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Edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James and Moneer Alam

Frontmatter

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Edited by

G. Giridhar
K. M. Sathyanarayana
Sanjay Kumar
K. S. James
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Frontmatter

[More information](#)

Contents

<i>List of Figures</i>	<i>v</i>
<i>List of Tables</i>	<i>vii</i>
<i>Preface – Frederika Meijer</i>	<i>xi</i>
<i>Acknowledgements</i>	<i>xv</i>
<i>Introduction – G. Giridhar, K. M. Sathyanarayana and K. S. James</i>	<i>xvii</i>
1. Demographics of Population Ageing in India <i>Lekha Subaiya and Dhananjay W. Bansod</i>	1
2. Elderly Workforce Participation, Wage Differentials and Contribution to Household Income <i>Sakthivel Selvaraj, Anup Karan and S. Madheswaran</i>	42
3. Living Arrangements of Elderly in India: Policy and Programmatic Implications <i>K. M. Sathyanarayana, Sanjay Kumar and K. S. James</i>	74
4. Health Status of Elderly in India: Trends and Differentials <i>Moneer Alam and Anup Karan</i>	96
5. The National Policy for Older Persons: Critical Issues in Implementation <i>S. Irudaya Rajan and U. S. Mishra</i>	135
6. Policy Initiatives on Population Ageing in Select Asian Countries and Their Relevance to the Indian Context <i>Mala Kapur Shankardass</i>	155
7. Studies on Ageing in India: A Review <i>S. Siva Raju</i>	180
<i>Contributors</i>	<i>215</i>
<i>Index</i>	<i>219</i>

Cambridge University Press

978-1-107-07332-6 - Population Ageing in India

Edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James and Moneer Alam

Frontmatter

[More information](#)

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Edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James and Moneer Alam

Frontmatter

[More information](#)

List of Figures

Chapter 1

Figure 1.1	Population by broad age groups, India, 1961–2026	4
Figure 1.2	Age distribution of oldest among the old in India	4
Figure 1.3	Sex ratio of elderly by broad age group, India, 1991–2026	5
Figure 1.4	Proportion of elderly in India and its states, 2001, 2011 and 2026	8
Figure 1.5	Age–sex pyramid, Kerala 2026	9
Figure 1.6	Age–sex pyramid, Uttar Pradesh 2026	9
Figure 1.7	Dependency ratios, India, 1961–2026	10
Figure 1.8	Potential support ratio, India, 2001–2026	11
Figure 1.9	More older parents to support, 2001–2026	12
Figure A.1A	Age–sex pyramid, India 2001	20
Figure A.1B	Age–sex pyramid, India 2011	20
Figure A.1C	Age–sex pyramid, India 2021	21
Figure A.1D	Age–sex pyramid, India 2026	21
Figure A.2A	Age–sex pyramid, Uttar Pradesh 2001	22
Figure A.2B	Age–Sex pyramid, Uttar Pradesh 2011	22
Figure A.2C	Age–sex pyramid, Uttar Pradesh 2021	23
Figure A.2D	Age–sex pyramid, Uttar Pradesh 2026	23
Figure A.3A	Age–sex pyramid, Kerala 2001	24
Figure A.3B	Age–sex pyramid, Kerala 2011	24
Figure A.3C	Age–sex pyramid, Kerala 2021	25
Figure A.3D	Age–sex pyramid, Kerala 2026	25

Chapter 2

Figure 2.1	WPRs (per cent) among the elderly, 2004–2005	47
Figure 2.2	WPR of male, female and all elderly workers by consumption quintile groups, 2004–2005	49

Cambridge University Press

978-1-107-07332-6 - Population Ageing in India

Edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James and Moneer Alam

Frontmatter

[More information](#)*vi List of Figures*

Figure 2.3	Number of male, female and all elderly workers (in millions) over the years	52
Figure 2.4	WPRs (per cent) among elderly, 1983 to 2004–2005	53
Figure 2.5	Percentage elderly contribution to total household income across different quintile groups of households, 2004–2005	60
Figure 2.6	Percentage distribution of total elderly income by different quintile groups of households, 2004–2005	61
 Chapter 3		
Figure 3.1	Sex ratio of elderly – India (females to males)	80
Figure 3.2	Widowhood among elderly – India (2005–2006)	82
Figure 3.3	Education status of elderly – India (1992–1993 and 2005–2006)	83
Figure 3.4	Social and economic status of elderly – India (2005–2006)	83
Figure 3.5	Mean number of household members	86
Figure 3.6	Top 12 districts with highest per cent living alone among districts with more than 12 per cent of elderly population, India	89
 Chapter 4		
Figure: 4.1	Self-perceived health by the Indian elders: 1995–1996 and 2004 (%)	113

Cambridge University Press

978-1-107-07332-6 - Population Ageing in India

Edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James and Moneer Alam

Frontmatter

[More information](#)

List of Tables

Chapter 1

Table 1.1	Sex ratio (number of females per 100 males) of the elderly in different age groups, India	6
Table 1.2	Percentage literate among general population and population aged 60+, by sex and place of residence, India, 1991–2001	7
Table 1.3	Most elders live in households with other related adults	12
Table 1.4	Workforce participation among the elderly, India 2001	14
Table A.1A	Life expectancy at birth, India and states	17
Table A.1B	Life expectancy at birth, India and states	18
Table A.2	Percentage of elderly population (60+), India and states, 1961–2026	19
Table A.3	Distribution of elderly (60+) by age group, India and states, 2001–2026	26
Table A.4	Composition of population (%) by broad age groups, India and states, 1961–2026	27
Table A.5	Sex ratio of the elderly in different age groups in India and states, 1961–2026 (F/M * 100)	29
Table A.6	Distribution of elderly population by marital status and sex, 2001	31
Table A.7	Proportion (%) aged (60 and above years) in urban and rural areas in India, states, 1961–2001	33
Table A.8	Trends in the median age (years) of the population in India and states	34
Table A.9	Trends in the index of ageing for India and states	35
Table A.10	Dependency ratios (%), India and states, 1961–2026	36
Table A.11	Percentage of elderly population who are widowed, India and states, 2001	38

Cambridge University Press

978-1-107-07332-6 - Population Ageing in India

Edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James and Moneer Alam

Frontmatter

[More information](#)viii *List of Tables*

Table A.12	Trends in proportion (%) of elderly by sex and place of residence (rural/urban) in India, states and union territories	39
 Chapter 2		
Table 2.1	WPRs (per cent) among elderly across age groups, sex and location of residence, 2004–2005	48
Table 2.2	WPR of male, female and all elderly workers by consumption quintile groups in rural and urban areas separately, 2004–2005	50
Table 2.3	Trends in elderly economic and non-economic activities, 1993–1994 to 2004–2005	55
Table A.1	Percentage distribution of all elderly workers by age, sex and location of residence, 2004–2005	64
Table A.2	Percentage distribution of elderly workers and non-workers (usual principal status) by educational achievements, 2004–2005	64
Table A.3	Percentage distribution of elderly workforce by status of employment by location of residence, age and sex, 2004–2005	65
Table A.4	Trends in the number of elderly workforce in India, 1983 to 2004–2005	66
Table A.5	Compound annual growth rates (per cent) of elderly workers, 1983–2005	67
Table A.6	WPRs of elderly, 1983 to 2004–2005	67
Table A.7	Percentage distribution of elderly in labour force and out-of-labour force by age group, 2004–2005	68
Table A.8	Percentage distribution of elderly workforce by industry, 1983 to 2004–2005	69
Table A.9	Trends in nominal wages of elderly workforce, 1983 to 2004–2005	70
Table A.10	Trends in real wage rates of elderly workforce, 1983 to 2004–2005	70
Table A.11	Average daily wage rates (Rs.) of elderly and other workers, 2004–2005	71
Table A.12	Compound annual growth rates (per cent) of elderly real wages	72
Table A.13	Percentage contribution of children, adults and elderly to total employment and household income, 2004–2005	72

Cambridge University Press

978-1-107-07332-6 - Population Ageing in India

Edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James and Moneer Alam

Frontmatter

[More information](#)*List of Tables* ix

Table A.14	Percentage distribution of household income by contribution from the three broad age groups in rural and urban areas, 2004–2005	73
Table A.15	Percentage elderly contribution to total household income across different quintiles by type of employment, 2004–2005	73
Chapter 3		
Table 3.1	Increasing per cent of elderly population in India, 1992–1993 and 2005–2006	79
Table 3.2	Feminization of elderly population in India	80
Table 3.3	Higher per cent of elderly widows in India, 1992–1993 and 2005–2006	81
Table 3.4	Higher per cent of illiterate elderly in India, 1992–1993 and 2005–2006	83
Table 3.5	Increasing household headship rate among elderly women in India	85
Table 3.6	Increasing per cent of the elderly population has started living alone in India	87
Table 3.7	Changes in elderly living alone across states in India	88
Table 3.8	Higher per cent of women, illiterate, widowed and poor living alone, India	90
Table 3.9	Logistic regression of living alone vs. co-residence among the elderly in India, 2005–2006	92
Chapter 4		
Table 4.1	Health morbidity and disability	98
Table 4.2	Share of economically dependent and independent olds: NSS 52nd and 60th rounds	102
Table 4.3	Elderly lifestyle habits: consumption of tobacco, alcohol and other intoxicants, 1995–1996	103
Table 4.4	Older persons reporting morbidity (out-patient and hospitalization) by age, sex and R/U residence (%): 1995–1996 and 2004	104
Table 4.5	Percentage of population reporting short duration ailment (15 days recall) and hospitalization (365 days recall) by age groups in 1995–1996 and 2004	105

Cambridge University Press

978-1-107-07332-6 - Population Ageing in India

Edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James and Moneer Alam

Frontmatter

[More information](#)x *List of Tables*

Table 4.6	Incidence of diseases among the elderly based on short-term (15 days) recall and hospitalization: 1995–1996 and 2004	106
Table 4.7	Percentage distribution of the elderly population by status of physical mobility, 2004	108
Table 4.8	Rates of disability in India: total and the elderly men and women, 2001	109
Table 4.9	Prevalence rates of disabilities by sex	110
Table 4.10	Percentage of elderly reporting different types of disability: 1995–1996 and 2002	111
Table 4.11	Percentage distribution of current state of health among the elderly	114
Table 4.12	Percentage distribution of relative state of health among the elderly	115
Table 4.13	Health care utilization by elderly and non-elderly: public and private providers: 2004	117
Table 4.14	Distribution of self-perceived current health status of elderly across consumption expenditure quintile groups, 1995–1996 and 2004 (%)	118
Table 4.15	Distribution of self-perceived relative health status of elderly across consumption expenditure quintile groups, 1995–1996 and 2004 (%)	119
Table 4.16	Multinomial logit results: determinants of self-rated elderly health	121
Table 4.17	Ageing experiences and goals of public health strategies	125
Table A.1	Persons reporting short-term out-patient ailment (15 days recall) and hospitalization during past 1 year, by sex, age groups and sector, 2004	132
Table A.2	Incidence of major diseases among older men and women (age 60 years and above) on the basis of short term (15 days recall) and hospitalization, 1995–1996 and 2004	133
Table A.3	Descriptive explanation and summary statistics of variables used in the multinomial logit	134
Chapter 7		
Table A.1	Demographic profile of India's elderly, 2001	213

Cambridge University Press

978-1-107-07332-6 - Population Ageing in India

Edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James and Moneer Alam

Frontmatter

[More information](#)

Preface

Population ageing is one of the most significant demographic trends of the twenty-first century particularly in developing countries of Asia. With the number of elderly progressively increasing in the region, young India is also gradually moving towards an ageing India, as the current youth dividend is expected to last only for less than 10 years. Starting from 2011 there has been a steady increase in old age dependency. According to Census 2011, there are over 100 million senior citizens aged 60 years and above in India. By 2050, this figure is expected to soar to over 315 million. Between 2000 and 2050 the overall population of India is expected to grow by 60 per cent whereas population 60 years and above would grow by a whopping 360 per cent. This huge increase in elderly population is a compelling demographic reality with widespread socioeconomic and cultural consequences that must be factored into national development policies and plans. Targeted investment towards betterment of lives of senior citizens would be needed to ensure that additional years added to lives will indeed be worthwhile for the elderly in particular and for the nation as a whole. This is particularly true for elderly women, who generally live longer than elderly men, and face life-long discrimination. Often referred to as the feminization of ageing, this phenomenon warrants a life cycle view of the ageing process.

Many of these concerns and possible national initiatives have been included in the Madrid International Plan of Action on Ageing (MIPAA)-2002 to which India is a signatory. It is a fact that India has taken early policy responses to national concerns arising out of population ageing as evidenced by the NPOP of 1999. It is also a fact that experts have pointed out shortcomings in effective implementation of the policy. Further, the revised National Policy for the Senior Citizens (NPSC) has not received priority attention of the government, as it has been pending for approval for long. It is also generally felt that the theme of the XII 5-year plan, namely *Inclusive Growth* will be realized only when increasing vulnerability of the

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978-1-107-07332-6 - Population Ageing in India

Edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James and Moneer Alam

Frontmatter

[More information](#)

xii Preface

growing elderly population in India is directly addressed. Attainment of Millennium Development Goals (MDG) is also often linked to a country's ability to address concerns of population ageing.

The United Nations Population Fund (UNFPA) in its global Strategic Plan aims, among others to strengthen national capacity and international development agenda through integration of evidence-based analysis of population dynamics and linking it to national development plans and programmes. In line with this strategic aim, UNFPA's India country programme has been making special efforts to focus on Building Knowledge base on Population Ageing in India (BKPAI) with a twofold objective of (1) analysing already existing secondary data and (2) generating new data from dedicated survey in seven states having a higher proportion of elderly population: Kerala, Tamil Nadu, Maharashtra, Orissa, West Bengal, Punjab and Himachal Pradesh. Together these two sources of information will help to better understand key impacts of living longer on the lives of senior citizens and their increased exposure to a combination of vulnerable situations arising out of and associated with growing old. This understanding will be essential for formulating effective policies, plans, programmes as well as implementation strategies.

The UNFPA-supported project with the above twofold objectives is 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. The effort towards utilizing existing data in cooperation with several national experts has resulted in seven working papers covering living arrangements, health, workforce participation and income, review of international and national policies and programmes, all of which are based on secondary analysis and desk reviews by the experts. This is probably the first time such a systematic knowledge base using secondary data has been made available exclusively on the elderly in India. All these papers have now been brought out in the form of book for better access and use by researchers, policy makers and other interested professionals. The book covers the lives of Indian senior citizens through an analysis of essential aspects of their life and living conditions and makes recommendations that are noteworthy and pragmatically useful. I am confident that the findings will enable government and other key

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Edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James and Moneer Alam

Frontmatter

[More information](#)

Preface xiii

stakeholders, especially the non-governmental organizations, civil society networks and academia to evolve and contribute to appropriate policies, programmes and implementation strategies for ensuring a better quality of life for all the elderly in the country.

Frederika Meijer
UNFPA Representative
India and Bhutan

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Frontmatter

[More information](#)

Cambridge University Press

978-1-107-07332-6 - Population Ageing in India

Edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James and Moneer Alam

Frontmatter

[More information](#)

Acknowledgements

The chapters in this book are an outcome of the first phase of the research study on 'Building Knowledge Base on Ageing in India'. The attempt in this phase was to use the available large-scale data sets to understand better the ageing scenario in the country. We would like to place on record our sincere thanks to the UNFPA, India, for their unstinting support for the Building Knowledge Base in Population Ageing in India (BKPAI) project. The genesis of the BKPAI project took place under the leadership of Nesim Tumkaya, the then Country Representative of UNFPA, India, who helped conceive the project and provided full technical and financial support. Subsequently, Frederika Meijer who took over as Country Representative of the UNFPA, India, continued with the same zeal and encouragement. In addition, we would like to thank Dr Marc Derveeuw, former deputy representative, UNFPA, India, and Anders Thomsen, current Deputy Representative UNFPA for their constant support and guidance.

The chapters in this volume have evolved and have been strengthened with the help of various individuals who have provided valuable comments and suggestions at various stages of its development. These include a panel of expert reviewers and the discussants of a workshop held in Institute for Social and Economic Change (ISEC), Bangalore to assess the available knowledge base on ageing in India. We are deeply indebted to Aabha Chaudhary, Mathew Cherian, Azza Omer, Professors Shagufa Kapadia, P. Arokiaswamy, S. C. Gulati, P. M. Kulkarni, Sumati Kulkarni, P. K. B. Nair, R. P. Tyagi, K. Srinivasan, Arup Mitra and Vijay Kumar.

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Edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James and Moneer Alam

Frontmatter

[More information](#)

xvi *Acknowledgements*

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Responsibility for any errors or omissions, however, is ours alone and not of the individuals or institutions that have graciously supported us.

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Frontmatter

[More information](#)

Introduction

G. Giridhar

K. M. Sathyanarayana

K. S. James

India is experiencing unprecedented demographic changes in recent times with wide implications for the future. Undoubtedly, such changes will alter the composition of the population in the coming years. The proportion of elderly is on a rapid increase and will continue to in the future as well. Currently the growth rate of elderly population is three times higher than the overall population clearly implying that ageing of the population will be the major challenge in India for the coming decades. In addition, all the states in the country are currently experiencing rapid fertility changes resulting in fewer and fewer children born in the country. The result from the 2011 census also reveals a decline in the child population. This is for the first time in the country that the number of children in the 0–6 age group has registered negative growth in the independent India (Census of India, 2011a). This is expected to alter the age composition significantly in the coming decades.

The data from 2011 census revealed that there are 104 million elderly in the country constituting 8.6 per cent of the population (Census of India, 2011b). The United Nation Population Division has projected that elderly population will reach 11 per cent by 2025 (United Nations Population Division, 2013). India is expected to have around 157 million elderly 60 years and above by then. This number will nearly double to around 297 million by 2050 constituting 18 per cent of India's population. The UN projection predicted that India's elderly population will be around 467 million constituting 30 per cent of the country's population by 2100. On the one hand, the magnitude of population provides an idea on the huge task ahead of the country in terms of preparing this section of population for achieving a decent living and on the other; it conveys larger changes,

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Edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James and Moneer Alam

Frontmatter

[More information](#)

xviii Introduction

which are inevitable at the economic, social and cultural front. All these concerns indicate towards getting prepared from now on and the future as well.

The experience from various countries has clearly indicated that ageing of the population is not merely a quantitative demographic issue but one that warrants understanding of the larger societal changes with implications for everyone's life (UNFPA and HelpAge International, 2012). The most often discussed subject about elderly has been ensuring financial security through proper social security system (World Bank, 2001; Rajan, Perera, and Begum, 2005; Lee and Mason, 2011). Perhaps, the Western countries have faced this challenge more fully than the developing countries like India, which typically have much less time due to significantly faster pace of population ageing. As the demographic transition has not been accompanied by or preceded by adequate and equitable economic progress, it is a huge challenge to ensure income security to growing numbers of elderly in the country (Alam and Barrientos, 2010). Hence it is important to think of innovative policy options, as the financial transfers from younger to the older generation will eventually decline and government and society have to intervene to close the deficit.

But financial security is only a small aspect of the ageing issue. There will be several critical challenges the society has to face in the process, as analysed in this publication. Preparing for an ageing society necessitates a life course approach that includes the years prior to the cut-off age of 60 years (World Bank, 1994; Palloni, 2001; Elder and Johnson, 2002; Rajan, 2005; Alam, 2006). This complex and inevitable phenomenon requires a joint search for solutions from government, private and NGO sectors as well as from society at large. Inter-generational bonding has to be inculcated from childhood.

Although there is some realization that the issues of ageing are going to be at the forefront of the twenty-first century India, the level of preparation appears to be minimal and scattered. Further, the empirical understanding of the issue has been rather limited and some amount of apathy still exists. Although some studies have been undertaken, they have been small-scale, localized and as such did not enable generalization. Large-scale surveys covering important dimensions of elderly life do not exist, with the exception of UNFPA-supported survey covering seven selected states in India (United Nations Population Fund, 2012). There has been some efforts in

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978-1-107-07332-6 - Population Ageing in India

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Frontmatter

[More information](#)

recent times on generating longitudinal data but are in the preliminary stages (World Health Organisation, 2007; Arokiasamy et al. 2011).

However, experts in this area agree that there is a reasonable amount of secondary data available in the country and that there is considerable scope for systematically using such data for developing a good knowledge base on the lives and living conditions of elderly. Although these data are not specifically collected to address the issues of elderly, they can potentially reveal many issues and challenges of the elderly. For instance, the data available from National Sample Survey Organisation (NSSO), National Family Health Survey (NFHS) and District Level Health Survey (DLHS) on different rounds can provide the empirical base to understand more clearly the issues of elderly in the country although the focus of these surveys was not on the elderly *per se*.

This book, thus, brings together the available evidence from the above data sources to understand various dimensions of elderly issues and provide useful policy and programme insights. Specifically, five areas contributing to such vulnerability and on which secondary data exist covered in this publication are (1) demography; (2) work status of elderly; (3) living arrangements; (4) health status and (5) policies and programmatic interventions for the elderly. The initial chapter analyses the demographic and socioeconomic aspects, including living conditions. In all these analyses, special attention is given to gender issues and the higher levels of vulnerability experienced by elderly women.

Three national institutions have been partnering with UNFPA in conceptualization and implementation of BKPAI initiative that is planned to go beyond the secondary data-based reports in this publication: ISEC, Bangalore, the Institute for Economic Growth, Delhi and the TISS, Mumbai. Further areas planned under this collaborative initiative will include building a stronger and wider knowledge base through dedicated survey on ageing, evidence-based advocacy, awareness creation among senior citizens and capacity development for more effective implementation of national initiatives in the government and NGO sectors. A support for networking among partner agencies will be a cross-cutting strategy in all these efforts.

The first chapter sets up the demographic scenario around the ageing issues in India.

With 104 million elderly (60 years and above) population in 2011 and the number expected to swell to 315 million by 2050 (about

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Edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James and Moneer Alam

Frontmatter

[More information](#)

xx Introduction

20 per cent of the total population), India cannot ignore the dynamics of population ageing. The analysis shows multiple vulnerabilities arising out of it, with around 75 per cent of the elderly living in rural areas of which over 48 per cent are women and of this, 55 per cent are widows. Nearly three out of five single older women are very poor and two out of three rural elderly are fully dependent. Additionally, there is an increasing proportion of elderly at 80+ ages and is more pronounced among women. The combined effects of these vulnerabilities pose a significant challenge to public policy, as the numbers are very large with decreasing support base and higher levels of old age dependency.

The nature of demographic transition in India means fewer working age population supporting increasing numbers of old age population, greater likelihood of widowhood. The demographic changes and more importantly the fertility transition have occurred without adequate changes in the living standard of the people and when the country is not fully prepared with policies and programmes to face the challenge. In addition, there is also significant heterogeneity in the demographic transition across states in India and this requires context-specific initiatives to deal with vast differences in the implications of demographic change across states. This chapter also focuses on special vulnerabilities of elderly women, perhaps reflecting the life-long discrimination faced by them. Clear understanding of demographic changes and their implications to development in general and lives of elderly in particular is essential for a decent living of the elderly, particularly elderly women in the country.

The second chapter is on elderly workforce participation, wage differentials and contributions to household income. Analysis shows that elderly share of total workforce is about 7 per cent while among the elderly, 38 per cent are working. Over 70 per cent of elderly workforce is males and largely in rural areas (84 per cent). Among the rural male elderly workforce, 77 per cent were self-employed, mostly in agriculture and allied activities. The authors point out that educational level of elderly workforce is quite low. About 70 per cent were illiterate or have just primary level of education. Among women elderly workers, this was about 93 per cent. Substantial proportion of illiterate elders was also involved in work outside the home. Half of the women elderly workers are from the two poorest consumption quintiles. This clearly indicates that illiteracy and poverty push them to undertake work outside for survival or more out of compulsion.

Yet the analysis indicates that on an average they contribute about 4 per cent to the family income. This percentage is higher in rural areas and in poorer households. The chapter makes some very useful suggestions that demand much attention.

The third chapter focuses on living arrangements and highlights the fact that around 20 per cent of elderly live alone or with spouse only in the rural and urban areas. This proportion has increased sharply over the last two decades and is more pronounced among elderly women. This is complemented by the Census household data of 2011 wherein it is observed that the number of households has increased in the last decade while the number of persons per household has come down, probably due to a combination of declining fertility, migration and nuclearization of families. In addition, an increasing trend of female-headed households has been witnessed.

Across states in India, there is substantial variation in type of living arrangement particularly in the proportion of elderly living alone. The percentage of living alone or with spouse is as high as 45 per cent in Tamil Nadu. Other states that are high on this proportion include Goa, Himachal Pradesh, Maharashtra, Punjab and Kerala. This clearly indicates that with the demographic transition under way and youth migrating out for economic reasons there will be a significant and unavoidable change in living arrangement of elderly in rural and urban areas that required attention. The large segment of elderly, those living alone or with spouse only and widowed who are illiterate, poor and particularly those from SC/ST families/low wealth quintiles are those severely affected by multiple vulnerabilities that together increase with age. Public policy attention on such difficulties arising out of living arrangements, particularly among women, would be urgently needed.

The fourth chapter is on elderly health and relates social backwardness, consumption levels and poverty to morbidity and other disabling health outcomes. Concentration of poverty among elderly population poses serious challenge to their own health as well to the health care system at large. Availability of secondary data on elderly health is quite limited and also subject to problems of comparison over time due to changes in definitions, as the authors point out.

Analysis shows that more than one-third of elderly population in India reported ailments of either short duration or hospitalization. Elderly in 70–79 ages showed highest increase in morbidity and hospitalization during 1994–2004. About four out of 10 urban elderly females experienced short duration ailments. As expected, disabilities

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Edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James and Moneer Alam

Frontmatter

[More information](#)

xxii Introduction

increase with age and are generally higher among female elderly. Physical immobility in later ages increases due to age-related frailties caused by degenerative diseases. Diminished eyesight and hearing problems are the two most prevalent locomotor disabilities. In terms of perceived health status, about a quarter of the elderly reported poor health in 2004 while only 5 per cent reported excellent status. More than two-thirds of rural elderly reported their health status as nearly the same compared to last year and about one-fifth felt that their health has somewhat worsened. The self-perceived health status, either current or compared to last year, does not appear to have changed much over the years covered in this chapter. The poor and dependent elderly continue to have relatively worse health status compared to the non-poor.

Analysis also reveals significant dependence on private medical facilities amongst the elderly for both inpatient and outpatient care. This is a concern for the public health system as well as to the patients who have to pay higher costs for private health care. To provide financial protection from high costs of treatment particularly for poor families, the government launched Rashtriya Swasthya Bhima Yojana (RSBY) in 2008, but the awareness of the scheme among elderly from BPL families is very low. More attention towards proper targeting of the scheme would be required.

Chapter five is a critique on the National Policy for Older Persons (NPOP) formulated in 1999. Currently revised NPSC is awaiting final approval of the parliament. This chapter brings out six key issues experienced in the implementation of NPOP-1999. These are (1) lack of coordination among multiple partners with no clear accountability and measurable and time bound results; (2) no financial outlays by different stakeholders within their respective mandates to produce policy outcomes; (3) no stronger role for the National Council for Older Persons to bring multiple stakeholders at the table; (4) failures in implementation of the existing social security measures and failure to enhance income security, including social pensions for the poor vulnerable senior citizens; (5) failure to provide protection for older women who face socioeconomic, cultural and legal barriers; and finally (6) lack of strategic focus in addressing multiple issues with limited resources. All these result in a mismatch between policy intentions and actual implementation.

The authors also point out that the implementing Ministry of Social Justice and Empowerment (MoSJE) lacks implementation

and monitoring structures with meagre budgetary allocations. Good implementation depends very much on inter-ministerial coordination of several ministries. There is lot more cohesion and convergence to be achieved as the implementation plan of one ministry is not in sync with the plan for elderly. Further, MoSJE initiatives are heavily dependent on states and this leads to further complications.

Chapter six reviews policy initiatives on population ageing in five South-East Asian countries in some detail plus another set of seven countries briefly to draw some lessons for India for adapting good practices and avoiding not so good ones. A key point to note in the five South-East Asian countries is the strong political commitment that drives government response to improve the lives of senior citizens. This commitment manifests itself in many ways through participatory, research-based policy-making process, regular reviews and revisions, adequate resource allocations, result-oriented implementation and monitoring for mid-course corrective actions. Legal and legislative measures drive the reform process. Older persons are given real opportunities to contribute through committees/commissions at all levels, with an emphasis on community level. These experiences have potential learning opportunities for adaptation to the socioeconomic and cultural milieu in India. The review is divided under the three pillars of MIPAA.

There are a few general points that cut across specific initiatives under the three pillars. First, senior citizens must be aware of the provisions in the policy, their entitlements and how to access care. China's effort in publicizing and popularizing laws, regulations and policies concerning senior citizens is relevant to India. The larger socioeconomic system is frequently reviewed and revised in Japan to ensure that it is appropriate with the real needs, including individual freedom and secure lifestyle for older people through an appropriate combination of self, mutual and public support. Malaysia's emphasis on empowering older persons, families and community and setting up special committees to oversee the progress is worth noting. There is a specific attention on a holistic and integrated policy and programme delivery in Singapore and Thailand worth replicating in India.

The seventh chapter reviews the status of research on population ageing in India and points out that there is scarcity of research and even the existing studies do not focus uniformly on ageing concerns. Many of them are micro-level localized studies based on small samples. There is therefore an urgent need for more research in the country.

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Frontmatter

[More information](#)

xxiv Introduction

Existing research indicates that a significant proportion of elderly are working and particularly so among elderly males. Living with families and children is the dominant living arrangement for Indian elderly. Strengthening the institution of family is therefore very important. Research also indicates that due to changes in family structure and value system, the respect, status, honour and authority of the elderly are being eroded. This is often due to surrendering of property and its control to younger generation.

Psychological aspects seem to have received more attention from researchers, points out the author of this chapter. A small sample study in a metro city shows that elders believe that spirituality helps in better relationship building and coping with stress and anxiety as well as on issues relating to death and dying. They tend to revise their ideas about themselves recognizing the increasing age-related inabilities. Research also indicates that happiness in old age depends to a large extent on busy life, good health, access to funds and having spouse and social contacts. A majority turn to religion for overcoming feelings of anxiety. But research also reports loss of self-image, perhaps due to changes in looks and likeability. The chapter also covers in some detail research on health status of elderly and elder abuse. The author suggests models of care and well-being of five different groups of elderly to better target appropriate services to them – rural elderly, urban poor elderly, urban middle income well-to-do elderly, female elderly and elderly living alone. Further, a multi-disciplinary approach to research which does not view elderly as passive receivers of care but as significant contributors to the family and society has been recommended.

Conclusion

The UNFPA-supported project under which the papers in this volume are commissioned came at a time when the first National Policy on Older Persons-1999 in India was being reviewed for revision after more than a decade of its implementation. In fact, the revised version called the National Policy for Senior Citizens was being drafted by a group of experts exactly around the time the chapters in this volume were being prepared. Hence these chapters represent valuable policy relevance and programmatic insights. The unique contribution has been systematic use of secondary data that otherwise would have remained unutilized. The researchers unearthed data from sources such as National Sample Surveys, NFHSs, Censuses and a large number

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Frontmatter

[More information](#)

of published and unpublished documents, reports and papers apart from supplementing it through field observations, review meetings as well as discussions with peers.

The topics covered in this volume represent areas that are closely related to and truly contribute to increasing vulnerability of elderly in India; particularly women. Poverty, rural living, income insecurity, illiteracy, age-related morbidity, feminization, dependency and decreasing support base are all aspects of quality of life that need strong policy and programme attention. While living longer represents progress in many ways, are the additional years added to life is really good and productive for the individual who is beyond 70–75 years? How do the deep-rooted discriminatory practices affect elderly women who tend to live longer than men? What will happen to the very large proportion of rural self-employed workforce that has neither retirement age nor any pension benefits? Elderly persons are not aware of their entitlements and have no or lower level knowledge about public programmes that are specially meant for them. Furthermore, the knowledge base on ageing is very weak leading to a significant research gaps with no systematic inputs into policy-making process. For instance, living arrangements have been altered but the understanding of nuclearization of families owing to youth migration, its implications on familial relationships, and type of transactions between elderly and children is less known. On the other hand, health aspects, morbidity and out-of-pocket expenses have been well-covered, yet, the mental health of elderly is partly known and less understood. These are strong findings that warrant strong policy and effective implementation and therefore there is a need to commission a separate ageing survey across the country with special focus on states that are in advanced stage of fertility transition.

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978-1-107-07332-6 - Population Ageing in India

Edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James and Moneer Alam

Frontmatter

[More information](#)

xxvi *Introduction*

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