

## CHAPTER 5

### STATUS OF THE AGED PERSONS

#### (AGE 60 AND ABOVE)

#### 5.1 General

- 5.1.1 The results relating to the condition and health care of persons aged 60 and above, to be referred to as the aged persons, have been placed and discussed in this Chapter. The results are based on the information collected in the field through a particular module of the survey schedule (see block [10] of Schedule 25.0 given in Appendix B).
- 5.1.2 One of the objectives of collecting information through this survey was to assess the structure and composition of the aged with respect to age and sex, and their health and well-being. Information was collected on number of surviving children, on living arrangements, on economic independence and when independent, number of dependents and when dependent the persons supporting them. Information regarding their self-perception of well-being and morbidity among the aged were also collected.

#### 5.2 Aged persons and their living condition

- 5.2.1 *Aged persons and their surviving sons and daughters:* The following statement 5.1 shows the distribution of aged persons by number of their surviving children separately for rural and urban sector.

**Statement 5.1: Per 1000 distribution of aged persons by number of living children**

Sector	Per 1000 no. of aged persons with number of living sons and daughters									Total
	0	1	2	3	4	5	6-7	8-9	10+	
Rural	45	58	500	60	168	129	26	14	0	1000
Urban	32	59	76	304	118	179	208	25	0	1000
All	42	58	417	108	158	139	62	16	0	1000

- 5.2.2 During the period January-June 2014, about 4% of the aged in the rural areas and 3% in the urban areas had no surviving children. Conversely, about 96% of the aged in the rural areas and about 97% in the urban areas had at least one surviving child.
- 5.2.3 *Living arrangement:* Besides the number of surviving children, information on living arrangement of the elderly persons was collected in the following survey. Statement 5.2 shows the distribution of aged persons by type of living arrangement separately for rural and urban sector.

**Statement 5.2: Per thousand distribution of aged persons by type of living arrangement**

Sector	Per 1000 no. of aged persons				All
	Living alone	With spouse only	With spouse and other members	Living without spouse but with children/other relations/non relations	
Rural	96	96	701	106	1000
Urban	0	56	434	510	1000
All	78	89	649	185	1000

- 5.2.4 The statement reveals that about 10% of the aged persons in the rural areas live alone, while the same in urban area is nil. In rural areas, about 10% of the aged live with only their spouses, while 70% in the same live with their spouse and other members and the remaining 10% live without their spouse but with their children/other relatives/non relatives. In the urban areas, about 6% live only with their spouses, 43% live with their spouse and other members and 51% of them live without their spouse but with children/other relatives/non relatives.
- 5.2.5 **Economic independence:** The living arrangement is an indication of how the physical well-being of the aged is taken care of in the family in our society. Similarly, the reported economic dependence reveals the associated problem of day-to-day maintenance of livelihood of the elderly persons. Per 1000 distribution of aged persons by state of economic independence is given in Statement 5.3 for rural and urban sectors.

**Statement 5.3: Per thousand distribution of aged persons by state of economic independence**

Sector	Per 1000 no. of aged persons			All
	Not dependent on others	Partially dependent on others	Fully dependent on others	
Rural	808	106	86	1000
Urban	397	533	69	1000
All	728	190	82	1000

- 5.2.6 It is seen that a significant proportion of about 80% of the aged population in the rural areas are not dependent on others, while the same in the urban areas stand at about 40%. About 11% of the elderly in the rural areas are partially dependent on others and about 9% are fully dependent on others. In the urban areas, 53% of the aged are partially dependent, while about 7% are fully dependent on others.
- 5.2.7 **Economic support providers:** As has been observed, a large proportion of the aged are dependent on others for their livelihood. Hence, it is pertinent to understand the economic support providers of the aged population. Such information was collected in the survey and the results are presented in Statement 5.4 for each sector separately.

**Statement 5.4: Per thousand distribution of economically dependent aged persons by category of persons financially supporting the aged person**

Sector	Per 1000 no. of economically dependent aged persons financially supported by				
	Spouse	Own children	Grand-children	Others	All
Rural	0	1000	0	0	1000
Urban	25	975	0	0	1000
All	11	989	0	0	1000

5.2.8 The statement reflects that all the aged persons in the rural areas were financially supported by their own children during the period of the survey. In the urban areas, however, a marginal proportion of 2.5% were supported by their spouses while the rest of approximately 97.5% were supported by their own children.

**5.3 Physical condition**

5.3.1 **General health condition:** The following statement 5.5 shows the proportion of ailing persons (PAP) during last 15 days separately for rural and urban sectors.

**Statement 5.5: Proportion (per 1000) of Ailing Persons (PAP) during last 15 days for different age group separately for rural and urban sector**

Age group	PAP (in 1000)					
	Rural			Urban		
	Male	Female	All	Male	Female	All
60-64	0	0	0	84	538	307
65-69	0	0	0	86	0	22
60+	7	0	5	103	360	229
70+	38	0	25	132	534	251
All	42	61	51	50	78	64

5.3.2 One thing to be noted is that the proportion of ailing persons is based on self-reported morbidity data, rather than on medical examination. Hence, as mentioned in Chapter 3, care needs to be taken as the information on spells of ailments during the reference period is likely to under-estimate the ill-status of patients.

5.3.3 Keeping the aforementioned point in mind, it is seen that the PAP for rural areas seem to be nil for the age-group 60 up to 69 years. However, the overall estimates for rural areas show that PAP is higher for females than males. In the urban areas, the proportion of ailing persons is also seen to be greater for females than males. The PAP is seen to be highest for the females in the age group 60-64, followed by females in the age 70 and more.

5.3.4 **Physical mobility:** For the aged persons, the ability to move is an important indicator of their physical condition of health and also indicates the degree of their dependence on others for movement and performing their daily routine. Statement 5.6 shows the proportion of aged persons of each age-group by their state of physical mobility for rural and urban sectors.

**Statement 5.6: Per thousand distribution of aged persons of each age-group and gender by state of physical mobility**

Age-group	Per 1000 no. of aged persons				
	Physically mobile	Immobile			All
		Confined to bed	Confined to home	Move outside by a wheelchair only	
Rural					
60-64	974	10	16	0	1000
65-69	1000	0	0	0	1000
70-74	948	0	52	0	1000
75-79	350	0	650	0	1000
80+	0	0	1000	0	1000
All	941	5	54	0	1000
Urban					
60-64	994	0	6	0	1000
65-69	957	0	28	15	1000
70-74	1000	0	0	0	1000
75-79	797	0	203	0	1000
80+	154	52	778	16	1000
All	906	4	86	4	1000

5.3.5 The statement shows that about 94% of the aged in the rural areas were physically mobile, while the same stands at about 91% in the urban areas. About 5% in the rural areas and 9% in the urban areas fall in the category of being immobile and confined to home. The rest of the aged population of the rural areas was confined to bed and the same for urban areas were partly confined to bed and partly to wheelchairs.

5.3.6 **Own perception about health:** The perception about one's health is an important dimension in assessing health – which is defined as well-being and not only absence of disease or disability. A person may be considered as being in good health if he feels so – even if technically that person has a chronic illness. For example, an aged person with hypertension which is well controlled may be said to have well-being. This self-perception of illness is the criterion generally used in NSS surveys to classify an individual as sick or otherwise. With this idea, information about the perception of aged persons about their current health was collected in the survey and is presented in the following statement. Statement 5.7 gives the distribution of aged persons without chronic illness by own perception about current state of health separately for rural and urban sectors.

**Statement 5.7: Per thousand distribution of aged persons without chronic illness by own perception about current state of health**

Sector	Per 1000 no. of aged persons			
	Excellent/ very good	Good/ fair	Poor	Total
Rural	523	439	39	1000
Urban	179	773	49	1000
All	455	504	41	1000

5.3.7 The statement shows that about 52% of the rural aged persons felt that their current state of health was 'excellent/very good' whereas the same among the urban aged was about 18%. In the urban areas, 77% of the aged population felt they had 'good/fair' health condition and about 5% felt the same to be 'poor'. In the rural areas, about 44% of the aged persons felt their health status to be 'good/fair' while about 4% felt they had 'poor' health.