Department of Social Security and Development of Women and Children; Department of Health and Family Welfare; Department of Food Civil Supplies and Consumer Affairs, Government of Punjab, Chandigarh.

6.2.1 Income Security among the Elderly in Punjab

Old Age Pension Scheme

The Old Age Pension Scheme (OAPS) continues to be the most important social security scheme for the elderly in the state, and currently offers a financial assistance of Rs. 250 per month to an individual beneficiary. In the recent past, this amount has undergone two upward revisions, with the earlier pension being Rs. 150 before April 1995, and Rs. 200 before April 2006.

Administrative Requirement

In the rural areas, the processing of an application for OAPS is undertaken by the Panchayati Raj Institutions (PRIs) after the application is submitted with proof of identity and age (voter card/voter list/ration card/birth certificate/matriculation certificate) along with a recommendation by the concerned MLA/*sarpanch* and two panchayat members/three panchayat members/two panchayat members and *numberdar*. Rural beneficiaries get their pension disbursed through gram panchayats in the presence of a committee consisting of the *sarpanch*, ex-*sarpanch*, female *panch*, female SC *panch*, teacher, anganwadi worker, and *patwari/panchayat* secretary. In urban areas, the documents are attested and cases are recommended by the concerned MLA/Councillor, and Secretary in the NAC or Municipal Corporation (MC). In urban areas, the pension amount is credited into the public sector bank account of the individual beneficiary whereas in rural areas the pension amount is directly transferred to the bank account of the gram panchayat and is then disbursed to the beneficiary in the village by the Committee appointed for the purpose. An AADHAAR card number is not yet mandatory for the disbursement of any social security benefit in the state.

Indira Gandhi National Old Age Pension Scheme

Started by the Government of India for BPL elderly, a pension of Rs. 200 per month is provided to individuals in the age group 60-79 years, and Rs. 500 per month to those who are 80 years and above under the **Indira Gandhi National Old Age Pension Scheme (IGNOAPS)**. This is in addition to the State Old Age Pension under the 100 per cent National Social Assistance Programme.

Dedicated Social Security Fund (DDSF)

The Government of Punjab has set up a Dedicated Social Security Fund to ensure an uninterrupted flow of funds for financial assistance to the elderly, widows, destitute women, dependent children and handicapped persons. This has been done by enhancing the stamp duty for registration in urban areas by 3 per cent and by imposing an additional 5 per cent duty on the electrical bills in the state. The DSSF has been operational since April 2005.

Source: Department of Social Security, Government of Punjab, Chandigarh

6.2.2 Health Care for the Elderly in Punjab

National Programme for Health Care of the Elderly

Under the banner of the National Rural Health Mission (NRHM), a national flagship programme of the Government of India, the National Programme on Healthcare of the Elderly (NPHCE) was launched by the Ministry of Health and Family Welfare (MoHFW), Government of India. The NPHCE, among other schemes, specifically aims to provide easy access to promotional, preventive, curative and rehabilitative services for the elderly through a community based primary health care approach by identifying health problems among the elderly, providing appropriate interventions, capacity building among medical, paramedical professionals and caretakers in the family, and a network of strong referral facilities and services across states and Union Territories in the country (NPCHE, GoI, New Delhi).

Progress

Funds allocated under NPHCE are meant to be used for a range of specified activities such as the construction and renovation of geriatric units with 10 bed wards, furniture, training, human resources, machinery and equipments at Civil Hospitals, Community Health Centres (CHC), Primary Health Centres (PHCs) and Sub-Centres (SCs) in the state. The flow of funds to NPHCE started in Punjab from 2010-11.

According to the Directorate of Health and Family Welfare, Government of Punjab, the progress of activities under the NPHCE till July 2013 is as under:

- Physiotherapy units are operational in Bathinda and Gurdaspur Districts, and being setup in Hoshiarpur District.
- Two physiotherapists have been appointed and are available in Bathinda District and one in Gurdaspur District.
- Aids and appliances (walking sticks, infrared lamps, etc.) have been distributed at the SC level to older and needy patients.
- Construction of Geriatric Clinics with 10 bed wards has been completed in Bathinda and Gurdaspur Districts.
- The International Day for Older Persons was celebrated in the state on 1st October 2012 in which special medical camps were organized for the elderly. Walking sticks were distributed, old age homes were contacted and seminars were conducted to create awareness on ageing among the general public.
- Five-day training of medical officers posted at CHCs was conducted in 2011-12. Para medical staff were sensitized at the district level.

New Initiatives

- Designated specialized doctors at Civil Hospitals and at CHCs are being given additional responsibility to look after the geriatric OPDs and the elderly admitted in geriatric wards for referral as well as follow-up.
- The recruitment of staff nurses and physiotherapists is complete and candidates are expected to join the programme shortly.
- Equipment to be procured under NPHCE will be procured shortly through rate contracts available with the Punjab State Health Corporation (PSHC).
- Locations have already been identified for geriatric wards and have been renovated in Bathinda and Gurdaspur districts. These wards will be operational after the procurement of equipment.
- Provision of the state's share under the programme has been ensured in the current financial year. It has been decided that pending contribution of the state government for all the previous financial years will be made available during the current financial year.

6.2.3 Residential and Day Care Services for the Elderly

A number of old age homes spread across the state provide residential care services to the elderly. While very few homes have been opened by the state government, private agencies, charitable organizations, religious institutions and NGOs have contributed in large measure to the growth of these facilities, some of which claim to provide 'star' facilities. The user fees for services vary from full payment to part payment or no payment at all. While most of the districts in the state have such facilities, three districts namely Ludhiana, Jalandhar and Amritsar have a greater concentration of such care.

Home for Aged and Infirm, Hoshiarpur

This home admits elderly males (aged above 65 years) and females (aged above 60 years), who are destitute, into separate hostels for men and women, and provides the elderly free accommodation along with free meals, clothes and medical care.

Heavenly Palace: A New Beginning?

Located in Doraha in Ludhiana District, *Heavenly Palace* is a new beginning in institutionalized residential care for the elderly in the State of Punjab for its new approach in care in terms of user's ability to pay, diversification and professionalization of services, level of comfort, living with dignity, etc. often bordering on a'5-star facility'. With a substantial non-resident population, inflow of foreign remittances, capacity to pay for outside living in twilight years, and changing outlook towards family-based care, inability of state to provide old age homes on a wider-scale, it needs to be examined if residential arrangements for the elderly like those at Heavenly Palace can be replicated elsewhere in Punjab on a commercial basis.

6.2.4 Provision of Physical Security for the Elderly

At present the weaker and vulnerable sections including the elderly can seek police help in emergency situations by dialling 1091 and shall obtain a response within 30 minutes. The offices of the District Senior Superintendent of Police (SSP) usually maintain a data base of the elderly in their respective districts that is culled from known sources like the voters' list. The districts *Suwidha* Centres are also points through which the elderly can seek police services in the normal course. In August 2013, a multi-mode 24x7 police helpline was launched in the state through which the senior citizens, women, children and NRIs were expected to lodge their grievances for "security with dignity". The helpline, with multiple modes of contact through phone, SMS, fax, e-mail and web-portal, and the toll free number 181 promised easy and quick access to the police. However, this has not yet become a reality. The proposed high cost state-of-the-art Rapid Rural Police Response System (RRPRS) that intends to reduce response time to distress calls by all including senior citizens in emergency is yet to start *(Hindustan Times, 15 October 2013)*.

6.2.5 Other Schemes

Scheme of Identity Cards for Senior Citizens

Under this scheme identity cards are issued to older persons so that the holders are able to avail the concessions allowed to them under specific provisions by the government such as:

- Reservation of three seats per bus in the Punjab Roadways or Punjab Road Transport Corporation (PRTC).
- Separate queues in various facilities such as at hospitals/dispensaries, bus stands, counters for payment of electricity/water bills, etc. to avoid long hours of standing, and
- Any other benefit offered by the Punjab Government to the elderly.

Sanction Procedure

The Director, Social Security and Women and Child Development (SSWD), Government of Punjab, District Social Officers (DSCs) and Sub-Divisional Magistrates (SDMs) are authorized to issue such identity cards on application and production of proof of age.

Concessional Bus Travel Facility for Women

The scheme was launched to enhance mobility and infuse confidence as well as a sense of security among elderly women by giving them 50 per cent fare concession while travelling in Punjab and PEPSU Roadways buses.

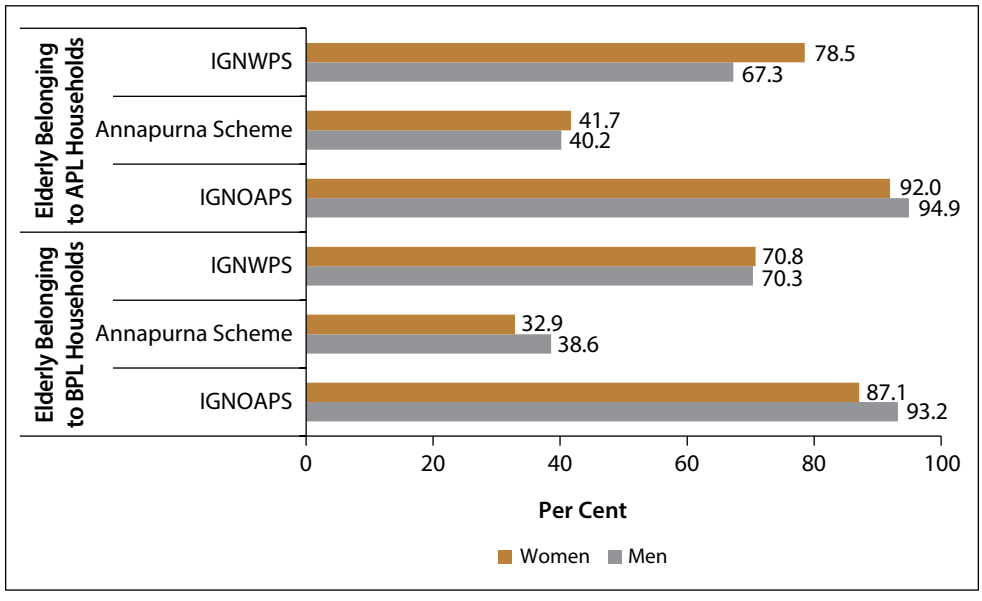
Likely Measures for Improvement

- Attempts to provide hassle free citizen services by introducing the Right to Services Act and *Suwidha* Centres at district headquarters have improved the access of the elderly to identity cards and pension services. Procuring of application forms and submission of applications has become easier with the introduction of *Suwidha* services and are expected to be further streamlined with Gram *Suwidha* Centres that are planned in many villages of the state. Proposed village level *Suwidha* Centres are expected to provide better services to the elderly in rural areas.
- Currently efforts are on to implement electronic benefit transfer (EBT) for quicker release of pension and greater transparency in the procedure in both rural and urban areas. As part of the EBT system, the banks will appoint business correspondents, who would enrol beneficiaries, open their accounts, capture their fingerprints and issue smart cards. The correspondents would go to villages and distribute cash among the beneficiaries after making them swipe the smart cards on a hand-held machine. The private commercial banks would be hired for this on payment.
- A proposal to setup the State Senior Citizen Council (SSCC) is under active consideration by the Government of Punjab. As proposed in the Draft National Policy on Senior Citizens 2011, this Council is expected to ensure social security for elderly persons, safeguard their rights, and help them lead a life of respect and dignity. The proposed Council is also expected to guide the government in preparing a comprehensive policy for the welfare of senior citizens in the state.

6.3 Awareness of Major Social Security Schemes

The elderly in the households in Punjab were asked about six national social security schemes to test the extent of their general awareness and the outcome has been given in Figure 6.2.

Figure 6.2: Elderly aware of national social security schemes according to sex, BPL and non-BPL households, Punjab 2011



Awareness about various social security schemes is considerably skewed with the lowest percentage being aware about the Annapurna Scheme and highest percentage about the IGNOAPS irrespective of the poverty status of the household. The near-universal awareness–hovering around 90 per cent – about IGNOAPS is a testimony to its wide clientele compared to Annapurna and IGNWPS. Sex differences in awareness suggest that in BPL households, elderly females are more aware about select social security schemes whereas in APL households the elderly males are more aware about such schemes.

6.4 Coverage and Financing of Social Security Schemes

The budget outlay of four major social security schemes run by the Government of Punjab and the corresponding number of beneficiaries for the year 2012-13 is indicated in the Figures 6.3 (i) and (ii).

Data reveals that during 2012-13, the OAPS alone accounted for Rs. 465 crore (73%) of the total budget outlay of Rs. 639 crores for all the four schemes taken together. Likewise, in terms of

Figure 6.3 (i): Budget outlay (in crore rupees) on four major social security schemes (2013-14), Punjab

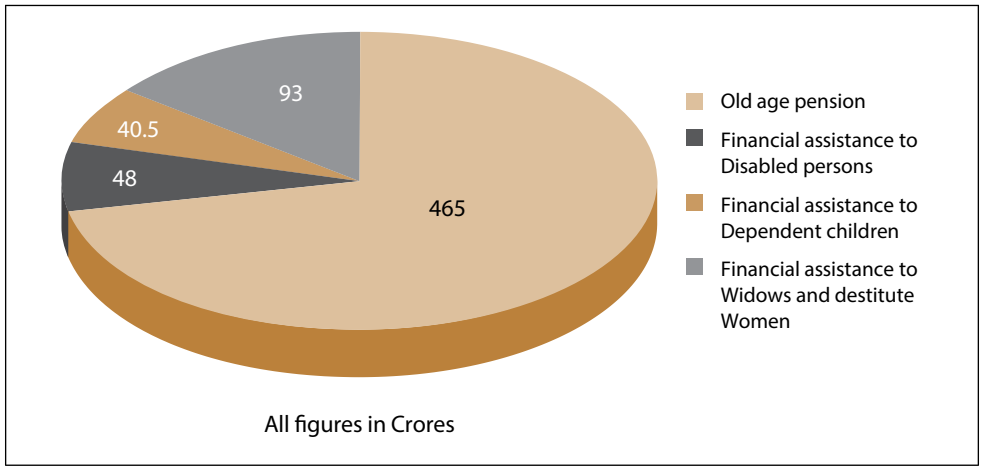
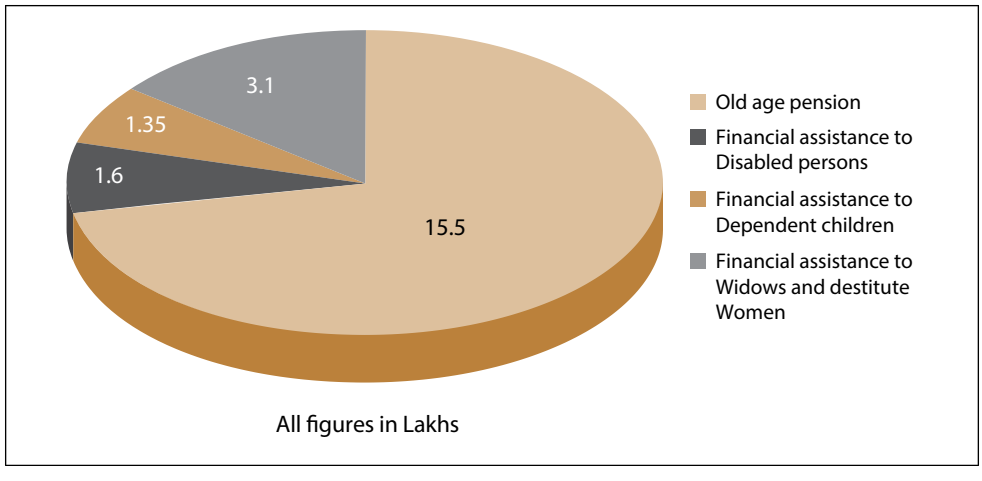


Figure 6.3 (ii): Number of expected beneficiaries (in lakhs) of four major social security schemes (2013-14), Punjab



beneficiaries, the OAPS was accounted for 14.4 lakh of the 19.95 lakh beneficiaries (72%) for the same period.

A total of 44,223 identity cards (IDs) have been issued to the senior citizens in the State. During the year 2006-07 an expenditure Rs. 9,21,503 was incurred on the "Home for Aged and Infirm" in Hoshiarpur and a total of 28 persons benefited from the Scheme as on 31 August 2006.

Table 6.2 shows the year-wise financial outlay of the major social security schemes in Punjab.

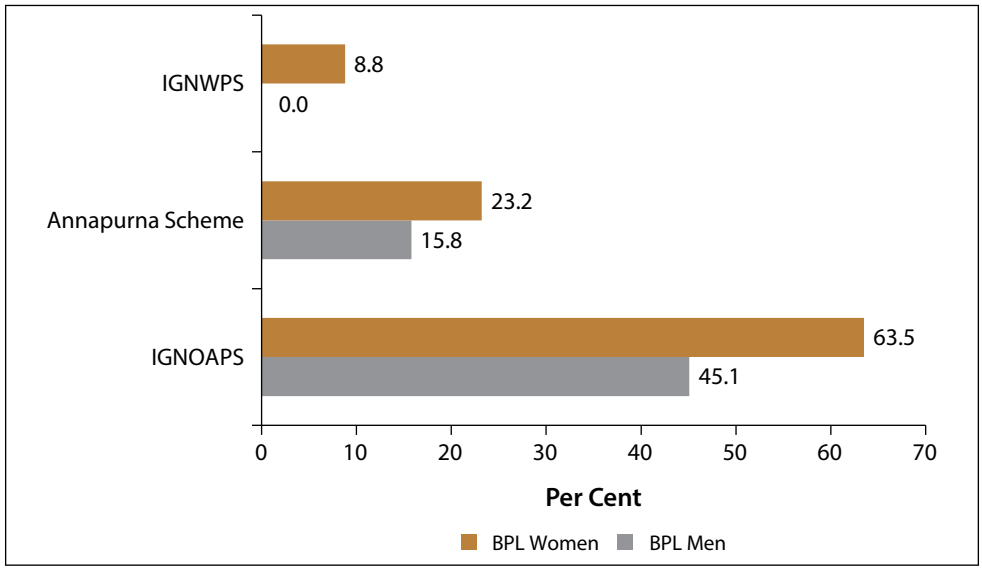
Table 6.2: Number of beneficiaries of major social schemes based on government sources

Name of the Scheme	Year	Budget Provision (Rs. in Crores)	Expenditure (Rs. in crores)	Number of beneficiaries	Annual growth in number of beneficiaries over previous year (%)
Central Scheme (National Social Assistance Programme)					
Indira Gandhi National Old Age Pension Scheme (IGNOAPS)*	2007-08	1567.05	1567.05	61371	--
	2008-09	2823.43	2541.25	159792	160.37
	2009-10	5322.27	4960.76	159792	0.00
	2010-11	4096.46	3222.04	159792	0.00
	2011-12	3914.03	3883.05	177040	10.79
	2012-13	7203.77	5078.70	160695	-9.23
NPHCE$	2010-11	1.03			
	2011-12	1.19	NA	NA	NA
	2012-13	1.96			
National Family Benefit Scheme*	2007-08	129.00	129.00	1290	--
	2008-09	251.60	246.60	2672	107.13
	2009-10	482.30	482.30	2672	0.00
	2010-11	201.30	197.30	1973	-26.16
	2011-12	51.90	51.90	519	-73.69
	2012-13	26.30	25.90	259	-50.10
Indira Gandhi National Widow Pension Scheme*	2010-11	687.57	635.82	13672	--
	2011-12	317.36	315.72	14758	7.94
	2012-13	623.36	303.24	16083	8.98
Indira Gandhi National Disabled Persons Scheme*	2010-11	168.86	156.24	3375	--
	2011-12	83.62	83.45	3653	8.24
	2012-13	146.57	67.68	4269	16.86
State Schemes					
State Old Age Pension Scheme	2007-08	339.62	331.53	1156129	--
	2008-09	352.99	349.34	1228924	6.3
	2009-10	344.55	338.61	1348170	9.7
	2010-11	445.52	445.34	1393852	3.4
	2011-12	391.76	388.24	1450722	4.1
	2012-13	387.47	379.13	1439457	-0.8

Note: * indicates that the administrative expenses related to the schemes are excluded.

Source: 1. Department of Planning, Government of Punjab, Chandigarh
2. $: Directorate of Health and Family Welfare, Government of Punjab, Chandigarh.

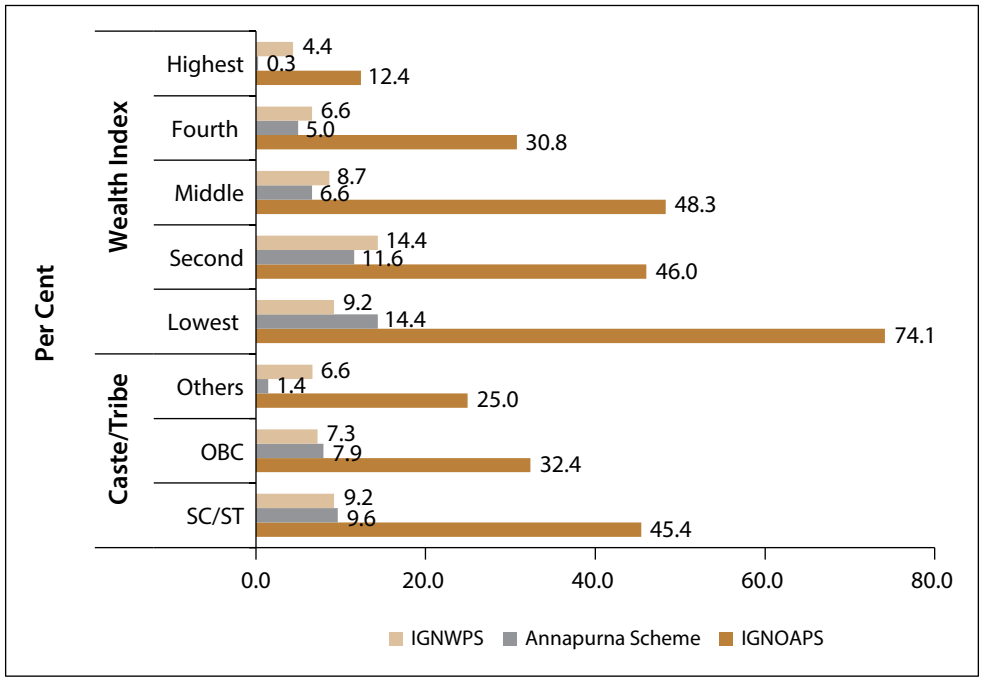
Figure 6.4: Elderly utilizing national social security schemes according to sex, BPL and APL households based on BKPAI survey, Punjab 2011



Utilization of social security schemes by BPL women is higher compared to their male counterparts (Fig. 6.4). Data reveals that on the whole these schemes, as expected, have better reach among the elderly in BPL rather than in APL households in the State of Punjab (Appendix Table A 6.2). However, whether it is BPL or APL households, IGNOAPS continues to be a source of support for a substantial section of the elderly in Punjab – 55 and 25 per cent respectively. The rural areas record better utilization as compared to their urban counterparts.

Data generally indicates that a higher proportion of utilization is reported from the less affluent quintiles than the higher wealth quintiles. With decline in wealth status, utilization of IGNWPS,

Figure 6.5: Elderly utilizing national social security schemes according to wealth index and caste/tribe, Punjab 2011

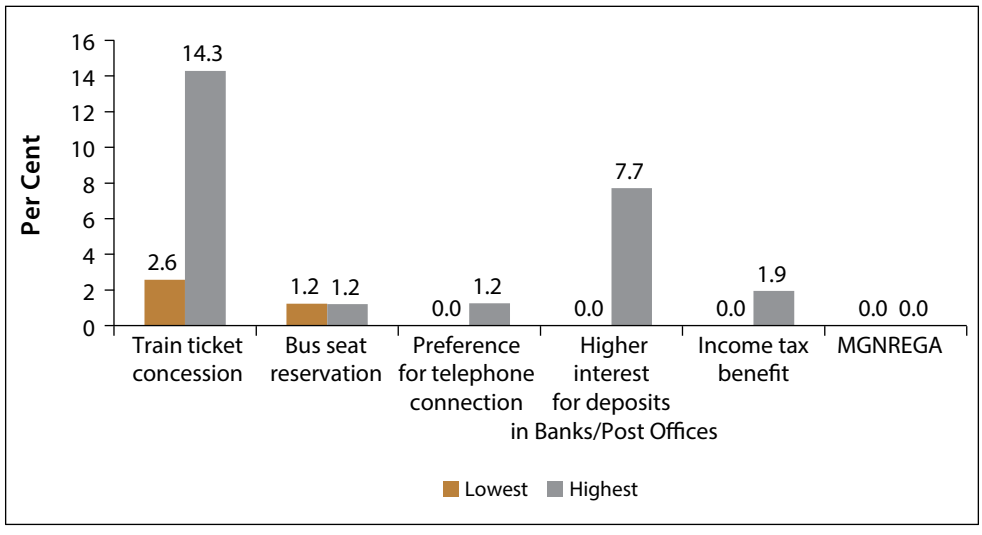


Annapurna Scheme, and IGNOAPS improves; particularly sharply in the case of IGNOAPS. Across caste lines, the pattern is similar with the utilization of these schemes being positively correlated to the caste disadvantage (Fig. 6.5).

6.4.1 Other Schemes and Facilities

It is evident from Figure 6.6 that the elderly in the higher wealth quintiles benefit more from the facilities provided by the state and central governments, namely availing train ticket concessions followed by a higher interest on bank deposits.

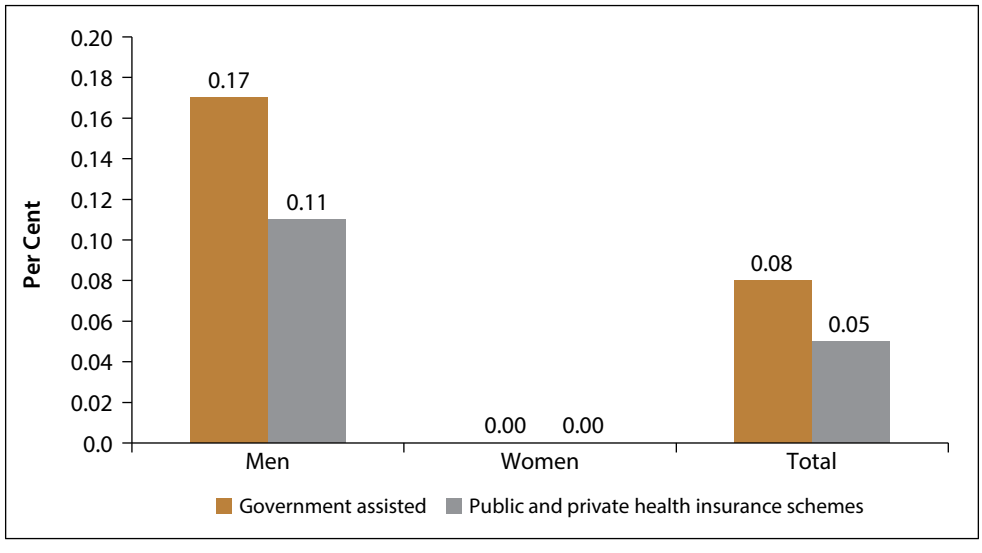
Figure 6.6: Elderly utilizing the facilities/schemes by lowest and highest wealth index, Punjab 2011



6.4.2 Health Insurance Schemes

The coverage of the elderly under any health insurance schemes in the state is almost negligible as can be seen from Figure 6.7.

Figure 6.7: Elderly covered under the health insurance and other policy by sex, Punjab 2011



Rashtriya Swasthya Bima Yojana

The Rashtriya Swasthya Bima Yojana (RSBY) aims at providing health benefits to the BPL families (a unit of five members including the head of family, his/her spouse and three dependants) by providing cashless treatment at empanelled public and private hospitals. Under the scheme, a health insurance cover of Rs. 30,000 per family is available to each enrolled family, which is issued a smart card. All pre-existing diseases are covered under the scheme with provision of payment for hospitalization expenses for most of the illnesses and also for maternity benefits. The cost of the premium is borne by both the Government of India and Government of Punjab in the ratio of 75:25, and the cost of the smart card is shared by the central government. The beneficiary pays the annual registration fee. The scheme was started in Punjab in July 2008 and the state government designated the Punjab Health Systems Corporation (PHSC) as the nodal agency (Punjab Health Systems Corporation, 2013).

Table 6.3 shows the awareness and coverage of RSBY in the surveyed households according to which less than 3 per cent of the elderly are aware of the scheme while only 1 per cent utilizes it. BPL households are more aware than the APL households.

A recent study of 20 districts in India including Patiala in Punjab shows that village utilization rates of the RSBY are extremely skewed due to significant demand-supply constraints arising due to lack of accessibility or low levels of education (Hou and Palacois 2010). Low enrolment of BPL families in RSBY in rural areas is also attributed to less awareness among potential beneficiaries, factional politics, official apathy, non-suitability of enrolment timings, etc. (Gill, Singh and Brar 2012).

Table 6.3: Per cent distribution of elderly awareness and coverage under Rashtriya Swastha Bima Yojana (RSBY) by place of residence and sex, Punjab 2011

	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Elderly Belonging to BPL Households									
Awareness of RSBY	1.8	5.7	3.8	9.1	6.1	7.4	3.3	5.8	4.6
Registered under RSBY	1.8	3.3	2.6	6.7	2.0	4.1	2.8	3.0	2.9
Number of elderly	101	99	200	63	75	138	164	174	338
Elderly Belonging to APL Households									
Awareness of RSBY	1.6	1.3	1.4	6.1	2.5	4.1	2.8	1.7	2.2
Registered under RSBY	0.3	0.8	0.6	1.1	0.6	0.8	0.5	0.8	0.6
Number of elderly	253	260	513	218	248	466	471	508	979
ALL									
Awareness of RSBY	1.6	2.4	2.0	6.5	3.2	4.7	2.8	2.7	2.7
Registered under RSBY	0.7	1.5	1.1	2.2	0.9	1.5	1.1	1.3	1.2
Number of elderly	369	373	742	293	335	628	662	708	1370

Table 6.3.1: Enrollment of the elderly in RSBY, Punjab 2013

District	HoF ≥60 Years	Dependant ≥60 Years	Total Enrolled ≥60 Years
Amritsar	4611	7981	12592
Barnala	2448	3523	5971
Faridkot	930	1150	2080
Fatehgarh	1194	1591	2785
Fazilka	2087	2748	4835
Gurdaspur	3271	5413	8684
Hoshiarpur	2594	3598	6192
Jalandhar	1947	2514	4461
Kapurthala	1088	1747	2835
Ludhiana	3659	5594	9253
Mansa	2808	4063	6871
Moga	2109	2651	4760
Mohali	618	806	1424
Muktsar	2331	3052	5383
Nawanshahar	753	988	1741
Pathankot	1159	2011	3170
Patiala	4400	5845	10245
Sangrur	4320	6691	11011
Tarn Taran	4518	7606	12124
Total	**46845**	**69572**	**116417**

Note: 1. Figures as on August 31, 2013.
2. Excludes three districts in the State.

Source: Punjab Health Systems Corporation (PHSC), Chandigarh.

Table 6.3.1 indicates the coverage of the elderly under RSBY in 19 out of 22 districts in Punjab either as the head of the family (HOF) or as a dependant member. This coverage is expected to increase further in the coming days with the state government deciding to cover the beneficiaries of ADS in the RSBY by paying the premium for them.

6.5 Emerging Issues of Social Security Schemes for the Elderly

Social security schemes in the State of Punjab are confronted with a host of governance related issues apart from fiscal constraints. The governance considerations are manifold and cover a wide domain relating to eligibility norms, procedures relating to application, sanction and disbursement, pilferage, timely availability of benefits, etc. The fiscal considerations relate to adequacy of the pension amount under various categories and their periodic upward revision, frequent delays in disbursement of pension, the cost of administration of the schemes etc.

- *Limited role of officials in reaching out to the potential beneficiaries of old age pensions.* The application form for enrolment in the scheme is made available to the beneficiaries primarily by the community representatives such as sarpanches, ex-sarpanches, panches, ex-panches, local leaders or at community gatherings like gram sabha meetings and not by any official sources (Nanda et al. 2011).

- *Long processing time of the applications for old age pension, particularly in urban areas.* Around one sixth of the applicants indicated that they waited for more than a year to get the first pension after their application for enrolment was accepted (Nanda et al. 2011).
- *Irregular disbursement of old age pension* continues to be a source of inconvenience. Only 23 per cent of beneficiaries in rural areas and 40 per cent of beneficiaries in urban areas stated that they receive the pension every month (Nanda et al. 2011). Despite the creation of a Dedicated Social Security Fund (DSSF), delays in payment under four major social security schemes including the OAP are common (*The Tribune,* 12 September 2013).
- *Meagre pension amount*. A majority of the OAPS beneficiaries opined that the pension amount was meagre and needed an urgent upward revision (Nanda et al. 2011). The increase in this pension from Rs. 15 in 1964 to Rs. 250 in 2006 is considered very inadequate.
- *Leakage through bogus beneficiaries* is a cause for concern for the OAPS. Ineligible beneficiaries and families of dead pensioners drawing pension in the state are being verified at the instance of the Punjab and Haryana High Court, Chandigarh after a PIL was filed (*The Indian Express,* 14 August 2013; Hindustan Times, 4 July 2013). A recent report revealed 71,426 fake cases of old age pension in the State of Punjab (*The Tribune*, 21 November 2013).
- *Non-availability of skilled manpower* is a major constraint with regard to the NPHCE. Suitable Consultant (Medicine) and rehabilitation workers could not be easily found at the current Term of Reference (TORs).
- *Delay in procurements is a source of difficulty.* Earlier, equipment required under NPHCE was procured through NRHM in the course of the tendering process. But due to some administrative reasons the tender was cancelled and no procurement was done.
- *Delay in provision of the matching share is a major bottleneck.* No provision was made for 20 per cent contribution by the state during 2012-13 which affected the progress of the scheme.

6.5.1 Suggestions for Improvement

- In view of the rising cost of living there is a need to increase the amount of old age pension. This has not yet happened in spite of the State Social Security Department's recommendation in the past. This needs consideration.
- Self-attestation of documents may be introduced. This would save time and make documentation less cumbersome. In fact, the Second Administrative Reforms Commission (ARC) has recommended adoption of self-certification provision to simplify procedures (GoI 2009).
- The data base of unsuccessful applicants along with reasons for rejection may be uploaded to the website as is being done for the successful cases. This will help unsuccessful applicants know their status and add to transparency in the selection process.

- Some of the eligibility conditions for enrolment in the schemes need to be revisited.
- Financial allocations may be increased for all four schemes including the OAPS as many eligible candidates are left out. This is essential as the share of the elderly is rising fast in Punjab.

6.6 Summary of Findings and Policy Directions

The social security programmes are mostly implemented in partnership with the central government. For the state government, the major social security cover is through four major schemes namely, Old Age Pension, Financial Assistance to Disabled Persons, Financial Assistance to Dependent Children, Financial Assistance to Widows and Destitute, on which an outlay of Rs. 646.5 crore was made in the Annual Plan for 2013-14 for 20 lakh beneficiaries. Among these four, the OAPS is the largest in terms of resource allocation as well as targeted number of beneficiaries – Rs. 465.0 crore and 15.5 lakh old persons respectively. Since a sizeable percentage of beneficiaries in rural and urban areas are members of the SC community and also BPL households, it is vital that the scheme is revitalized.

A robust social security cover must entail dynamic thinking, regular planning and awareness of the social, cultural and economic realities of the target groups. The State of Punjab, ranked high on the composite indicators of development (GoI 2013), must strive to extend the social security cover to a higher level. This can be done by leveraging technology for better delivery mechanisms and cost reduction, factoring a strong gender orientation, addressing the issues of adequacy and delays, regular monitoring and evaluation, expansion of security benefits, diversification of disadvantages, etc. In view of the rising population of elderly and increasing life expectancy, the constraints of the state emerging from fiscal capacity and prudence, institutional competence, political commitment, and the legal framework need to be examined in detail for providing effective social security coverage.

7. The Way Forward

This Report for the State of Punjab on the status of the elderly and the five key dimensions of quality of life – livelihood and employment, income and assets, living arrangements and familial relationships, health status and perceptions, and awareness of social welfare schemes – based on the UNFPA-BKPAI survey have been presented in the preceding sections along with the major findings. In this concluding section, a few suggestions are given in the light of the findings. Some additional policy suggestions have been made in the preceding Section on social security (Section 6.5).

Improving the Economic and Social Welfare of Senior Citizens

Improving the economic lives of the elderly and extending the benefits of social protection through well designed safety nets lie at the core of social welfare programmes for the elderly. In Punjab, akin to other states it is noted that, driven by economic compulsions, low asset bases and overall poverty, a significant proportion of the elderly from the poorer socioeconomic groups continue to work in less remunerative, informal occupations. Hence, the need for a well targeted social security scheme – primarily through old-age pensions – or engaging physically able elderly workers with appropriately rewarding jobs such as under the MGNREGA or in alternative vocations is imperative. Appropriate measures need to be considered for late-life economic returns for the elderly by linking them to suitable economic activity such as through SHGs, while simultaneously addressing their special needs such as health and disability through integrated programmes. As a priority measure, the elderly from BPL households or without any alternative familial economic support should be accorded the highest importance and catered to.

Improving the Health Status of Elderly

The elderly in Punjab are seen to have fairly decent health conditions – both in terms of acute illnesses or chronic health conditions as well as functional limitations – as compared to their peers in other states. However, special attention is required for the health system gearing up to respond to existing pilferages, and the growing demand for specific services. Further studies are also required to understand the reasons explaining the subjective health assessments or its correlates so that interventions can be broad-based by integrating both curative as well as health promotion aspects. There is urgent need to integrate geriatric health services as a part of the primary health care system, with adequate infrastructure (such as elderly-friendly construction of health facilities, viz. ramps, sheds etc.) and health workforce trained in the specific aspects of elderly needs.

Appendices

Appendix Tables

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

Housing Characteristics	BKPAI			Census 2011
	Rural	Urban	Total	Total
Number of Usual Members				
1	3.0	3.7	3.2	2.5
2	15.6	10.7	14.2	6.3
3-5	38.2	37.8	38.1	57.6
6+	43.2	47.8	44.5	33.5
Total	100	100	100	
Mean HH size	5.2	5.5	5.3	
Head of the Household				
Elderly men headed HHs	62.5	59.5	61.6	
Elderly women headed HHs	14.8	22.7	17.0	NA
Non-elderly headed HHs	22.7	17.8	21.4	
Age Group				
<15	19.4	21.6	20.0	
15-59	54.2	54.3	54.2	NA
60+	26.5	24.1	25.8	
Sex Ratio (Females per 1,000 Males)				
<15	686	845	734	NA
15-59	914	977	932	
60+	1031	1211	1077	
Total	878	966	903	893
Religion of the HHs				
Hindu	28.4	58.8	37.0	
Muslim	0.5	1.9	0.9	NA
Sikh	70.2	38.5	61.2	
Others	1.0	0.8	0.9	
Caste/Tribe				
SC	38.3	26.5	34.9	
ST	0.6	0.2	0.4	NA
OBC	14.5	18.8	15.7	
Others	46.7	54.5	48.9	
Type of House				
Kachha	3.8	2.5	3.4	
Semi-pucca	36.4	17.4	31.0	NA
Pucca	59.8	80.1	65.6	
No. of Rooms				
1	9.0	8.6	8.9	23.0
2	14.6	15.0	14.7	31.0
3	22.3	18.2	21.2	21.8
4+	54.0	58.3	55.2	23.1

Contd...

Housing Characteristics	BKPAI			Census 2011
	Rural	Urban	Total	Total
Source of Drinking Water				
Own piped water	21.3	40.6	26.8	51.0
Public piped water	37.9	40.8	38.7	
Own well/borewell	25.8	12.5	22.1	47.1
Public well/borewell	4.5	1.8	3.7	
Others	10.5	4.2	8.8	1.9
Toilet Facility				
Public latrine	1.5	0.3	1.2	1.2
Septic tank/Flush system	64.2	90.1	71.6	59.3
Pit latrine	10.3	5.3	8.8	19.2
No facility/Uses open	24.1	4.3	18.5	19.5
Cooking Fuel				
Electricity	0.2	0.0	0.2	0.0
LPG/Natural gas	33.2	78.9	46.2	54.5
Biogas	0.5	1.5	0.8	1.4
Kerosene	0.8	2.6	1.3	3.2
Coal/Lignite	0.1	0.2	0.1	0.2
Charcoal	0.9	0.3	0.7	
Wood	60.3	13.9	47.1	13.3
Straw/Shrubs/Grass	0.2	0.0	0.2	6.5
Agricultural crop waste	0.5	0.0	0.3	
Dung cakes	2.9	2.0	2.6	20.4
Others	0.4	0.7	0.5	0.3
Total	100	100	100	
No. of Elderly HH	584	556	1140	

Table A 2.2: Percentage of elderly households with various possessions, loan and support system according to place of residence, BKPAI Survey and Census, Punjab 2011

Housing Possessions	BKPAI			Census 2011
	Rural	Urban	Total	Total
Households Goods				
Electricity	98.9	98.5	98.8	96.6
Mattress	96.7	95.0	96.2	
Pressure cooker	85.6	96.1	88.5	
Chair	89.8	92.6	90.6	NA
Cot or bed	96.2	97.5	96.6	
Table	89.6	90.7	89.9	
Electric fan	80.1	86.9	82.0	
Radio or transistor	7.7	6.6	7.4	16.5
Black and white television	5.5	9.2	6.5	82.6
Colour television	76.1	82.5	77.9	
Sewing machine	54.2	60.5	56.0	NA
Mobile phone	66.9	74.3	69.0	62.3
Any landline phone	40.9	42.5	41.3	6.7

Contd...

Housing Possessions	BKPAI			Census 2011
	Rural	Urban	Total	Total
Computer	7.3	19.7	10.8	7.4
Internet facility	4.3	13.6	6.9	5.4
Refrigerator	57.7	72.2	61.8	
Watch or wall/alarm clock	81.2	88.3	83.2	
Water pump	9.6	9.0	9.4	NA
Thresher	8.5	3.7	7.1	
Tractor	11.6	2.7	9.0	
Bicycle	69.2	62.2	67.2	66.4
Motorcycle or scooter	50.4	58.7	52.8	47.4
Animal drawn cart	12.6	6.9	11.0	NA
Car/Jeep	9.2	14.2	10.6	13.1
Account in bank/Post office	81.0	81.7	81.2	65.2
Households Possessing Cards				
APL	69.2	73.6	70.5	
BPL	24.9	17.3	22.7	
Antyodaya	2.0	3.7	2.5	NA
Not in possession of any card	3.8	5.1	4.1	
Don't know/No answer	0.2	0.3	0.2	
Own Any Agriculture Land				
No land	56.2	89.5	65.7	
Only irrigated land	39.8	9.0	31.1	
Only non-irrigated land	2.3	0.9	1.9	NA
Both	1.8	0.6	1.4	
Don't know/No answer	NA	NA	NA	
Monthly Per Capita Consumption Expenditure (MPCE in Rs.)				
≤1000	23.2	19.8	22.3	
1001-1500	26.4	24.1	25.7	
1501-2500	25.1	26.7	25.5	NA
2501+	25.4	29.3	26.5	
Don't know/No answer	NA	NA	NA	
Wealth Qunitile				
Lowest	6.1	2.7	5.1	
Second	17.1	7.4	14.4	
Middle	24.2	14.5	21.4	NA
Fourth	25.7	25.2	25.6	
Highest	26.9	50.2	33.5	
Amount of Outstanding Loan (Rs.)				
None	80.7	84.8	81.9	
<15000	3.2	1.3	2.7	
15000-30000	3.6	1.2	3.0	
30000-60000	2.1	2.4	2.2	
60000-100000	2.7	2.2	2.6	NA
100000 – 150000	2.0	1.0	1.7	
150000 – 200000	1.3	0.4	1.1	
200000 +	3.6	4.9	4.0	
DK/No answer	0.8	1.7	1.0	
No. of elderly HH	584	556	1140	

Contd...

Housing Possessions	BKPAI			Census 2011
	Rural	Urban	Total	Total
Purpose of Loan				
Expenditure on health of elderly	8.0	4.8	7.2	
Expenditure on health of others	13.0	6.8	11.6	
Agriculture	33.4	7.4	27.5	
Business	4.3	17.8	7.3	
Education	0.9	1.9	1.1	NA
Marriage	18.2	15.6	17.6	
Home/Vehicle loan	25.2	34.2	27.2	
Others	16.5	14.5	16.0	
No. of elderly HH	108	79	187	

Table A 2.3: Percentage of elderly by select background characteristics, Punjab 2011

Elderly Characteristics	BKPAI		
	Men	Women	Total
Age Groups (Years)			
60-64	29.9	31.3	30.6
65-69	29.2	28.2	28.7
70-74	18.4	19.3	18.9
75-79	10.5	7.7	9.0
80-84	6.4	7.3	6.9
85-89	3.2	3.7	3.4
90+	2.5	2.6	2.6
Education Categories			
No formal education	52.0	77.2	65.0
<5 years completed	5.6	3.8	4.7
5-7 years completed	9.3	7.9	8.6
8 years and above	32.2	11.0	21.2
Don't know/No response	0.9	0.1	0.5
Marital Status			
Never married	NA	NA	NA
Currently married	77.5	52.8	64.7
Widowed	17.6	46.1	32.4
Others	4.9	1.11	2.9
Don't know/No answer	0	0	NA
Mean children ever born	4.2	4.6	4.4
Re-marriage among Ever Married			
Rural	1.9	0.6	1.2
Urban	1.2	1.3	1.3
Total	1.7	0.8	1.2
Migration Status			
Migrated after 60 years of age	29.7	89.6	60.8
Migrated before 60 years of age	2.1	3.3	2.7
Did not migrate	67.4	3.3	34.2
Don't know/No answer	0.8	3.8	2.3
Number of elderly	742	628	1370

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

Work Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Currently working	37.3	4.5	20.7	39.5	4.8	20.5	37.9	4.6	20.6
Ever worked	95.1	10.7	52.3	95.7	14.9	51.5	95.3	11.9	52.1
Number of elderly	369	373	742	293	335	628	662	708	1,370

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

Background Characteristics	Currently Working	Number of Elderly	Main Worker (More Than 6 Months Per Year)	More than Four Hours a Day	Number of Currently Working Elderly
Age					
60-69	26.2	831	95.0	95.0	230
70-79	16.3	378	96.4	91.6	57
80+	4.5	161	*	*	5
Sex					
Men	37.9	662	95.6	94.5	257
Women	4.6	708	(94.2)	(79.3)	35
Residence					
Rural	20.7	742	95.3	90.8	156
Urban	20.5	628	95.8	97.9	136
Marital Status					
Currently married	25.7	892	96.0	93.8	240
Widowed	8.7	444	(96.4)	(91.7)	40
Others	(41.5)	34	*	*	12
Education					
None	18.0	826	95.9	92.5	151
1-4 years	14.4	68	*	*	12
5-7 years	28.9	131	(89.3)	(92.8)	35
8+ years	26.8	345	97.2	92.2	94
Religion					
Hindu	18.8	549	95.4	98.3	114
Muslim	(43.8)	25	*	*	9
Sikh	21.3	782	96.6	89.6	167
Others	*	14	*	*	2
Caste/Tribe					
SC/ST	25.2	446	92.7	98.5	118
OBC	21.1	239	93.9	91.9	56
Others	17.3	685	98.8	87.3	118
Wealth Index					
Lowest	28.9	68	*	*	20
Second	36.3	172	98.8	95.8	65
Middle	19.2	266	93.5	91.6	57
Fourth	17.2	357	*	*	67
Highest	15.8	507	92.8	90.8	83

Contd...

Background Characteristics	Currently Working	Number of Elderly	Main Worker (More Than 6 Months Per Year)	More than Four Hours a Day	Number of Currently Working Elderly
Living Arrangement					
Living alone	(20.7)	48	*	*	11
Living with spouse	30.2	163	(97.4)	(92.6)	47
Living with all others	19.1	1,159	94.7	92.4	234
Total	20.6	1,370	95.4	92.7	292

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

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

Employment Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Type of Occupation									
Technicians/ Professionals	0.0	*	0.7	3.5	*	3.9	0.9	(6.6)	1.6
Office/Clerical	0.0	*	0.0	10.4	*	9.9	2.8	(2.0)	2.7
Cultivators	33.7	*	31.4	4.1	*	3.6	25.8	(8.9)	23.8
Petty traders/Workers	0.7	*	0.6	0.0	*	0.0	0.5	(0.0)	0.4
Agricultural labourer	4.5	*	4.0	0.6	*	0.5	3.4	(0.0)	3.0
Other work	58.2	*	59.9	80.8	*	81.6	64.2	(77.5)	65.7
Don't Know/No answer	3.0	*	3.4	0.7	*	0.6	2.3	(5.1)	2.7
Sector of Employment									
Public sector	3.0	*	3.4	2.9	*	3.3	3.0	(6.5)	3.4
Private organized	2.8	*	2.5	13.8	*	12.0	5.7	(0.0)	5.1
Self-employed	30.2	*	28.2	45.5	*	43.3	34.3	(17.4)	32.3
Informal employment	45.3	*	48.2	27.2	*	31.7	40.4	(68.8)	43.7
Others	18.8	*	17.7	10.6	*	9.7	16.6	(7.4)	15.5
Number of elderly currently working	139	17	156	118	18	136	257	35	292

Table A 3.4: Per cent distribution of currently working elderly by the need for working in old age according to living arrangement and sex, Punjab 2011

Background Characteristics	By Choice	By Economic/Other Compulsion	Total	Number of Elderly
Age				
60-69	36.2	63.8	100.0	230
70-79	26.9	73.1	100.0	57
80+	*	*	*	5
Sex				
Men	38.5	61.5	100.0	257
Women	(8.3)	(91.7)	(100.0)	35
Residence				
Rural	30.2	69.8	100.0	156
Urban	48.1	51.9	00.0	136
Marital Status				
Currently married	(36.2)	(63.8)	100.0	240
Widowed	(27.5)	(72.5)	100.0	40
Others	*	*	100.0	12
Education				
None	25.8	74.2	100.0	151
1-4 years	*	*	*	12
5-7 years	(32.7)	(67.3)	(100.0)	35
8+ years	55.1	44.9	100.0	94
Religion				
Hindu	40.8	59.2	100.0	114
Muslim	*	*	*	9
Sikh	33.3	66.7	100.0	167
Others	NA	NA	NA	NA
Caste/Tribe				
ST/SC	22.7	77.3	100.0	118
OBC	37.6	62.4	100.0	56
Others	46.6	53.4	100.0	118
Wealth Index				
Lowest	*	*	*	20
Second	26.4	73.6	100.0	65
Middle	30.1	69.9	100.0	57
Fourth	51.5	48.5	100.0	67
Highest	43.7	56.3	100.0	83
Living Arrangement				
Living alone	*	*	*	11
With spouse	(32.9)	(67.1)	(100.0)	47
Others	35.5	64.5	100.0	234
Total	35.1	64.9	100.0	292

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

Background Characteristics	Retirement	Pension	Both Retirement and Pension	None	Number of Elderly
Age					
60-69	7.4	8.8	7.3	91.1	831
70-79	7.5	7.2	6.3	91.6	378
80+	2.2	2.2	2.2	97.7	161
Sex					
Men	12.4	13.9	11.7	85.3	662
Women	1.5	1.5	1.4	98.4	708
Residence					
Rural	6.0	6.5	5.6	93.1	742
Urban	8.9	10.0	8.5	89.6	628
Marital Status					
Currently married	7.7	8.8	7.3	90.8	892
Widowed	4.3	4.6	4.1	95.2	444
Others	(13.3)	(11.7)	(11.7)	(86.7)	34
Education					
None	1.6	1.7	1.4	98.1	826
1-4 years	3.4	3.4	3.4	96.6	68
5-7 years	11.1	10.3	10.3	88.9	131
8+ years	21.8	25,3	21,0	73.9	345
Religion					
Hindu	7.5	8.4	7.1	91.2	549
Muslim	(2.3)	(2.3)	(2.3)	(97.7)	25
Sikh	6.2	6.8	5.8	92.7	782
Others	*	*	*	*	14
Caste/Tribe					
SC/ST	5.9	6.2	5.6	93.5	446
OBC	5.2	6.5	5.2	93.5	239
Others	7.9	8.7	7.3	90.7	685
Wealth Index					
Lowest	0.0	0.0	0.0	100.0	68
Second	2.8	1.7	1.7	97.2	172
Middle	3.8	5.4	3.8	94.6	266
Fourth	4.4	4.3	3.9	95.2	357
Highest	13.4	15.0	13.1	84.6	507
Living Arrangement					
Living alone	(4.8)	(4.8)	(4.8)	(95.2)	48
With spouse	8.0	8.1	7.5	91.5	163
Others	6.6	7.5	6.3	92.1	1159
Total	6.8	7.5	6.4	92.1	1370

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

Income (in Rupees)	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
No income	17.2	42.4	30.0	23.4	52.6	39.4	18.8	45.4	32.6
≤12,000	24.4	49.2	37.0	15.4	31.4	24.2	22.1	44.0	33.5
12,001–24,000	5.4	2.6	4.0	6.8	2.4	4.4	5.8	2.5	4.1
24,001–50,000	23.1	3.7	13.2	14.2	3.6	8.4	20.8	3.7	11.9
50,001 +	29.9	2.1	15.8	40.2	10.1	23.7	32.5	4.4	17.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean	51,596	5,806	28,320	63,832	13,751	36,351	54,729	8,095	30,510
Number of elderly	369	373	742	293	335	628	662	708	1,370

(*No income includes Don't know/No answer)

Table A 3.7: Percentage of elderly by sources of current personal income according to states, Punjab 2011

Sources of Income*	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Salary/Wages	19.8	6.1	12.8	21.7	4.8	12.4	20.2	5.7	12.7
Employer's pension (government or other)	15.2	5.6	10.3	23.0	17.4	19.9	17.2	9.0	12.9
Social pension (old age/widow)	29.4	48.0	38.8	14.0	28.0	21.6	25.4	42.2	34.1
Agricultural/Farm income	24.9	1.9	13.3	4.3	0.6	2.3	19.7	1.5	10.3
Other sources of income	11.9	2.7	7.2	22.3	2.6	11.5	14.5	2.7	8.4
No income	17.2	42.4	30.0	23.4	52.6	39.4	18.8	45.4	32.6
Number of elderly	369	373	742	293	335	628	662	708	1,370

*Multiple sources of Income

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

Proportion of Contribution	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
No income/No contribution	17.2	42.4	30.0	23.4	52.6	39.4	18.8	45.4	32.6
<40%	3.3	7.8	5.6	3.6	3.7	3.7	3.4	6.6	5.1
40-60%	9.4	3.7	6.5	11.4	5.6	8.2	9.9	4.0	7.0
60-80%	23.7	5.8	14.7	18.1	7.1	12.1	22.3	6.2	14.0
80+	44.9	40.0	41.4	42.3	28.1	34.5	44.2	35.1	39.5
DK/NA	1.5	2.3	2.0	1.3	2.9	2.2	1.5	2.5	2.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	369	373	742	293	335	628	662	708	1,370

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

	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Financial Dependence									
Fully dependent	19.4	49.9	34.9	27.1	58.5	44.3	21.4	52.4	37.4
Partially dependent	33.0	38.6	35.8	31.9	25.6	28.5	32.7	34.8	33.8
Not dependent	47.6	11.5	29.3	41.0	16.0	27.3	45.9	12.8	28.8
Don't know/ No answer	NA	NA	NA	NA	NA	NA	NA	NA	NA
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Source of Economic Support									
Son	38.9	63.6	51.4	51.2	63.5	57.9	42.0	63.5	53.2
Spouse	5.4	15.2	10.4	3.1	9.7	6.7	4.8	13.6	9.4
Daughter	0.6	0.4	0.5	0.0	0.5	0.3	0.5	0.4	0.4
Others	7.5	9.3	8.4	4.8	10.3	7.8	6.8	9.6	8.2
Not dependent on anyone	47.6	11.5	29.3	41.0	16.0	27.3	45.9	12.8	28.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	369	373	742	293	335	628	662	708	1,370

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

Background Characteristics	Alone	Spouse Only	Spouse, Children and Grandchildren	Children and Grandchildren	Others	Total	Number of Elderly
Age							
60-69	3.4	12.8	57.3	18.9	7.7	100.0	831
70-79	4.3	17.5	35.3	34.5	8.5	100.0	378
80+	0.9	6.6	21.6	57.6	13.3	100.0	161
Sex							
Men	3.4	14.3	57.1	15.9	9.6	100.0	662
Women	3.2	12.6	36.8	39.7	7.8	100.0	708
Residence							
Rural	3.2	14.8	45.1	27.8	9.1	100.0	742
Urban	3.5	9.3	50.5	29.3	7.4	100.0	628
Marital Status							
Currently married	1.0	20.5	72.0	0.0	6.5	100.0	892
Widowed	7.3	0.1	0.0	81.9	10.7	100.0	444
Others	(10.7)	(0.0)	(0.0)	(57.4)	(31.9)	100.0	34

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Background Characteristics	Alone	Spouse Only	Spouse, Children and Grandchildren	Children and Grandchildren	Others	Total	Number of Elderly
Education							
None	3.3	13.2	41.0	33.3	9.3	100.0	826
1-4 years	4.3	9.0	58.4	17.0	11.4	100.0	68
5-7 years	3.1	12.4	50.7	29.1	4.7	100.0	131
8+ years	3.2	15.0	59.6	14.8	7.5	100.0	345
Employment							
Never worked	3.0	11.7	37.3	39.7	8.3	100.0	640
Previously worked	3.7	11.9	55.0	20.6	8.7	100.0	437
Currently working	3.3	19.2	55.1	13.2	9.2	100.0	292
Religion							
Hindu	4.2	9.9	47.7	30.7	7.5	100.0	549
Muslim	(0.0)	(15.9)	(42.3)	(41.8)	(0.0)	100.0	25
Sikh	2.9	14.8	46.2	26.6	9.5	100.0	782
Others	*	*	*	*	*	100.0	14
Caste/Tribe							
SC/ST	3.2	13.1	48.3	28.4	7.1	100.0	446
OBC	4.6	7.7	56.3	24.2	7.2	100.0	239
Others	2.9	15.2	42.3	29.4	10.1	100.0	685
Wealth Index							
Lowest	16.2	36.7	19.4	22.1	5.6	100.0	68
Second	8.3	31.9	34.3	20.6	4.9	100.0	172
Middle	2.9	10.7	53.6	25.2	7.7	100.0	266
Fourth	1.2	8.2	47.7	31.2	11.8	100.0	357
Highest	0.8	6.5	51.3	32.4	9.0	100.0	507
Total	3.3	13.3	46.6	28.2	8.6	100.0	1,370

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

	Preferred Living Arrangement			
	Alone	Spouse Only	Children and Others	Total
Present Living Arrangement				
Men				
Alone	42.1	3.9	1.4	3.5
Spouse only	0.0	23.7	4.9	14.0
Children and others	57.9	72.5	93.6	82.6
Total	100.0	100.0	100.0	100.0
Women				
Alone	69.4	3.4	0.5	3.2
Spouse only	2.9	24.5	5.0	12.6
Children and others	27.7	72.1	94.5	84.2
Total	100.0	100.0	100.0	100.0
Total				
Alone	57.0	3.7	0.9	3.3
Spouse only	1.6	24.0	4.9	13.3
Children and others	41.4	72.3	94.1	83.4
Total	100.0	100.0	100.0	100.0

Table A 4.3: Percentage of elderly with no meeting and no communication between elderly and non co-residing children, Punjab 2011

Background Characteristics	No Meeting	No Communication	No. of Elderly
Age			
60-69	1.8	24.8	697
70-79	4.0	30.2	336
80+	8.7	44.2	145
Sex			
Men	0.6	21.4	550
Women	1.0	24.5	628
Residence			
Rural	3.0	30.5	632
Urban	4.4	24.9	546
Marital Status			
Currently married	1.8	28.9	773
Widowed	6.2	29.5	388
Others	*	*	17
Education			
None	4.0	32.8	718
1-4 years	0.9	20.3	58
5-7 years	1.2	30.1	121
8+ years	2.9	17.7	281
Employment			
Never worked	3.8	26.8	565
Previously worked	3.5	33.3	368
Currently working	2.1	27.7	245
Religion			
Hindu	2.3	27.6	480
Muslim	*	*	24
Sikh	4.1	29.4	662
Others	*	*	12
Caste/tribe			
SC/ST	3.0	31.8	395
OBC	1.6	30.2	203
Others	4.2	26.5	580
Wealth Index			
Lowest	5.7	52.7	56
Second	1.2	30.4	154
Middle	2.6	36.6	236
Fourth	5.6	23.8	307
Highest	2.8	22.9	425
Total	3.3	30.0	1178

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

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

	Age Group			Total
	60-69	70-79	80+	
Taking care of grandchildren	63.9	59.5	50.7	60.9
Cooking/Cleaning	46.3	34.4	11.0	38.4
Shopping for household	60.9	48.9	16.9	51.9
Payment of bills	51.7	38.3	10.8	42.7
Advice to children	89.4	86.3	76.6	86.9
Settling disputes	81.0	80.2	60.4	78.1

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

Main Reason for Not Going Out More	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Health problems	(84.7)	77.6	80.7	71.4	78.1	74.9	79.8	77.8	78.7
Safety concerns	(10.3)	7.1	8.5	17.9	10.7	14.1	13.1	8.3	10.4
Financial problems	(2.0)	10.8	6.9	1.7	9.7	5.9	1.9	10.4	6.6
Not allowed by family	(3.0)	0.0	1.3	1.8	1.6	1.7	2.6	0.5	1.5
Nobody to accompany	(0.0)	1.5	0.8	4.7	0.0	2.2	1.7	1.0	1.3
Others	(0.0)	3.1	1.7	2.5	0.0	1.2	0.9	2.1	1.5
Don't know/No answer	NA	NA	NA	NA	NA	NA	NA	NA	NA
Total	(100.0)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	43	51	94	52	55	107	90	106	201

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

Background Characteristics	After Age	Last One	Number of Elderly
Age			
60-69	9.3	0.8	831
70-79	8.5	0.1	378
80+	20.3	0.0	161
Sex			
Men	11.2	0.6	662
Women	9.9	0.4	708
Residence			
Rural	11.0	0.6	742
Urban	9.2	0.3	628
Marital Status			
Currently married	9.2	0.5	892
Widowed	12.4	0.6	444
Others	(17.1)	(0.0)	34

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Background Characteristics	After Age	Last One	Number of Elderly
Education			
None	12.4	0.8	826
1-4 years	8.7	0.0	68
5-7 years	6.2	0.0	131
8+ years	6.6	0.0	345
Employment			
Never worked	9.2	0.9	641
Previously worked	12.3	0.0	437
Currently working	10.6	0.2	292
Religion			
Hindu	6.9	0.7	549
Muslim	(0.3)	(0.0)	25
Sikh	12.8	0.4	782
Others	*	*	14
Caste/Tribe			
SC/ST	10.6	1.4	446
OBC	6.8	0.0	239
Others	11.6	0.1	685
Wealth Index			
Lowest	15.0	0.5	68
Second	10.6	0.4	172
Middle	10.4	2.0	266
Fourth	10.0	0.0	357
Highest	10.0	0.0	507
Living Arrangement			
Alone	(18.9)	(0.8)	48
Spouse only	7.9	0.0	163
Spouse, children and grandchildren	8.7	0.6	669
Children and grandchildren	11.6	0.6	384
Others	17.4	0.0	106
Total	10.5	0.5	1,370

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

Self Rated Health	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Current Health									
Excellent	0.9	0.6	0.8	1.1	1.0	1.0	1.0	0.7	0.8
Very good	8.3	6.1	7.2	11.9	6.6	9.0	9.2	6.2	7.7
Good	26.3	23.7	25.0	30.7	25.2	27.7	27.4	24.1	25.7
Fair	51.0	47.0	49.0	41.0	40.5	40.7	48.4	45.2	46.7
Poor	13.6	22.6	18.2	15.4	26.7	21.6	14.0	23.8	19.1
DK/NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

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Self Rated Health	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Current Health Compared to One Year Before									
Better	3.6	2.4	3.0	3.8	2.9	3.3	3.7	2.5	3.1
Same	62.5	52.5	57.4	60.6	55.6	57.9	62.0	53.4	57.5
Worse	32.9	44.1	38.6	35.2	41.3	38.6	33.5	43.3	38.6
DK/NA	1.0	1.1	1.0	0.4	0.2	0.3	0.8	0.8	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Current Health Compared to People of Same Age									
Better	10.5	11.1	10.8	17.1	14.1	15.5	12.2	12.0	12.1
Same	59.8	49.0	54.3	50.9	50.3	50.6	57.5	49.4	53.3
Worse	25.0	35.7	30.4	28.6	31.6	30.2	25.9	34.5	30.4
DK/NA	4.7	4.3	4.5	3.5	4.0	3.8	4.4	4.2	4.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	369	373	742	293	335	628	662	708	1,370

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

Background Characteristics	Current Health: Excellent/ Very Good	Current Health Compared to One Year Before: Better or Same	Current Health Compared to People of Same Age: Better or Same	Number of Elderly
Age				
60-69	10.5	65.4	70.1	831
70-79	6.0	55.7	59.3	378
80+	4.6	48.9	56.8	161
Sex				
Men	10.1	65.7	69.7	662
Women	7.0	55.9	61.3	708
Residence				
Rural	7.9	60.4	65.1	742
Urban	10.0	61.1	66.0	628
Marital Status				
Currently married	9.3	61.3	65.8	892
Widowed	7.4	59.5	65.7	444
Others	(2.9)	(55.8)	(52.2)	34
Education				
None	6.6	58.1	61.6	826
1-4 years	7.9	65.5	66.6	68
5-7 years	12.2	60.9	71.0	131
8+ years	13.1	67.0	74.4	345
Employment				
Never	7.8	56.6	63.5	641
Previously worked	9.5	59.8	63.0	437
Currently working	8.6	71.2	73.3	292

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Background Characteristics	Current Health: Excellent/ Very Good	Current Health Compared to One Year Before: Better or Same	Current Health Compared to People of Same Age: Better or Same	Number of Elderly
Religion				
Hindu	5.6	60.9	66.7	549
Muslim	(2.3)	(43.2)	(46.1)	25
Sikh	10.3	60.5	65.0	782
Others	*	*	*	14
Caste/Tribe				
SC/ST	7.5	61.4	65.7	446
OBC	10.7	61.4	66.1	239
Others	8.5	59.8	64.9	685
Wealth index				
Lowest	1.8	51.3	48.3	68
Second	6.8	57.6	68.1	172
Middle	8.3	67.4	70.8	266
Fourth	10.8	63.1	67.1	357
Highest	8.9	57.3	62.3	507
Living Arrangement				
Living alone	(9.3)	(74.7)	(74.4)	48
Living with spouse	10.2	63.2	68.5	163
Living with all others	8.2	59.6	64.5	1159
Total	8.5	60.6	65.4	1370

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

Type of ADL	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Bathing	4.3	6.9	5.6	2.4	6.3	4.6	3.9	6.7	5.3
Dressing	2.7	4.8	3.8	1.9	4.6	3.4	2.5	4.7	3.7
Toilet	3.7	4.2	3.9	2.9	5.6	4.4	3.5	4.6	4.0
Mobility	3.2	4.1	3.7	3.1	6.6	5.0	3.2	4.8	4.0
Continence	1.9	1.7	1.8	0.5	4.3	2.6	1.6	2.5	2.0
Feeding	1.4	1.5	1.4	0.4	2.2	1.4	1.2	1.7	1.4
Needs at least one assistance	4.5	6.9	5.7	3.9	7.9	6.1	4.4	7.2	5.8
Needs full assistance	1.0	0.6	0.8	0.0	2.2	1.2	0.7	1.0	0.9
Number of elderly	369	373	742	293	335	628	662	708	1,370

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

Type of Activity	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Use of phone	10.9	22.6	16.9	8.9	18.5	14.2	10.4	21.4	16.1
Shopping	59.1	78.4	68.9	47.3	67.9	58.6	56.1	75.3	66.1
Preparation of meals	82.2	61.7	71.8	80.8	61.9	70.4	81.8	61.8	71.4
Housekeeping tasks	31.2	20.3	25.6	34.6	19.6	26.4	32.0	20.1	25.9
Laundry	65.8	31.8	48.6	68.1	30.9	47.7	66.4	31.5	48.3
Travel independently	19.5	22.8	21.2	16.3	20.7	18.7	18.7	22.2	20.5
Dispensing own medicines	43.7	52.6	48.2	27.6	43.7	36.5	39.6	50.0	45.0
Handling finances	21.8	38.9	30.5	18.4	33.2	26.5	21.0	37.3	29.4
Can perform none	1.4	3.6	2.5	0.5	5.4	3.2	1.2	4.1	2.7
1-3	24.2	24.5	24.3	23.3	17.1	19.9	24.0	22.3	23.1
4-5	37.3	35.4	36.4	30.9	32.1	31.6	35.7	34.5	35.1
6-7	33.1	24.6	28.7	37.7	28.6	32.7	34.3	25.7	29.8
Can perform all	4.0	12.0	8.1	7.6	16.8	12.6	4.9	13.4	9.3
Number of elderly	369	373	742	293	335	628	662	708	1,370

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

Background Characteristics	ADL			IADL				
	Needs Assistance in at Least One Activity	Needs Assistance in at Least Three Activities	Needs Assistance in All Activities	Can Perform No Activity	Can Perform All Activities	Can Perform 1-3 Activities	Can Perform 4-7 Activities	Number of Elderly
Age								
60-69	2.8	1.8	0.6	0.6	13.2	15.0	71.2	831
70-79	6.8	4.4	0.5	3.7	4.2	26.4	65.7	378
80+	17.8	11.5	3.1	10.0	2.3	53.5	34.2	161
Sex								
Men	4.4	2.8	0.7	1.2	4.9	24.0	69.9	662
Women	7.2	4.6	1.0	4.1	13.4	22.3	60.2	708
Residence								
Rural	5.7	3.7	0.8	2.5	8.1	24.3	65.1	742
Urban	6.1	3.9	1.2	3.2	12.6	19.9	64.3	628
Marital Status								
Currently married	4.5	2.7	0.7	1.3	9.8	18.8	70.2	892
Widowed	8.5	5.9	1.0	5.8	8.8	30.8	54.6	444
Others	(6.6)	(3.0)	(3.0)	(0.0)	(3.5)	(35.1)	(61.4)	34

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Background Characteristics	ADL			IADL				
	Needs Assistance in at Least One Activity	Needs Assistance in at Least Three Activities	Needs Assistance in All Activities	Can Perform No Activity	Can Perform All Activities	Can Perform 1-3 Activities	Can Perform 4-7 Activities	Number of Elderly
Wealth Index								
Lowest	4.7	2.8	0.0	4.3	8.4	27.1	60.2	68
Second	5.2	3.0	2.3	2.5	12.1	16.4	69.0	172
Middle	5.8	3.7	0.0	1.7	11.5	22.5	64.4	266
Fourth	4.4	3.4	0.5	3.0	6.2	25.4	65.5	357
Highest	7.4	4.5	1.3	3.0	9.1	24.1	63.8	507
Living Arrangement								
Alone	(1.4)	(1.4)	(1.4)	(2.7)	(19.2)	(20.8)	(57.4)	48
Spouse only	0.5	0.8	0.3	0.0	15.4	7.3	77.3	163
Children and others	6.8	4.3	1.0	3.1	7.9	25.8	63.2	1159
Total	5.8	3.7	0.9	2.7	9.3	23.1	64.9	1370

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

Type of Disability	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Vision									
Full	18.3	17.8	18.0	19.2	22.7	21.1	18.5	19.2	18.9
Partial	36.0	43.3	39.7	39.1	43.6	41.6	36.8	43.4	40.2
Hearing									
Full	2.5	3.2	2.9	1.0	3.5	2.4	2.1	3.3	2.7
Partial	14.1	15.1	14.6	6.5	11.6	9.3	12.2	14.1	13.2
Walking									
Full	5.0	4.8	4.9	3.6	6.3	5.1	4.6	5.2	4.9
Partial	13.2	14.6	13.9	7.8	10.7	9.4	11.8	13.5	12.7
Chewing									
Full	11.3	17.7	14.5	9.7	20.8	15.8	10.9	18.6	14.9
Partial	28.6	34.1	31.4	22.1	25.6	24.0	26.9	31.6	29.4
Speaking									
Full	0.3	0.8	0.6	0.0	0.3	0.2	0.3	0.7	0.5
Partial	4.3	3.2	3.7	3.5	4.4	4.0	4.1	3.5	3.8
Memory									
Full	0.3	1.2	0.8	0.0	0.6	0.4	0.3	1.1	0.7
Partial	23.0	28.0	25.5	15.7	15.9	15.8	21.1	24.5	22.9
Number of elderly	369	373	742	293	335	628	662	708	1,370

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

Background Characteristics	Vision	Hearing	Walking	Chewing	Speaking	Memory	Number of Elderly
Age							
60-69	50.3	8.5	11.7	32.7	2.8	18.9	831
70-79	67.2	20.9	18.7	56.2	3.5	25.9	378
80+	81.9	39.2	42.3	71.4	12.6	39.6	161
Sex							
Men	55.3	14.3	16.5	37.8	4.3	21.4	662
Women	62.7	17.4	18.7	50.2	4.2	25.6	708
Residence							
Rural	57.8	17.5	18.8	45.9	4.3	26.3	742
Urban	62.7	11.7	14.5	39.8	4.2	16.2	628
Marital Status							
Currently married	56.6	12.1	15.4	39.4	3.0	22.4	892
Widowed	64.3	20.7	22.7	54.4	6.3	25.7	444
Others	(56.8)	(48.6)	(11.2)	(39.1)	(9.0)	(24.5)	34
Caste/Tribe							
SC/ST	51.9	13.2	14.5	34.9	4.1	21.6	446
OBC	63.4	21.5	23.5	47.7	4.5	20.8	239
Others	62.7	16.1	17.9	49.6	4.3	25.7	685
Wealth Index							
Lowest	56.4	17.1	11.6	46.0	2.6	25.6	68
Second	51.3	12.5	18.4	51.3	3.8	29.2	172
Middle	54.7	16.6	18.5	45.0	7.2	29.5	266
Fourth	54.4	16.5	14.6	38.8	3.4	24.2	357
Highest	69.3	16.3	20.1	44.5	3.6	16.4	507

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

Form of Assistance	Sex		Residence			Number of elderly
	Men	Women	Rural	Urban	Total	
Spectacles/Lenses	39.0	42.9	38.2	48.6	41.0	569
Hearing aids	*	*	*	*	*	15
Walking sticks	6.4	7.0	6.9	6.4	6.8	94
Denture	5.8	9.9	6.8	10.8	7.9	117

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

Mental Health Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
GHQ-12 (Score 0-36)									
Scores below the threshold level of ≤12	81.0	74.3	77.6	83.3	74.2	78.3	81.6	74.2	77.8
Mean score	9.9	10.9	10.4	8.8	10.5	9.7	9.6	10.8	10.2
Number of elderly	366	372	738	293	335	628	659	707	1,366
Subjective Well-being Inventory (SUBI-9 items) (Score 9-27)									
Mean score	17.7	18.3	18.0	17.1	17.7	17.4	17.6	18.1	17.9
Number of elderly	348	349	697	281	318	599	629	667	1,296

Note: Category totals may not add up to entire sample of 1,370 elderly due to non-response.

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

SUBI- 9 Items (Well-being/Ill Being)	Age Group 60-69			Age Group 70-79			Aged 80 Years and Above		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
At least one negative	32.0	35.1	33.6	34.0	51.7	42.9	54.1	52.6	53.3
All negative	0.1	0.4	0.3	0.2	2.1	1.2	3.0	5.1	4.1
All positive	3.2	2.6	2.9	3.8	1.7	2.7	0.0	0.4	0.2
Mean score	17.2	17.7	17.4	17.8	18.6	18.2	19.2	19.1	19.1
Number of elderly	375	410	785	186	177	363	68	80	148

Note: Category totals may not add up to entire sample of 1,370 elderly due to non-response.

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

Number of Words	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
None to 2	11.7	16.5	14.1	8.5	10.8	9.8	10.9	14.9	12.9
3 to 5	67.8	69.7	68.7	58.6	64.4	61.8	65.4	68.1	66.8
6 to 8	20.4	13.9	17.1	32.6	24.6	28.2	23.5	17.0	20.1
More than 8	0.2	0.0	0.1	0.3	0.2	0.3	0.2	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean number of immediately recalled words	4.2	3.9	4.1	4.7	4.4	4.5	4.4	4.0	4.2
Number of elderly	369	373	742	293	335	628	662	708	1,370

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

Type of Substance	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Current Use									
Smoking	9.0	0.7	4.8	8.0	0.0	3.6	8.8	0.5	4.5
Alcohol consumption	8.6	0.0	4.2	9.0	0.0	4.1	8.7	0.0	4.2
Chewing tobacco	2.8	0.0	1.4	2.7	0.0	1.2	2.8	0.0	1.3
Any of the three risk behaviours	16.9	0.7	8.6	15.8	0.0	7.1	16.6	0.5	8.2
Ever Use									
Smoking	9.9	0.7	5.2	9.6	0.0	4.3	9.8	0.5	5.0
Alcohol consumption	13.2	0.0	6.5	15.0	0.0	6.8	13.7	0.0	6.6
Chewing tobacco	2.8	0.0	1.4	2.7	0.0	1.2	2.8	0.0	1.3
Number of elderly	369	373	742	293	335	628	662	708	1,370

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

Health Check-ups	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Undergoes Routine Check-Up	20.5	23.3	21.9	26.6	34.4	30.9	22.1	26.5	24.4
No. of elderly	366	372	738	293	335	628	659	707	1366
Frequency for Medical Check-ups									
Weekly/ Fortnightly	30.5	33.7	32.2	23.1	23.1	23.1	28.2	29.8	29.1
Monthly	58.4	44.9	51.1	52.9	52.5	52.7	56.7	47.7	51.6
Half-Yearly and more	11.1	21.4	16.7	24.1	24.4	24.3	15.1	22.5	19.3
DK/NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of elderly	73	84	157	76	109	185	149	193	342

Note: Category totals may not add up to entire sample of 1,370 elderly due to non-response.

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

Acute Morbidity	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Prevalence rate	7.7	7.8	7.8	4.9	11.0	8.3	7.0	8.8	7.9
Number of elderly	369	373	742	293	335	628	662	708	1,370
Mean number of episode per sick person	(1.0)	(1.0)	1.0	*	(1.0)	1.0	(1.0)	1.0	1.0
Number of elderly reporting acute morbidity	29	27	56	18	34	52	47	61	108

Table A 5.15: Prevalence rate (per 1,000) of elderly reporting any acute morbidity according to select background characteristics, Punjab 2011

Background Characteristics	Prevalence Rate	Number of Elderly
Age		
60-69	64	831
70-79	95	378
80+	113	161
Sex		
Men	70	662
Women	88	708
Residence		
Rural	78	742
Urban	83	628
Marital Status		
Currently married	76	892
Widowed	81	444
Others	(132)	34
Caste/Tribe		
SC/ST	61	446
OBC	113	239
Others	80	685
Wealth Index		
Lowest	105	68
Second	105	172
Middle	77	266
Fourth	97	357
Highest	52	507
Living Arrangement		
Alone	(78)	48
Spouse only	88	163
Children and others	77	1,159
Total	79	1,370

Table A 5.16: Per cent distribution of last episode of acute morbidities pattern among elderly by sex and place of residence, Punjab 2011, per 1000 population

Morbidities	Sex		Place of Residence		Total
	Men	Women	Rural	Urban	
Fever	(56.5)	470	53.4	45.3	51.0
Blood pressure	(7.0)	3.9	7.4	0.0	5.3
Cough & cold	(9.1)	7.7	7.6	9.9	8.3
Diarrhoea	(2.0)	4.3	4.6	0.0	3.3
Asthma	(0.0)	1.2	0.0	2.4	0.7
Sugar/Diabetes	(0.0)	0.0	0.0	0.0	0.0
Gastric	(0.0)	1.0		2.1	0.6
Malaria	(1.5)	1.5	1.2	2.2	1.5
Arthritis	(0.0)	0.0	0.0	0.0	0.0
Headache	(0.0)	0.0	0.0	0.0	0.0
Leg problem	(0.0)	0.9	0.0	1.7	0.5
Others	(24.0)	32.6	25.9	36.4	28.9
Don't know/No response	(0.0)	0.0	0.0	0.0	0.0
Total	(100.0)	100.0	100.0	100.0	100.0
Number of elderly	47	61	56	52	108

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

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

Place of Residence	Men	Women	Total	Number of Episode
Rural	(100.0)	86.9	93.3	56
Urban	(100.0)	92.0	94.2	52
Total	(100.0)	88.8	93.5	108
Number of episodes	47	61	108	

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

Source of Treatment	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Government health facilities	(23.8)	(4.9)	14.8	*	(13.0)	(13.3)	(22.0)	8.0	14.4
Private physicians	(68.2)	(87.5)	77.4	*	(80.1)	(79.0)	(69.7)	84.7	77.9
AYUSH Hospital/ Clinic	(0.0)	(0.0)	0.0	*	(0.0)	(0.0)	(0.0)	0.0	0.0
Others	(8.0)	(7.6)	7.8	*	(6.9)	(7.6)	(8.3)	7.4	7.8
Total	(100.0)	(100.0)	100.0	*	(100.0)	(100.0)	(100.0)	100.0	100.0
Number of elderly sought treatment	29	25	54	18	31	49	47	56	103

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

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

Background Characteristics	Source of Treatment					
	Government Health Facilities	Private Physicians	AYUSH Hospital/ Clinic	Others	Total	Number of Elderly
Age						
60-69	6.7	90.9	0.0	2.4	100.0	53
70-79	(27.8)	(68.2)	(0.0)	(4.0)	(100.0)	32
80+	*	*	*	*	*	18
Sex						
Men	(22.0)	(69.7)	(0.0)	(8.3)	(100.0)	47
Women	8.0	84.7	0.0	7.4	100.0	56
Residence						
Rural	14.8	77.4	0.0	7.8	100.0	54
Urban	(13.3)	(79.0)	(0.0)	(7.6)	(100.0)	49
Caste/Tribe						
SC/ST	(19.2)	(77.2)	(0.0)	(3.7)	(100.0)	31
OBC	*	*	*	*	*	21
Others	15.0	74.6	0.0	10.4	100.0	51
Wealth Index						
Lowest	*	*	*	*	*	7
Second	*	*	*	*	*	13
Middle	*	*	*	*	*	21
Fourth	(10.3)	(77.2)	(0.0)	(12.5)	(100.0)	34
Highest	(14.8)	(83.1)	(0.0)	(2.1)	(100.0)	28

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

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

Average Expenditure by Major Heads	For Last 15 Days Expenditure				
	Govt. Health Facility	Private Physicians	Others	Total	No. of Episodes
Total Average Expenses	99	142	0	125	103
% Distribution by item of expenses (based on the valid cases for which component wise details were available)					
Consultation	18.9	2.2	NA	4.1	103
Medicines	46.3	77.5	NA	73.9	103
Diagnostic Tests	0.0	6.3	NA	5.6	103
Transportation	5.8	2.8	NA	3.1	103
Others	29.0	11.2	NA	13.2	103

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

Source of Payment	Men	Women	Total
Self	(54.4)	41.5	47.8
Spouse	(34.5)	43.9	39.3
Children	(11.1)	14.6	12.9
Relatives/Friends/Insurance/Others	(0.0)	0.0	0.0
Total	(100.0)	100.0	100.0
Number of elderly who sought treatment	47	56	103

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

Chronic Ailments	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Arthritis	419	555	488	357	534	454	403	549	479
High blood pressure	272	408	341	209	372	298	256	398	329
Loss of all natural teeth	289	385	338	247	331	293	278	370	326
Cataract	105	178	142	81	110	97	99	159	130
Diabetes	96	114	105	161	180	172	113	133	123
Heart disease	88	84	86	85	69	76	87	80	83
Asthma	87	51	69	65	81	74	82	60	70
Skin disease	49	20	34	30	13	20	44	18	31
Depression	33	20	26	20	30	25	30	23	26
Paralysis	25	22	23	31	17	23	26	20	23
Injury due to fall	21	28	24	12	16	14	19	24	21
Renal diseases	30	12	21	23	20	21	28	14	21
Liver diseases	7	26	17	14	34	25	9	29	19
Osteoporosis	5	11	8	7	8	7	5	10	8
Chronic lung disease	9	9	9	3	0	1	7	6	7
Accidental injury	7	4	5	10	10	10	8	5	6
Cancer	4	4	4	6	13	10	5	7	6
Alzheimer's disease	8	0	4	8	5	6	8	1	5
Dementia	6	3	4	0	0	0	5	2	3
Cerebral stroke	5	0	2	0	6	4	4	2	3
No chronic ailments	250	206	228	304	194	244	264	203	232
One or more chronic ailments	750	794	772	696	806	757	736	797	768
Average number of chronic ailments per elderly	1.6	1.9	1.8	1.4	1.8	1.6	1.5	1.9	1.7
Number of elderly	369	373	742	293	335	628	662	708	1,370

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

Background Characteristics	Arthritis	High Blood Pressure	Loss of All Natural Teeth	Cataract	Diabetes	Heart Disease	Asthma	At Least One	Number of Elderly
Age									
60-69	442	302	220	87	140	81	42	713	831
70-79	503	373	436	193	100	95	102	832	378
80+	595	358	573	192	95	70	132	883	161
Sex									
Men	403	256	278	99	113	87	82	736	662
Women	549	398	370	159	133	80	60	797	708
Residence									
Rural	488	341	338	142	105	86	69	772	742
Urban	454	298	293	97	172	76	74	757	628
Marital Status									
Currently married	458	309	286	121	122	82	65	753	892
Widowed	518	387	403	140	131	78	74	794	444
Others	(495)	(135)	(359)	(215)	(66)	(154)	(134)	(812)	34
No. of elderly	479	329	326	130	123	83	70	768	1,370

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

Chronic Morbidities	Sex		Residence			Number of Elderly
	Men	Women	Rural	Urban	Total	
Arthritis	79.3	75.6	77.2	76.9	77.1	626
High blood pressure	95.9	91.3	95.1	86.6	93.0	431
Loss of all natural teeth	13.8	19.1	16.2	19.1	16.9	428
Cataract	36.9	31.4	29.7	48.1	33.4	155
Diabetes	96.8	96.8	96.5	97.4	96.8	180
Heart disease	89.0	89.1	86.9	95.7	89.1	112
Asthma	89.9	75.9	80.9	90.8	83.7	94

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

Chronic Morbidities	Reasons for Not Receiving Any Treatment								
	Condition Improved	No Medical Facility Available in Neighborhood	Facilities Available but Lack of Faith	Long Waiting Time	Financial Reasons	Ailment not Considered Serious	Others	Total	Number of Elderly
Arthritis	29.7	6.5	2.5	4.4	33.5	14.3	8.9	100.0	147
High blood pressure	(38.6)	(11.1)	(2.0)	(18.1)	(10.3)	(15.2)	(4.7)	(100.0)	36
Loss of all natural teeth	30.6	5.8	4.1	2.9	23.1	17.5	16.0	100.0	352
Cataract	59.6	3.1	1.6	4.2	21.1	4.0	6.4	100.0	92
Diabetes	*	*	*	*	*	*	*	*	7
Heart disease	*	*	*	*	*	*	*	*	9
Asthma	*	*	*	*	*	*	*	*	12

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

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

Source of Payment	Arthritis		High Blood Pressure		Loss of All Natural Teeth		Cataract		Diabetes		Heart Diseases		Asthma	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Self	45.2	20.8	48.3	24.2	*	(24.1)	*	(30.5)	55.8	13.1	39.8	(16.3)	(48.9)	(21.8)
Spouse	13.7	26.2	16.0	24.8	*	(24.8)	*	(8.6)	13.6	34.9	6.8	(24.5)	(17.9)	(8.6)
Children	38.3	52.3	32.7	51.0	*	(51.2)	*	(58.2)	28.4	49.1	49.6	(56.7)	(33.2)	(67.8)
Relatives/ Friends/ Insurance/ Others	2.8	0.6	2.9	0.0	*	(0.0)	*	(2.6)	2.1	2.9	3.8	(2.5)	(0.0)	(1.8)
Total	100.0	100.0	100.0	100.0	*	(100.0)	*	(100.0)	100.0	100.0	100.0	(100.0)	(100.0)	(100.0)
Number of elderly	191	278	148	239	19	46	17	37	78	93	53	46	46	35

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

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

Morbidities	Sex		Place of Residence		Total
	Men	Women	Rural	Urban	
Heart disease and chest pain	(21.7)	(12.4)	(20.3)	(9.8)	17.0
Renal and kidney disease	(20.4)	(4.0)	(12.8)	(10.5)	12.1
Cataract & other eye surgery	(10.3)	(12.3)	(12.4)	(9.0)	11.3
Hypertension	(3.7)	(12.5)	(11.3)	(1.4)	8.2
Accidental injury	(7.4)	(5.8)	(7.0)	(5.5)	6.5
Typhoid, malaria and fever	(8.7)	(4.2)	(4.7)	(10.2)	6.4
Paralysis, cerebral stroke and thrombus	(6.0)	(5.1)	(5.7)	(5.1)	5.5
Diabetes	(2.4)	(6.2)	(2.5)	(8.2)	4.3
Joint disorders	(3.8)	(3.7)	(5.4)	(0.0)	3.7
Piles	(4.7)	(0.0)	(2.1)	(2.8)	2.3
Cancer and tumour	(0.0)	(3.9)	(2.9)	(0.0)	2.0
Liver disease	(1.1)	(1.4)	(1.0)	(1.8)	1.3
Asthma	(0.0)	(2.3)	(0.0)	(3.8)	1.2
Diarrhoea	(0.0)	(2.0)	(0.0)	(3.2)	1.0
Lung diseases	(2.1)	(0.0)	(0.8)	(1.4)	1.0
Spinal and neurological disorders	(0.0)	(1.8)	(0.0)	(2.9)	0.9
Hernia	(0.0)	(1.7)	(0.0)	(2.7)	0.8
Others	(0.0)	(10.7)	(6.2)	(3.9)	5.5
Do not know/ non-response	(7.9)	(10.1)	(4.9)	(17.9)	9.0
Total	(100.0)	(100.0)	(100.0)	(100.0)	100.0
Number of elderly	45	42	43	44	87

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

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

Type of Hospitals	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Government	*	*	(26.2)	*	*	(18.1)	(21.5)	(25.7)	23.7
Private	*	*	(73.0)	*	*	(78.4)	(77.4)	(72.2)	74.7
AYUSH Hospital/Clinic	*	*	(0.0)	*	*	(0.0)	(0.0)	(0.0)	0.0
Others**	*	*	(0.8)	*	*	(3.4)	(1.1)	(2.1)	1.6
Total	*	*	(100.0)	*	*	(100.0)	(100.0)	(100.0)	100.0
Mean length of stay	*	*	(10.5)	*	*	(8.0)	(10.8)	(8.6)	9.7
Number of hospitalization cases	22	21	43	23	21	44	45	42	87

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

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

Source of Payment	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Self	*	*	(10.1)	*	*	(24.7)	(20.7)	(8.9)	14.7
Spouse	*	*	(18.9)	*	*	(6.7)	(1.5)	(28.2)	15.1
Children	*	*	(65.1)	*	*	(54.8)	(64.8)	(59.1)	61.9
Relatives/ Friends/ Insurance / Others	*	*	(5.9)	*	*	(13.8)	(13.0)	(3.9)	8.4
Total	*	*	(100.0)	*	*	(100.0)	(100.0)	(100.0)	100.0
Number of Elderly	22	21	43	23	21	44	45	42	87

Note: ( ) Based on 25-49 unweighted cases

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

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

Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Elderly belonging to BPL households									
IGNOAPS	95.5	92.4	94.0	92.8	90.5	91.5	94.9	92.0	93.4
Annapurna Scheme	38.2	42.2	40.1	48.3	40.4	43.9	40.2	41.7	41.0
IGNWPS	66.8	79.3	73.0	69.3	76.1	73.1	67.3	78.5	73.0
Number of elderly	101	99	200	63	75	138	164	174	338
Elderly belonging to APL households									
IGNOAPS	94.0	88.5	91.2	91.2	83.9	87.2	93.2	87.1	90.0
Annapurna Scheme	37.2	33.8	35.5	42.0	30.8	35.9	38.6	32.9	35.6
IGNWPS	69.5	73.2	71.4	72.4	65.3	68.5	70.3	70.8	70.6
Number of elderly	253	260	513	218	248	466	471	508	979
ALL									
IGNOAPS	94.5	88.7	91.5	91.1	85.2	87.9	93.6	87.7	90.5
Annapurna Scheme	37.5	35.2	36.4	43.5	33.2	37.9	39.0	34.7	36.8
IGNWPS	68.5	74.5	71.6	71.3	68.3	69.7	69.3	72.7	71.0
Number of elderly	369	373	742	293	335	628	662	708	1370

Table A 6.2: Percentage of elderly utilizing national social security schemes according to place of residence, sex and BPL and non-BPL households, Punjab 2011

Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Elderly Belonging to BPL Households									
IGNOAPS	46.7	64.3	55.5	38.6	61.0	51.2	45.1	63.5	54.5
Annapurna Scheme	14.0	25.1	19.5	23.0	17.4	19.9	15.8	23.2	19.6
Number of elderly	101	99	200	63	75	138	164	174	338
IGNWPS	NA	6.6	6.6	NA	15.6	15.6	NA	8.8	8.8
Number of elderly	-	99	99	-	75	75	-	174	174
Elderly Belonging to Non- BPL Households									
IGNOAPS	24.2	35.4	29.9	9.1	18.4	14.2	20.0	30.2	25.3
Annapurna Scheme	0.9	0.3	0.6	0.0	0.0	0.0	0.6	0.2	0.4
Number of elderly	253	260	513	218	248	466	471	508	979
IGNWPS	NA	7.9	7.9	NA	4.2	4.2	NA	6.7	6.7
Number of elderly	-	260	260	-	248	248	-	508	508
ALL									
IGNOAPS	30.8	43.8	37.4	15.0	27.5	21.9	26.7	39.1	33.1
Annapurna Scheme	4.5	6.9	5.7	4.6	3.7	4.1	4.5	6.0	5.3
Number of elderly	369	373	742	293	335	628	662	708	1,370
IGNWPS	NA	7.9	7.9	NA	6.8	6.8	NA	7.6	7.6
Number of elderly	-	373	373	-	335	335	-	708	708

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

Special Government Facilities/Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Awareness of Facilities/Schemes									
Train ticket concession	29.9	18.4	24.0	58.3	34.3	45.1	37.2	23.0	29.9
Bus seat reservation	15.6	10.0	12.7	29.4	18.2	23.3	19.1	12.3	15.6
Preference for telephone connection	6.5	2.1	4.3	13.4	4.8	8.7	8.3	2.9	6.5
Higher interest for deposits in banks/ Post offices	14.4	3.5	8.9	25.1	7.9	15.7	17.1	4.8	14.4
Income tax benefits	9.2	1.1	5.1	15.2	4.7	9.5	10.8	2.1	9.2
MGNREGA	10.6	5.4	8.0	12.4	4.7	8.2	11.1	5.2	10.6
Utilization of Facilities/Schemes									
Train ticket concession	5.7	3.8	4.8	21.9	11.4	16.2	9.9	6.0	5.7
Bus seat reservation	0.4	1.2	0.8	1.6	1.7	1.7	0.7	1.3	0.4
Preference for telephone connection	0.8	0.0	0.4	0.5	0.4	0.4	0.8	0.1	0.8
Higher interest for deposits in banks/ Post offices	5.3	1.0	3.1	10.0	2.9	6.1	6.5	1.6	5.3
Income tax benefits	0.8	0.0	0.4	3.3	0.3	1.7	1.4	0.1	0.8
MGNREGA	0.0	0.7	0.3	0.0	0.0	0.0	0.0	0.5	0.0
Number of elderly	369	373	742	293	335	628	662	708	1370

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BKPAI Coordinators

Moneer Alam

K. S. James

G. Giridhar

K. M. Sathyanarayana

Sanjay Kumar

S. Siva Raju

For further information, please contact:

United Nations Population Fund
55, Lodi Estate, New Delhi - 110 003. INDIA
E-mail: india.office@unfpa.org
india.unfpa.org

Designed and printed by Mensa Design Pvt. Ltd., design.mensa@gmail.com