

**ELDERLY IN INDIA- PROFILE AND
PROGRAMMES
2006**

(SECOND ISSUE)

**CENTRAL STATISTICAL ORGANISATION
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PREFACE

Population ageing which was perceived until recently to be a concern of the industrialized countries only has become an emerging issue of the developing countries, including India, too. The changing demographic profile of the country has been accompanied by a new societal order. The traditional “norms” and “values” of the Indian Society laid stress on showing respect and providing care for the elderly. Consequently, the elder members of the family were normally taken care of in the family itself. In recent times the rapid socio-economic transformation has affected various aspects of traditional Indian Society. Industrialisation with resultant urbanisation and migration of population has affected institutions like the age old joint family. Thus, the society is witnessing a gradual but definite withering of the joint family system as a result of which a section of the family, primarily the elders, are exposed to emotional neglect and lack of physical support.

Given the trend of population ageing in India, the elder persons face a number of problems ranging from absence of assured and sufficient income to support themselves and their dependents, for healthcare and other social securities, loss of a social role and recognition, and non-availability of opportunities for creative and effective use of free time. The trend clearly reveals that ageing will emerge as major social challenge in the future; and vast resources will be required towards the support, service, care and treatment of the elderly persons. There is an emerging need to pay greater attention to ageing-related issues and to promote holistic policies and programmes for dealing with ageing society.

For comprehensive development planning and monitoring of various development programmes for the elderly in the country, the importance of having an up-to-date database needs no emphasis. Though different Ministries/ Organisations are producing age-wise distribution of data on different aspects of the population, concerted effort was made by CSO to present all the relevant data for elderly at one place for the first time in

2000. The efforts of CSO continued which resulted into bringing out the second edition of this publication.

I sincerely hope that this publication will prove to be useful to the planners and policy makers, as well as to the research workers, and will help in enhancing their understanding of the problems of the elderly in the country. This publication will also prove to be immensely useful to the elderly people as it provides a lot of useful information, which they can use to their advantage, about various policies and programmes designed for welfare of elderly people. Since, there will always be some scope for improvement, I shall be thankful to receive suggestions from the readers in order to enhance the coverage, content and quality of the publication.

New Delhi
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Important Indicators on Elderly People , India at a Glance

SL No.	Indicators	Unit	Latest Year	
POPULATION				
1	Total	Million	2001	1028.6
2	Female (%)	Million	2001	496.5
3	Urban (%)	Million	2001	286.1
4	Persons Aged 60+ (Male- Rural)	Million	2001	28.36
5	Persons Aged 60+ (Female- Rural)	Million	2001	29.08
6	Persons Aged 60+ (Combined- Rural)	Million	2001	57.44
7	Persons Aged 60+ (Male- Urban)	Million	2001	9.4
8	Persons Aged 60+ (Female- Urban)	Million	2001	9.76
9	Persons Aged 60+ (Combined- Urban)	Million	2001	19.17
10	Persons Aged 60+ (Male)	Million	2001	37.76
11	Persons Aged 60+ (Female)	Million	2001	38.85
12	Persons Aged 60+ (Combined)	Million	2001	76.62
13	Projected Population Aged 60+ (Male)	Million	2026	81.87
14	Projected Population Aged 60+ (Female)	Million	2026	89.79
15	Projected Population Aged 60+(combined)	Million	2026	171.66
ECONOMY				
16	Old-Age Dependency Ratio (Male-Rural)	Percent	2001	13.59
17	Old-Age Dependency Ratio (Female-Rural)	Percent	2001	14.65
18	Old-Age Dependency Ratio (Rural)	Percent	2001	14.11
19	Old-Age Dependency Ratio (Male-Urban)	Percent	2001	9.93
20	Old-Age Dependency Ratio (Female-Urban)	Percent	2001	11.67
21	Old-Age Dependency Ratio (Urban)	Percent	2001	10.75
22	Old-Age Dependency Ratio (Male)	Percent	2001	12.45
23	Old-Age Dependency Ratio (Female)	Percent	2001	13.77
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SL No.	Indicators	Unit	Latest Year	
28	Urban)	Per thousand	2004	170
	HEALTH			
29	Life Expectancy 60+ (Male)	Years	1997-2001	16.0
30	Life Expectancy 60+(Female)	Years	1997-2001	18.1
31	Life Expectancy 60+(Persons)	Years	1997-2001	17.1
32	Death Rate (60-64years) (Male- Rural)	Per thousand	2001	26.3
33	Death Rate (60-64years)(Female- Rural)	Per thousand	2001	19.2
34	Death Rate (60-64years) (Rural)	Per thousand	2001	22.7
35	Death Rate (60-64years) (Male- Urban)	Per thousand	2001	26.9
36	Death Rate (60-64years) (Female- Urban)	Per thousand	2001	15.6
37	Death Rate (60-64years)(Urban)	Per thousand	2001	21.3
38	Death Rate (60-64years) (Male)	Per thousand	2001	26.5
39	Death Rate (60-64years) (Female)	Per thousand	2001	18.3
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43	Physical Disabled among Aged Persons 60+(Rural combined)	Per Lakh	2002	1846
44	Physical Disabled among Aged Persons 60+(Male Urban)	Per Lakh	2002	1670
45	Physical Disabled among Aged Persons 60+(Female Urban)	Per Lakh	2002	1311
46	Physical Disabled among Aged Persons 60+(Urban)	Per Lakh	2002	1499
	EDUCATION			
48	Literacy Rate 60+(Rural Male)	Percent	2001	45.49
49	Literacy Rate 60+(Rural Female)	Percent	2001	13.01
50	Literacy Rate 60+(Total Rural combined)	Percent	2001	29.05
51	Literacy Rate 60+(Urban Male)	Percent	2001	74.98
52	Literacy Rate 60+(Urban Female)	Percent	2001	41.8
53	Literacy Rate 60+(Urban combinedTotal)	Percent	2001	58.08
54	Literacy Rate 60+(Male)	Percent	2001	52.83
55	Literacy Rate 60+(Female)	Percent	2001	20.25

SL No.	Indicators	Unit	Latest Year	
56	Literacy Rate 60+(Total Combined)	Percent	2001	36.31

TWILIGHT



Ageing is a privilege and a societal achievement

Ageing is a privilege and a societal achievement. It is also a challenge, which will impact on all aspects of 21st century society. It is a challenge that cannot be addressed by the public or private sectors in isolation: it requires joint approaches and strategies.

FACTS ABOUT AGEING

- In 2000, there were 600 million people aged 60 and over; there will be 1.2 billion by 2025 and 2 billion by 2050.
- Today, about two thirds of all older people are living in the developing world; by 2025, it will be 75%.
- In the developed world, the very old (age 80+) is the fastest growing population group.
- Women outlive men in virtually all societies; consequently in very old age, the ratio of women/men is 2:1.

(Source: WHO/UNSD)

PROBLEMS AND ISSUES

The phenomenon of population ageing is becoming a major concern for the policy makers all over the world, for both developed and developing countries, during last two decades.

It is observed that percentage of aged 60 or more is rapidly swelling and even the percentage of persons above age 80 is going up over the years. Simultaneously, the ratio of people of “working age” (15–59 years) to those of retirement age is shrinking — and even within the working age group average age is also increasing.

Whether this phenomenon of transformations of structure of global population will lead to a serious socio economic crisis or not is yet to be inconclusive so far India is concerned, nevertheless it is a matter of great concern. Further the problems arising out of it will have varied implications for underdeveloped, developing and developed countries.

For the developed countries there will have direct consequences for economic institutions due to shrinking workforce resulting downward macroeconomic performance. They may have serious problems on manpower availability, and workforce attainment which further could have adverse domestic implications for productivity and economic growth in distant future unless remedial action is taken right now. It may effect research, innovation, entrepreneurship, and competitiveness. For the developing countries including India, the ageing population may pose mounting pressures on various socio economic fronts including pension outlays, health care expenditures, fiscal discipline, savings levels etc. For such countries, the social and economic consequences of ageing could be harsh — and the options for diluting the adverse effects of gray population may be limited. In some of these countries, population ageing could even effect long-term growth and development.

Between 2001 and 2025, current projections anticipate the total population of the under developed regions will increase by about one-fourth. The most rapidly growing cohort within that population, however, will be the 65-plus group: Again the Third World’s (Developing Countries) senior citizens will roughly double in numbers over those years, to about 570 million person, or about 8.5 percent of the total for 2025.

Ageing of population is effected due to downward trends in fertility and mortality. Low birth rates coupled with long life expectancies, pushes the population to an ageing humanity. The majority of world population already lives in countries with “sub-replacement fertility” regimes with pretty low TFR (Total Fertility Rate) below the replacement level.

In India TFR has shown a downward trend over the years. But fortunately it is not in the sub-replacement zone. On the other hand many countries of the East Asia, South Asia, the Middle East, Eastern Europe, and Latin America, fall below replacement level. This may result into migration of young blood to other countries causing reduction of younger population in India.

Although projections indicate that India's population above 60 years will be double in size between 2001 and 2026, the elders account for 12.17 percent of overall population in 2026, median age of total population would be just over 30 YEARS. It means even then India will be country of young people

But being a vast country India may face ageing problems differently at rural and urban India. India's total fertility rate has dropped by more than two-fifths over the past three decades — from about 5.4 births in the early 1970s to approximately 3.1 today — but the change has varied from one region to the other region. It is observed that sub-replacement level fertility today prevails in all the Metros. In Kerala it is deteriorating fast due to internal and external migration.

By 2026, North India population would be younger compared to the South. In India another paradoxical problem will arise in due course of time. By 2026 Kerala will have highest educated working people with average age hovering above (median age) 35 years whereas Uttar Pradesh will have uneducated and less educated working population with average age below 30 years. Which is a contradiction for India's development in the coming years. India will have another kind of problem by 2026 as despite of rapid and uninterrupted economic growth, India will have a large number of ageing population who may be far poorer than that of the West. The actual number aged for those countries will be much less and they are also well off and therefore the Western societies had to face lesser degree of population ageing problems.

In India, those who have worked in organized sector are getting pension and other retirement benefits after attaining the age of superannuation varying between 58 or 60 years. For others, Government of India and State Governments, at present, have very nominal old-age pension coverage. It varies from Rs. 75/- to 150/- in a month. In addition some other additional benefits for the elderly are also being provided by the Central and State Governments. But much is to be done as at the old age their medical expenses go up and dependency on children / relative goes up for physical, mental and economical support. In India, though percentage wise graying is not very rapid, but due to its mammoth size planning for the elderly is a huge challenge for the policy makers. It is worth mentioning here that, the problems faced by the females in India are much more compared to men due adverse literacy rate, customary ownership of property by men and majority of women are not in organized sector and labour force during their prime. Therefore, the policy for elderly may also keep a realistic achievable gender component. It is to be remembered that sensitizing the issue and deliberate public action can dilute some of the adverse consequences of graying Educating the mass with high investment in human resource development we can overcome these problems up to a great extent.

NATIONAL POLICY ON OLDER PERSONS

THE POLICY

In view of the demographic changes, consequent socio-economic implications and increasing need for intervention in area of old age welfare, Ministry of Social Justice and Empowerment, Government of India adopted 'National Policy on Older Persons' in January, 1999. The policy provides broad guidelines to State Governments for taking action for welfare of older persons in a proactive manner by devising their own policies and plans of action.

The policy stipulates that State Govt. will take affirmative action to provide facilities, concessions and relief to senior citizens for improving their quality of life and to ensure that the existing public services are user friendly and sensitive to older persons. It provides a comprehensive picture of various facilities and covers many areas like financial security, health care, shelter education, welfare, protection of life and property etc.

The policy defines 'senior citizen' as a person who is 60 years old or above. It strives to ensure well-being of senior citizens and improve quality of their lives through providing specific facilities, concessions, relief, services etc. and helping them cope with problems associated with old age. It also proposes affirmative action on part of Government Departments for ensuring that the existing public services for senior citizens are user friendly and sensitive to their needs.

DETAILS OF POLICY AND PROGRAMMES FOR THE WELFARE OF ELDERLY PERSONS

I NATIONAL POLICY ON OLDER PERSONS

The National Policy seeks to assure older persons that their concerns are national concerns and they will not live unprotected, ignored or marginalized. The goal of National policy is the well being of older persons. It aims to strengthen their legitimate place in society and help older persons to live the last phase of their life with purpose, dignity and peace.

The Policy visualizes that the State will extend support for financial security, health care, shelter, welfare and other needs of older persons, provide protection against abuse and exploitation, make available opportunities for development of the potential of older persons, seek their participation, and provide services so that they can improve the quality of their lives. The Policy is based on some broad principles.

The Policy recognizes the needs for affirmative action in favour of the elderly. It has to be ensured that the rights of older persons are not violated and they get opportunities and equitable share in development benefits from different sectors of development, programmes and administrative actions will reflect sensitivity towards older persons living in rural areas. Special attention will be necessary to older females so that they do not become victims of triple neglect and discrimination on account of gender, widowhood and age.

The Policy views the life cycle as a continuum, of which post 60 phase of life is an integral part. It does not view age 60 as the cut off point for beginning a life of dependency. It considers 60+ as a phase when the individual should have the choices and the opportunities to lead an active, creative, productive and satisfying life. An important thrust is, therefore, on active and productive involvement of older person and not just their care.

The policy values an age-integrated society. It will endeavour to strengthen integration between generations, facilitate two way flows and interactions, and strengthen bonds between the young and the old. It believes in the development of a social support system, informal as well as formal, so that capacity of families to take care of older persons is strengthened and they can continue to live in their family.

The policy recognizes that older person, too is a resource. They render useful services in the family and outside. They are not just consumers of goods and services but also their producers. Opportunities and facilities need to be provided so that they can continue to contribute more effectively to the family, the community and society.

The Policy firmly believes in the empowerment of older persons so that they can acquire better control over their lives and participate in decision making on matters which affect them as well as on other issues as equal partners in the development process. The decision making process will seek to involve them to a much larger extent specially since they constitute 12 per cent of the electorate, a proportion which will rise in the coming years.

The Policy recognises that larger budgetary allocations from the State will be needed and the rural and urban poor will be given special attention. However, it is neither feasible nor desirable for the State alone to attain the objectives of the National Policy. Individuals, families, communities and institutions of civil society have to join hands as partners.

The Policy emphasises the need for expansion of social and community services for the older persons, particularly women, and enhance their accessibility and use by removing socio-cultural, economic and physical barriers and making the services client oriented and user friendly. Special efforts will be made to ensure that rural areas, where more than three-fourths of the older population lives, are adequately covered.

PRINCIPAL AREAS OF INTERVENTION AND ACTION STRATEGIES

Financial Security

A great anxiety in old age relates to financial insecurity. When the issue is seen in the context of fact that one-third of the population (1993-94) is below the poverty line and about one-third are above it but belong to the lower income group, the financial situation of two-thirds of the population 60+ can be said to be fragile. Some level of income security in old age is a goal, which will be given very high priority. Policy instruments to cover different income segments will be developed.

For elderly persons below the poverty line, old age pension provides some succour. Coverage under the old age pension scheme for the poor persons will be significantly expanded from the January 1997 level of 2.76 million with the ultimate objective of covering all older persons below the poverty line. Simultaneously, it will be necessary to prevent delays and check abuse in the matter of selection and disbursement. Rate of monthly pension will need to be revised at intervals so that inflation does not deflate its real purchasing power. Simultaneously, the public distribution system will reach out to cover all persons 60+ living below the poverty line.

Employees of government and quasi government bodies and industrial workers desire better returns from accumulations in provident funds through prudent and safe investment of the funds. Issues involved will be given careful consideration. It will be ensured that settlement of pension, provident fund, gratuity and other retirement benefits is made promptly and superannuated persons are not put to hardship due to administrative lapses. Accountability for delays will be fixed. Redressal mechanisms for superannuated persons will ensure prompt, fair and humane treatment. Widows will be given special

consideration in the matter of settlement of benefits accruing to them on the demise of husband.

Pension is much sought after income security scheme. The base of pension coverage needs to be considerably expanded. It would be necessary to facilitate the establishment of pension schemes both in the private as well as in the public sector for self-employed and salaried persons in non-governmental employment, with provision for employers also to contribute. Paramount considerations in regard to pension schemes are total security, flexibility, liquidity and maximization of returns. Pension funds will function under the watchful eye of a strong regulatory authority, which lays down the investment norms, and provide strong safeguards.

Taxation policies will reflect sensitivity to the financial problems of older persons which accelerate due to very high costs of medical and nursing care, transportation and support services needed at home. Organisations of senior citizens have been demanding a much higher standard deduction for them and a standard annual rebate for medical treatment, whether domiciliary or hospital based, in cases where superannuated persons do not get medical coverage from their erstwhile employers. There are also demands that some tax relief must be given to son or daughter when old parents co-reside and also allow some tax rebate for medical expenses. These and other proposals of tax relief will be considered.

Long term savings instruments will be promoted to reach both rural and urban areas. It will be necessary for the contributors to feel assured that the payments at the end of the stipulated period are attractive enough to take care of the likely erosion in purchasing power due to erosion. Earners will be motivated to save in their active working years for financial security in old age.

Pre-retirement counselling programmes will be promoted and assisted.

Employment in income generating activities after superannuation should be the choice of the individual Organisations which provide career guidance, training and orientation, and support services will be assisted. Programmes of non-governmental organisations for generating incomes of old persons will be encouraged. Age related discrimination in the matter of entitlement to credit, marketing and other facilities will be removed. Structural adjustment policies may affect the older workers in some sectors more adversely, specially those in household or small scale industry. Measures will be taken to protect their interests.

The right of parents without any means to be supported by their children having sufficient means has been recognised by Section 125 of the Criminal Procedure Code. The Hindu Adoptions and Maintenance Act, 1956, too, secures this right to parents. To simplify the procedure, provide speedy relief, lay down the machinery for processing cases, and define the rights and circumstances in a comprehensive manner, the Himachal Pradesh legislative Assembly passed the Himachal Pradesh Maintenance of Parents and Dependents Bill, 1996. The Government of Maharashtra has prepared a Bill on similar

lines. Other States will be encouraged to pass similar legislation so that old parent unable to maintain himself or herself do not face abandonment and acute neglect.

Health Care and Nutrition

With advancing age, old persons have to cope with health and associated problems some of, which may be chronic, of a multiple nature, require constant attention and carry the risk of disability and consequent loss of autonomy. Some health problems, specially when accompanied by impaired functional capacity, require long term management of illness at home, and of nursing care.

Health care needs of older persons will be given high priority. The goal should be good affordable health services, very heavily subsidized for the poor and a graded system of user charges for others. It will be necessary to have a judicious mix of public health services, health insurance, and health services provided by not for profit organisations including trusts and charities, and private medical care. While the first of these will require greater State participation, the second category will need to be promoted by the State, the third category given some assistance, concessions and relief and the fourth encouraged but subjected to some degree of regulation, preferably by an association of providers of private care.

The primary health care system will be the basic structure of public health care. It will be strengthened and oriented to be able to meet the health care needs of old persons as well as public health services, preventative, curative, restorative and rehabilitative, will be considerably expanded and strengthened and geriatric care facilities provided at secondary and tertiary levels. This will imply much larger public sector outlays, proper distribution of services in rural and urban areas, and much better health administration and delivery systems.

The development of health insurance will be given high priority to cater to the needs of different income segments of the population and have provision for varying contributions and benefits. Packages catering to the lower income groups will be entitled to state subsidy. Various reliefs and concessions will be given to health insurance to enlarge the base of coverage and make them affordable.

Trusts, charitable societies and voluntary agencies will be promised, encouraged and assisted by way of grants, tax relief and land at subsidized rates to provide free beds, medicines and treatment to the very poor elder citizens and reasonable user charges for the rest of the population.

Private medical care has expanded in recent years offering the latest medical treatment facilities to those who can afford it. Where land and other facilities are provided at less than market rates, bodies representing private hospitals and nursing homes will be requested to direct their members to offer a discount to older patients.

Private general practitioners will be extended opportunities for orientation in geriatric care.

Public hospitals will be directed to ensure that elderly patients are not subjected to long waits and visits to different counters for medical tests and treatment. They will endeavour to provide separate counters and convenient timings on specified days. Geriatric wards will be set up.

Medical and para-medical personnel in primary, secondary and tertiary health care facilities will be given training and orientation in health care of the elderly. Facilities for specialisation in geriatric medicine will be provided in the medical colleges. Training in nursing care will include geriatric care. Problems of accessibility and use of health services by the elderly arise due to distance, absence of escort and transportation. Difficulties in reaching a public health care facility will be addressed through mobile health services, special camps and ambulance services by charitable institutions and not for profit health care organisations. Hospital will be encouraged to have a separate Welfare Fund which will receive donations and grants for providing free treatment and medicines to poor elderly patients.

For the old who are chronically ill and are deprived of family support, hospices supported or assisted by the State, public charity, and voluntary organisations will be necessary. These are also needed to cater to cases of abandonment of chronically ill-aged patients admitted to public hospitals.

Assistance will be given to geriatric care societies for the production and distribution of instruction material on self-care by older persons. Preparation and distribution easy to follow guidance material on health and nursing care of older persons for the use of family caregivers will also be supported.

Older persons and their families will be given access to educational material on nutritional needs in old age. Information will be made available on the foods to avoid and the right foods to eat. Diet recipes suiting tastes of different regions which are nutritious, tasty, fit into the dietary pattern of the family and the community, are affordable and can be prepared from locally available vegetables, cereals and fruits will be disseminated.

The concept of health ageing will be promoted. It is necessary to educate older persons and their families that diseases are not a corollary of advancing age nor is a particular chronological age the starting point for decline in health status. On the contrary, preventive health care and early diagnosis can keep a person in reasonably good health and prevent disability.

Health education programmes will be strengthened by making use of mass media, folk media and other communication channels, which reach out, to different segments of the population. The capacity to cope with illness and manage domiciliary care will be strengthened. Programmes will also be developed targeting the younger and middle age

to inform them how life styles during early years affect health status in later years. Messages on how to stay healthy for the entire life span will be given. The importance of balanced diets, physical exercise, regular habits, reduction of stress, regular medical check up, allocation of time for leisure and recreation, and pursuit of hobbies will be conveyed. Programmes on yoga, meditation and methods of relaxation will be developed and transmitted through different channels of communication to reach diverse audiences.

Mental health services will be expanded and strengthened. Families will be provided counseling facilities and information on the care and treatment of older persons having mental health problems.

Non-Governmental organisations will be encouraged and assisted through grants, training and orientation of their personnel and various concessions and relief to provide ambulatory services, day care and health care to complement the efforts of the State.

Shelter

Shelter is a basic human need. The stock of housing for different income segments will be increased. Housing schemes for urban and rural lower income segments will earmark 10% of the house/house sites for allotment to older persons. This will include Indira Awas Yojana and other schemes of the government. Earning persons will be motivated to invest in their housing in their earning days so that they have no problems of shelter when they grow old. This will require speedy urban land development for housing, time bound provision of civic services and communication links, and availability of loans at reasonable rates, easy repayment installments, and time bound construction schedules and tax reliefs. Development of housing has to be a joint endeavour of public and private sectors and require participation of Housing Development Boards, civic authorities, housing finance institutions and private developers and builders. Older persons will be given easy access to loan for purchase of housing and for major repairs, with easy repayment schedules.

Layouts of housing colonies will have to respond to the life styles of the elderly. It will have to be ensured that there are no physical barriers to mobility, and accessibility to shopping complexes, community centres, parks and other services is safe and easy. A multi-purpose centre for older persons is a necessity for social interaction and to meet other needs. It will, therefore, be necessary to earmark sites for such centres in all housing colonies. Segregation of older persons in housing colonies has to be avoided as to prevent interaction with the rest of the community. Three or four storeyed houses without lifts are unfriendly to older persons, tend to isolate them, restrain their movement outside the home, and are a serious barrier to access to services. Preferences will be given to older persons in the allotment of flats on the ground floor.

Group housing of older persons comprising flatlets with common service facilities for meals, laundry, common room and rest rooms will be encouraged. These would have easy access to community services, Medicare, parks, recreation and cultural centers.

Education, training and orientation of town planners, architects and housing administrators will include modules on needs of older persons for safe and comfortable living.

Older persons and their families will be provided access to information on prevention of accidents and on measures, which enhance safety, taking cognizance of reduced physical capacity and infirmities.

Noises and other forms of pollution affect children, the sick and older persons more adversely. Norms will be laid down and strictly enforced.

Civic authorities and bodies providing public utilities will be required to give top priority to attending complaints of older persons. Payment of civic dues will be facilitated. Older persons will be given special consideration in promptly dealing with matters relating to transfer of property, mutation, property tax and other matters. Harassment and abuses in such cases will be checked.

Education

Education, training and information needs of older persons will be met. These have received virtually no attention in the past. Information and educational material especially relevant to the lives of older people will be developed and widely disseminated using mass media and non-formal communication channels.

Discriminations, if any, against older persons for availing opportunities for education, training and orientation will be removed. Continuing education programmes will be encouraged and supported. These would cover a wide spectrum ranging from career development to creative use of leisure, appreciation of art, culture and social heritage, and imparting skills in community work and welfare activities. Assistance of open universities will be sought to develop packages using distance learning techniques. Access of older persons to libraries of universities, research institutions and cultural centres will be facilitated.

Educational curriculum at all stages of formal education, as also non-formal education programmes will incorporate material to strengthen intergenerational bonds and mutually supporting relationships. Interactions with educational institutions will be facilitated whereby older persons with professional qualifications and knowledge in science, arts, environment, socio-cultural heritage, sports and other areas could interact with children and young persons. Schools will be encouraged and assisted to develop out-reach programmes for interacting with older persons on a regular basis, participate in the running of senior citizens centres and develop activities in them.

Individuals of all ages, families and communities will be provided with information about the ageing process and the changing roles, responsibilities and relationships at different stages of the life cycle. The contributions of older persons

inside the household and outside will be highlighted through the media and other forums and negative images, myths and stereotypes dispelled.

Welfare

The main thrust of welfare will be to identify the more vulnerable among the older persons such as the poor, the disabled, the infirm, the chronically sick and those without family support, and provide welfare services to them on a priority basis. The policy will be to consider institutional care as the last resort when personal circumstances are such that stay in old age homes becomes absolutely necessary.

Non-institutional services by voluntary organisations will be promoted and assisted to strengthen the coping capacity of older persons and their families. This has become necessary since families, as they become smaller and women work outside the home, have to cope with scarcity of full time caregivers. Support services will provide some relief through sharing of the family's caring responsibilities.

Assistance will be provided to voluntary organisations by way of grants-in-aid for construction and maintenance of old age homes. Those for the poor will be heavily subsidized. It is important that such institutions become lively places of stay and provide opportunities to residents to interact with the outside world. Non-governmental organisations will be encouraged to seek professional expertise in the designing of old age homes, keeping in view needs of group living at this stage of the life cycle and the class of clients they serve. Minimum standards of services in such homes will be developed and facilities provided for training and orientation of persons employed in these homes.

Voluntary organisations will be encouraged and assisted to organise services such as day care, multi-service citizen's centres, reach out services, supply of disability related aids and appliances, assistance to old persons to learn to use them, short term stay services and friendly home visits by social workers. For old couples or persons living on their own, helpline, telephone assurance services, help in maintaining contacts with friends, relatives and neighbours and escorting older persons to hospitals, shopping complexes and other places will be promoted for which assistance will be given to voluntary organisations. Older persons will be encouraged to form informal groups of their own in the neighborhood which satisfy the needs for social interaction, recreation and other activities. For a group of neighborhoods/villages, the formation of senior citizen's forums will be encouraged.

A Welfare Fund for older persons will be set up. It will obtain funding support from government, corporate sector, trusts, charities, individual donors and others. Contributions to the Fund will be given tax relief. States will be expected to establish similar Funds.

The need for plurality of arrangements for welfare services is recognised. Government, voluntary organisations and private sector agencies all have a place, the latter catering to those who have the means and desire better standards of care.

Protection of Life and Property

Old persons have become soft targets for criminal elements. They also become victims of fraudulent dealings and of physical and emotional abuse within the household by family members to force them to part with their ownership rights. Widow's rights of inheritance, occupancy and disposal are at times violated by their own children and relatives. It is important that protection is available to older persons. The introduction of special provisions in IPC to protect older persons from domestic violence will be considered and machinery provided to attend all such cases promptly. Tenancy legislation will be reviewed so that the rights of occupancy of older persons are restored speedily.

Voluntary organisations and associations of older persons will be assisted to provide protective services and help to senior citizens through helpline services, legal aid and other measures.

Police will be directed to keep a friendly vigil on older couples or old single persons living alone and promote mechanisms of interaction with neighborhood associations. Information and advice will be made available to older persons on the importance of keeping contacts on phone with relatives, friends and neighbors and on precautions to be taken on matters such as prevention of unauthorized entry, hiring of domestic help, visits of repair and maintenance persons, vendors and others, and the handling of cash and valuables.

Other Areas of Action

There are various other areas, which would need affirmative action of the State to ensure that policies and programmes reflect sensitivity to older persons. Among these are issue of identity cards by the administration, fare concessions in all modes of travel, preference in reservation of seats and earmarking of seats in local public transport; modifications in designs of public transport vehicles for easy entry and exist; strict enforcement of traffic discipline at zebra crossings to facilitate older persons to cross streets, priority in gas and telephone connections and in fault repairs; removal of physical barriers to facilitate easy movement; concessions in entrance fees in leisure and entertainment facilities, art and cultural centres, and places of tourist interest.

Speedy disposal of complaints of older persons relating to fraudulent dealings, cheating and other matters will go a long way in providing relief to them. Machinery for achieving this objective will be put in place.

Issues pertaining to older persons will be highlighted every year on the National Older Person's Day. The Year 2000 will be declared as the National year for Older Persons. Activities during the year will be planned and executed with the participation of different organisations.

Facilities concessions and reliefs given to older persons by the Central and State governments and the agencies will be compiled, updated at regular intervals and made available to associations of older persons for wide dissemination.

Non-Governmental Organisation

The State alone cannot provide all the services needed by older persons. Private sector agencies cater to a rather small paying segment of the population. The National Policy recognises the NGO sector as a very important institutional mechanism to provide user friendly affordable services to complement the endeavours of the State in this direction.

Voluntary effort will be promoted and supported in a big way and efforts made to remedy the current uneven spread both within a state and between states. There will be continuous dialogue and communication with NGOs on ageing issues and on services to be provided. Networking exchange of information and interactions among NGOs will be facilitated. Opportunities will be provided for orientation and training of manpower. Transparency, accountability, simplification of procedures and timely release of grants to voluntary organisations will ensure better services. The grant-in-aid policy will provide incentives to encourage organisations to raise their own resources and not become dependent only on government funding for providing services on a sustainable basis.

Trusts, charities, religious and other endowments will be encouraged to expand their areas of concern to provide services to the elderly by involving them on ageing issues.

Older persons will be encouraged to organise themselves to provide services to fellow senior citizens thereby making use of their professional knowledge, expertise and contacts. Initiatives taken by them in advocacy, mobilisation of public opinion raising of resources and community work will be supported.

Support will be provided for setting up volunteer programmes which will mobilise the participation of older persons and others in community affairs, interact with the elders and help them with their problems. Volunteers will be provided opportunities for training and orientation on handling problems of the elderly and kept abreast of developments in the field to promote active ageing. Volunteers will be encouraged to assist the homebound elderly, particularly frail and elderly women and help them to overcome loneliness.

Trade unions, employers' organisations and professional bodies will be approached to organise sensitivity programmes for their members on ageing issues, and promote and organise services for superannuated workers.

Realizing the Potential

The National Policy recognises that 60+ phase of life is a huge untapped resource. Facilities will be made available so that this potential is realized and individuals are enabled to make the appropriate choices.

Older persons, particularly women, perform useful but unsung roles in the household. Efforts will be made to make family members appreciate and respect the contribution of older persons in the running of the household specially when women, too, are working outside the home. Special programmes will be designed and disseminated through the media targeted at older persons so that they can enrich and update their knowledge, integrate tradition with contemporary needs and transmit more effectively socio-cultural heritage to the grandchildren.

Family

Family is the most cherished social institution in India and the most vital non-formal social security for the old. Most older persons stay with one or more of their children, particularly when independent living is no longer feasible. It is for them the most preferred living arrangement and also the most emotionally satisfying. It is important that the familiar support system continues to be functional and the ability of the family to discharge its caring responsibilities is strengthened through support services.

Programmes will be developed to promote family values, sensitise the young on the necessity and desirability of inter-generational bonding and continuity and the desirability of meeting filial obligations. Values of caring and sharing need to be reinforced. Society will need to be sensitised to accept the role of married daughters in sharing the responsibilities of supporting older parents in the light of changing context where parents have only one or two children, in some situations only daughter. This would require some adjustment and changes in perceptions of in-laws in regard to sharing of caring responsibilities by sons and daughters as a corollary to equal rights of inheritance and the greater emotional attachment that daughters have with their parents.

State policies will encourage children to co-reside with their parents by providing tax relief, allowing rebates for medical expenses and giving preference in the allotment of houses, persons will be encouraged to go in for long term savings instruments and health insurance during their earning days so that financial load on families can be eased. NGOs will be encouraged and assisted to provide services, which reach out to older persons in the home or in the community. Short term stay-in facilities for older persons will be supported so that families can get some relief when they go out. Counselling services will be strengthened to resolve inter-familial stresses.

Research

The importance of a good data base on older persons is recognised. Research activity on ageing will require to be strengthened. Universities, medical colleges and research institutions will be assisted to set up centres for gerontological studies and geriatrics. Corporate bodies, banks, trusts and endowments will be requested to institute Chairs in Universities and medical colleges in gerontology and geriatrics. Funding support will be provided to academic bodies for research projects on ageing. Superannuated scientists will be assisted so that their professional knowledge can be utilized.

An interdisciplinary coordinating body on research will be set up. Data collecting agencies will be requested to have a separate age category 60 years and above. Professional associations of gerontologists will be assisted to strengthen research activity, disseminate research findings and provide a platform for dialogue, discussion, debate and exchange of information.

The necessity of a national institute of research, training and documentation is recognised. Assistance will be given for setting up resource centres in different parts of the country.

Training of Manpower

The policy recognises the importance of trained manpower. Medical colleges will be assisted to offer specialisation in geriatrics. Training institutions for nurses and for the paramedical personnel need to introduce specific courses on geriatric care in their educational and training curriculum. In-service training centres will be strengthened to take up orientation courses on geriatric care. Assistance will be provided for development of curriculum and course material. Schools of Social Work and University Departments need to give more attention in their curriculum to issues relating to older persons, intervention strategies and organisation of services for them. Facilities will be provided and assistance given for training and orientation of personnel of non-governmental organisations providing services to older persons. Exchange of training personnel will be facilitated.

Assistance will be given for development and organisation of sensitization programmes on ageing for legislative, judicial and executive wings at different levels.

Media

The National Policy recognises that media have a very important role to play in highlighting the changing situation of older persons and in identifying emerging issues and areas of action. Creative use of media can promote the concept of active ageing and help dispel stereotypes and negative images about this stage of the life cycle. Media can also help to strengthen inter-generation bonds and provide individuals, families and

groups with information and educational material which will give better understanding of the ageing process and of ways to handle problems as they arise.

The Policy aims to involve mass media as well as informal and traditional communication channels on ageing issues. It will be necessary to provide opportunities to media personnel to have access to information apart from their own independent sources of information and reporting of field situations. Their participation in orientation programmes on ageing will be facilitated. Opportunities will be extended for greater interaction between media personnel and persons active in the field of ageing.

NATIONAL OLD AGE PENSION SCHEME [NOAPS]

The National Social Assistance Programme [NSAP], which came into effect from 15th August 1995 represents a significant step towards the fulfillment of the Directive Principles in Article 41 and 42 of the Constitution. The National Old Age Pension Scheme [NOAPS], which is a major Component of this Programme, introduces a National Policy for social assistance benefit to poor households in the case of old age. This scheme was modified in 1998 based on the feedback received from the State Governments. In the modified form of this scheme, central assistance is available to aged persons, as per the following criteria:-

- Age of the applicant {male or female} is 65 years or more.
- The applicant is a destitute, in the sense of having little or no regular means of subsistence from his/her own sources of income or through financial support from family members or other sources.
- The amount of old age pension is Rs. 75/- per month for the purpose of claiming central assistance.

Objective of the scheme

The NOAPS is a 100% Centrally Sponsored Programme. The scheme aims at ensuring minimum national standards in providing social assistance benefits to poor households. These are in addition to the benefits that the States are currently providing or might provide in future. The intention in providing 100% Central assistance is to ensure that social protection to the beneficiaries everywhere in the country is uniformly available without interruption. Accordingly, it should be ensured that Central assistance does not displace States own expenditure in this respect and States/UTs may expand their own coverage of social assistance independently wherever they wish to do so.

The NSPA provides opportunities for linking social assistance packages to schemes for poverty alleviation and provision of basic needs. Specifically, old age pension can be linked to medical care and other benefits for the old and poor.

The NOAPS is implemented in the States/UTs through Panchayats and Municipalities. The Panchayats and Municipalities are encouraged to involve voluntary

agencies to the extent possible in taking the benefits to the poor households for whom they are intended. The States/UTs have already taken various steps to appropriately implement the programme.

National Social Assistance Programme, a 100% Centrally Sponsored Scheme, is a Social Assistance Programme for poor households and represents a significant step towards the fulfillment of the Directive Principles in Articles 41 and 42 of the Constitution recognizing the current responsibility of the Central and State Governments in the matter. NSAP had three components – National Old Age Pension Scheme (NOAPS), National Family Benefit Scheme (NFBS) and National Maternity Benefit Scheme (NMBS). The National Maternity Benefit Scheme has since been transferred to Ministry of Health & Family Welfare w.e.f. 1.4.2001. Under the NOAPS, an amount of Rs. 75/- per month was provided as Central Assistance to old and destitute persons of 65 years and above. Under NFBS an amount of Rs. 10000/- was provided as Central Assistance to the households below the poverty line on the death of the primary breadwinner within the age group of 18 to 64 years.

The Annapurna Scheme aimed at providing food security to meet the requirement of those Senior Citizens of 65 years and above, who though eligible, have remained uncovered under the National Old Age Pension Scheme. Under the Scheme, 10 KG of food grains per month was provided free of cost to the beneficiary.

As a result of the review of the Centrally sponsored Schemes by the Planning Commission, the National Social Assistance Programme comprising the National Old Age Pension Scheme, the National Family Benefit Scheme and the Annapurna Scheme had been transferred to the State Plan with effect from the Financial year, 2002-03. After the transfer of the schemes the total allocation for the transferred schemes has been intimated by the Planning Commission. The funds are being released by the Ministry of Finance/Ministry of Home Affairs as Additional Central Assistance (ACA) to the States/UTs and the States/UTs have requisite flexibility in the choice and implementation of the Schemes. The ACA provided to the States/UTs under the NSAP and Annapurna could be utilized by the States/UTs on Welfare Schemes of Old Age Pension, Family Benefit or free good grains to the aged by taking up one or two or all of the three or in any other combination, in accordance with their own priorities and needs. Against the combined allocation of Rs. 679.87 crore for the year, 2004-05, the progressive released under NSAP and Annapurna Schemes up to July, 2004 is Rs.180.72 crore.

ANNAPURNA SCHEME

The Finance Minister in his Budget Speech in February, 1999 proposed a new Scheme known as 'Annapurna' Scheme to provide food security to the indigent senior citizens of the country who are eligible for old age pension under National Social Assistance Programme but are presently not receiving it and whose children are not residing in the same village. 10 k.g. of food grains are to be given to each eligible beneficiary under the Scheme free of cost through the public distribution system. The

number of persons benefiting from the scheme will not, for the present, exceed 20% of the old age pensioners within a State. The Gram Panchayats will be required to identify, prepare and display a list of such persons after giving wide publicity.

SCHEME OF ASSISTANCE TO PANCHAYATI RAJ INSTITUTIONS / VOLUNTARY ORGANISATIONS / SELF HELP GROUPS FOR CONSTRUCTION OF OLD AGE HOMES/MULTI SERVICE CENTRES FOR OLDER PERSONS

Realizing the significance of (a) rapid demographic changes in India in favour of increasing number and proportion of persons above the age of 60, (b) a slow but marked withdrawal of family support due to weakening of joint family ties and migration of children to cities and developed regions and (c) special biological, socio-economic and emotional needs of old age, the Government of India started a Scheme of Assistance to Panchayati Raj institutions/voluntary organisations/self help groups for providing assistance for construction of old age homes/multi -service centres for older persons in each district of the country.

Objective

The Scheme aims at providing financial grant for construction of old age home or Service Centre for Older Persons. To this end a one time construction assistance shall be provided to Non-Governmental Organisations/Self Help Groups/Panchayati Raj Institutions for construction of Old Age Home or a Multi-Service Centre consisting of Day Care Centres for the mobile, reach out units for the home bound and Old Age Homes for the destitute Older Persons.

Day care centres

The Day Care Centres will be required to provide various non-institutional support systems to Older Persons such as developmental programmes for preparation for old age, death and bereavement; raising family and community awareness for enriched interactions; health check up camps; information and awareness for prevention of problems and treatment; continuing education; training and opportunities for income generation, employment exchange and sponsorship; training as volunteers; recreation, cultural and creative programmes; occupational therapy, counselling and legal aid; self/mutual help groups; family assistance; information and referral service in the best interest of Older Persons.

Old Age Homes

The Old Age Homes provides self-fulfillment, health and nutrition and care giving, continuing education and recreation activities to the Older Persons particularly the destitute and the homeless. An effort is made to ensure that institutional life in the Old Age Homes corresponds to normal conditions in the family and in the community. To this end, the old age homes are allowed to keep their health, education and recreation services open to non-resident Older Persons. The resident's interaction with their family members and the community would also be encouraged.

Quantum of grant

Grant in aid under the Scheme shall be limited to Rs. 30 lakhs per Home/Centre and this amount shall be used for the purpose of

- Construction of building and for furnishing/equipping the old age home/multi-service centre,
- Expansion of the existing building, building of the existing home/centre
- Completion of the construction of the building and for furnishing/equipping the home/centre

The institution must complete the building within a period of 18 months from the date of the receipt of the first installment in aid unless extension is granted by the Central Government.

No portion of the grant will be paid until the controlling authority of the institution/organisation has executed and registered a bond in the approval form, as prescribed by the Government of India.

After the completion of the building, the organisation shall furnish to the Central Government copies of the following documents:-

- ❖ A Certificate from State PWD or an Organisation/Agencies which may be approved by the Ministry of Welfare to the effect that the building has been completed in accordance with the approved plans and estimates; and
- ❖ A statement of expenditure incurred on the construction of building, duly audited by the authorized auditors.

The head of the organisation shall ensure that building is open to inspection by the Officer of the State PWD or the CPWD or any other agency, officer designated for

the purpose by the Central or State Government both during the period of construction as well as after the completion of the construction. It shall be the duty of the head of the organisation to carry out any instructions, which may be issued in this behalf by the Central Government or the State Government as the case may be.

Project Old Age Social and Income Security (OASIS)

An Expert Committee headed by Dr. S.A. Dave, former Chairman of Unit Trust of India, examined the policy questions connected with old age social income security. The final report of the Project OASIS was presented to this Ministry in January 2000. The report contains recommendations on the scheme and actions that the Government may take to ensure that every young worker can build up enough savings during his/her working life, which would serve as a shield against poverty in old age. As an action prior to cabinet approval for implementation, a Group of Ministers (GoM), Government of India, under the Chairmanship of Shri K. C. Pant, Deputy Chairman, Planning Commission was constituted to consider the recommendations in the OASIS Report. The Department of Economic Affairs is the convener and provides administrative and technical support to the GoM.

The OASIS Report recommended a scheme Government is presently providing economic security during old age through pensions, which are confined to the salaried employees which is less than 11% of the total estimated working population. Therefore, almost 90% of India's workforce are not eligible to participate in any scheme that enables them to save for their old age. The recommendations of the report are expected to benefit this target population.

The recommendations of OASIS have a twin focus of further improving existing pension provisions and to devise a fresh pension plan for excluded workers. The recommendations of the project report would form the basis of any future policies of the Government in this regard. This has been done with a view to meet the challenge of demographic projections, which suggest that the number of aged in India will rise to 179 million by 2026. This would be 13.3% of the population.

AN INTEGRATED PROGRAMME FOR OLDER PERSONS

Plan Scheme of the Ministry of Social Justice and Empowerment

Goal

Building a society for all ages.

Aims

To empower and improve the quality of life of Older Persons.

Objectives

- (i) Reinforce and strengthen the ability and commitment of the family to provide care to Older Persons;
- (ii) Foster amiable multi-generational relationships;
- (iii) Generate greater awareness on issues pertaining to Older persons and enhanced measures to address these issues;
- (iv) Popularise the concepts of Life Long Preparation for Old Age at the individual level as well as at the societal level;
- (v) Facilitate Productive Ageing;
- (vi) Promote Health Care, Housing and Income Security needs of the Older Persons;
- (vii) Provide care to the Destitute elderly;
- (viii) Strengthen capabilities on issues pertaining to Older Persons of Local Bodies/State Governments, NGOs and Academic/Research and other institutions.

Strategy

Developing Awareness and providing support to build the capacity of Government, Non-Government Organisations and the Community at large to make productive use of Older Persons and to provide care to Older Persons in need; sensitising children and Youth towards Older Person; reinforcing the Indian Family tradition of providing special care and attention to Older Persons and organising Older Persons themselves into coherent self help groups capable of articulating their rights and interests.

Target Group

While the basic thrust of the programme will be on the Older Persons (of age 60 years and above) particularly the infirm, destitute and the widows amongst them broad based interventions targeting the family and the community shall also be under-taken within the overall context of improving the quality of life of Older Persons.

Programme Component

- (i) Programmes to reinforce and enhance the commitment and ability of the family to take care of Older Persons;
- (ii) Programmes to build and strengthen intergenerational relationships particularly between children/youth and Older Persons;
- (iii) Programmes emphasizing and contributing towards the need to undertake Life Long Preparation for Old Age;
- (iv) Programmes facilitating Productive Ageing;
- (v) Programmes enabling formation of Self Help Groups/Associations of Older Persons and advancement of their rights and interests;

- (vi) Programmes facilitating and improving the Health care of Older Persons including development of trained manpower/paramedicos to provide care and attention to Older Persons.
- (vii) Programmes attending to the housing needs of Older Persons particularly shelter to the destitute elderly;
- (viii) Programmes aimed at promoting the Income Security needs of Older Persons particularly those engaged in Agriculture, Non Formal Sector and those living in rural areas;
- (ix) Programmes for providing Institutional as well as Non Institutional Care/ Services to Older Persons;
- (x) Advocacy and Awareness building programmes in the field of Ageing;
- (xi) Research, training and Documentation in the field of Ageing and
- (xii) Any other programmes in the best interests of the Older Persons.

Eligibility for Assistance

Under the scheme, grants shall be sanctioned subject to terms and conditions laid down by this Ministry and provided application for the same is received as per prescribed proforma. The agencies eligible for assistance shall be as follows :

- (i) Non-Government Organisation meeting the following requirements :
 - (a) It is a registered body under an appropriate Act so that it gets a corporate status and a legal personality and a group liability established for its activities;
 - (b) It has an appropriate administrative structure and a duly constituted managing/executive for its activities;
 - (c) The aims and objects of the organisation and programmes in fulfillment of those aims and objects are preciously laid down; and
 - (d) The organisation is initiated and governed by its own members on democratic principles.
- (ii) It should have been registered for a period of two years but in the case of the North Eastern region, J&K, Desert areas and under serviced/ Under-represented areas the condition of two years will not be applicable. In other deserving cases where an individual or a group of individuals has substantial back-ground and experience in the specific sector and the individual or the group of individuals want to work in that area the condition of two years may be relaxed by Secretary (SJ&E).
- (iii) Institutions or organisations set-up by Government as autonomous bodies either under a statute or as a society registered under the Societies Registration Act, 1860 or otherwise.

- (iv) Educational and other institutions of the like of local bodies and cooperative societies.
- (v) In exceptional cases financial assistance under the schemes shall also be provided to State Government/Union Territory Administrations.

Funding Pattern

Up to 90% of the cost of the project will be provided by the Government of India and the remaining shall be borne by the organisation / institutions concerned. However, in the case of schools, colleges and recognised youth organizations such as Nehru Yuvak Kendra Sanghathan (NYKS) and the National Service Scheme (NSS) undertaking programmes and services for Older Persons, 100% cost of the project shall be provided by the Government. In case of State Government / Local /Municipal Bodies undertaking execution of any activity directly the funding pattern will be 90: 10 between the Government of India and the State Government / Local / Municipal Body. However, in cases where an activity is taken up by Union Territory Administration, 100% of the cost shall be born by the Government of India. The Ministry of Social Justice & Empowerment shall not undertake any activity under the scheme, however, costs incurred for Monitoring and Evaluation of the Schemes, Advocacy, Awareness building, Research, Documentation, Training etc. shall be fully payable from the budgetary allocations made for the programme.

Extent of Support to the Project

Under the Programme while no predefined cost heads shall be stipulated, at the project formulation stage each implementing agency shall submit a detailed proposal clearly bringing out programme modalities and individual expenditure heads. The Ministry of Social Justice & Empowerment while approving the projects shall indicate the extent of support to the project as a whole as well as each component of the project, which shall not be variable except by prior approval of the Ministry. Normally a ceiling of Rs. 10 Lakhs per annum per project shall be applicable for release of grant-in-aid under the programme. Further for all new projects under the scheme, there shall be a ceiling of 60% on the expenditure to be incurred by an organisation on administrative costs and the balance 40% of the expenditure must be spent directly on the beneficiaries.

**CONCESSIONS AND FACILITIES GIVEN TO SENIOR CITIZENS BY
DIFFERENT MINISTRIES/DEPARTMENTS OF THE GOVERNMENT**

Sl.No	Name of the Ministry/ Department	Facilities/Benefits given to Senior Citizens
1.	Ministry of Social Justice & Empowerment	<p>Ministry of Social Justice & Empowerment is the nodal Ministry responsible for welfare of the Senior Citizens. It has announced the National Policy on Older Persons that seeks to assure older persons that their concerns are national concerns and they will not live unprotected, ignored and marginalized. The National Policy aims to strengthen their legitimate place in the society and to help older people to live the last phase of their life with purpose, dignity and peace. The National Policy on Older Persons inter alia visualizes support for financial security, health care and nutrition, shelter, emphasis upon education, training and information needs, provision of appropriate concessions, rebates and discounts, etc. to Senior Citizens and special attention to protect and strengthen their legal rights such as to safeguard their life and property. The National Policy on Older Persons recognizes a senior citizen as a person who has attained the age of 60 years. The Ministry has also written to all the Ministries/ State Governments concerned for adopting a uniform age of 60 years for extending facilities/concessions to senior citizens. The Ministry is also implementing following schemes for the benefit of Senior Citizens. (a) The Scheme of Assistance to Panchayati Raj Institutions/ Voluntary Organisation /Self Help Groups for Construction of Old Age Homes/multi-service centres for older persons. Under this scheme, on e time construction grant for old age home/multi-service centres provided. (b) An Integrated Programme for Older persons has been formulated by revising the earlier scheme of “Assistance to Voluntary Organisation for Programmes relating to the Welfare of the Aged”. Under this Scheme, financial assistance upto 90% of the project cost is provided to NGOs for establishing and maintaining old age homes, day care centres, mobile Medicare unites and to provide non-institutional services to older persons.</p>

2	Ministry of Rural Development	1) Under the National Old age Pension scheme, Central Assistance of Rs.75/- pm is granted to destitute older persons above 65 years. This scheme has been transferred to the State P w.e.f 2002-03. 2) Under the Annapurna Scheme , free food grains (wheat or rice) upto 10 KG per month are provided to destitute older persons 65 years or above who are otherwise eligible for old age pension but are not receiving it. However the scheme has been transferred to the State sector w.e.f. 2002-03.
3	Ministry of Finance	Section 88 of the Finance Act , 1992, provides income tax rebate upto 15,000/- or actual tax , whichever is less to senior citizens who have attained the age of 65 at any time during the relevant previous year. This has been revised to 20,000/- in the budget of 2003-04. As a result , their income upto Rs.1.53 lakhs would become fully exempt from income tax. Hence, effective exemption limit had thereafter be actually higher and was Rs. 1.83 due to standard deduction. For the assessment year 2006-07, if a senior citizen(Above 65 years) has income below the exemption limit of Rs.1,85,000/-, he is not compulsorily required by the law to file his/ her Income Tax Return. RBI has also permitted higher rates of interest on saving schemes of senior citizens(persons having the age of 65 years and above).(Details are given in another chapter).
4	Ministry of Road Transport and Highways	Ministry of Road Transport and Highways has informed that a decision has been taken regarding reservation of two seats in front row of the buses of the State Road Transport Undertakings.
5	Ministry of Health and Family Welfare	The Ministry of Health& Family Welfare, on request from the Ministry of Social Justice & Empowerment, has issued instructions to all State Governments to provide for separate queues for older persons in hospitals for registration and clinical examination.
6	Ministry of Railways	a) Indian Railways provide 30% concession in all Mail/Express including Rajdhani/ Shatabadi/ Jan Shatabadi trains for senior citizens aged 60 years and above b) Indian Railways also have the facility of separate counters for Senior Citizens for purchase/booking/ cancellation of tickets.
7	Ministry of Civil Aviation	1. Indian Airlines is providing 50 percent Senior Citizen Discount on Normal Economy Class fare for all domestic flights to Indian senior citizens who have completed the age of 65 years in the case of male senior citizens and 63

		years in the case of female senior citizens subject to certain conditions. 2. Jet Airways is providing 50 percent discount on basic fare for all domestic flights in Economy Class to senior citizens having the age of 65 years (male and female).3. Sahara India Airlines is providing 50 percent discount on basic fare for all domestic flights in Economy Class to senior citizens having age of 62 years (men and women).
8	Ministry of Consumer Affairs, Food and Public Distribution	The Cabinet has on 5.6.2003 issued necessary guidelines to extend the coverage of the Antyodaya Scheme, under which food is provided to destitute old, to cover an additional 50 lakh Below Poverty Line families including 60+ population.
9	MCD, Delhi	MCD, Delhi, has opened a separate counter for senior citizens for submission of property tax.
10	Life Insurance Corporation of India	The Life Insurance Corporation of India has launched a special pension policy called the "Varishta Bima Pension Yojana" guaranteeing an annual return of 9% in the form of monthly pension scheme to senior citizens. Through this scheme, a pensioner, or any citizen above 55 years of age, could on payment of a lump-sum amount get benefits calculated at 9 percent per annum. For this scheme, and with pensions in mind, any citizen above the age of 55 years will qualify, and will get a monthly return in the form of a pension for life. Upon demise, the initial amount deposited will be returned to the spouse/nominee under the policy. The minimum and maximum pensions proposed are Rs. 250 and Rs. 2000 per month. This monthly pension will start from the month following the payment of the lump-sum amount by the citizen. The Government will reimburse the difference between the actual yield earned by the LIC, on the funds invested under the scheme and the assured return of 9 percent to the LIC annually.
11	Miscellaneous	1. Telephone connection is given on priority to senior citizens of age 65 years and above by the Ministry of Communications.2. On the request of the Ministry of Social Justice and Empowerment, the Hon'ble Chief Justice of India has advised Chief Justices of all High Courts in the country to accord priority to cases involving older persons and ensure their expeditious disposal.

STATE POLICY ON SENIOR CITIZENS
(NATIONAL TERRITORY OF DELHI)

POLICY STATEMENTS

1. *Dignified life for senior citizens:*

The elderly would be recognized and treated not as a liability, but individuals worthy of respect and legitimate place in society. They would not be ignored, marginalized or remain unprotected and would be helped in living their life with peace and dignity.

2. *Special focus on vulnerable groups:*

Special attention and care would be extended to vulnerable groups like widows, disabled and infirm old persons and the destitute. Special consideration would also be given to older females so that they do not become victims of neglect and discrimination.

3. *Providing shelter and strengthening family as ‘care giver’:*

The State would make efforts to provide and facilitate provision of adequate institutional care (both day care and residential) for old persons. Role of family in providing support to the elderly would be recognized as vital element in care of the aged and efforts would be made for strengthening social support system and sensitizing caregivers so that capacity of families to take care of the elderly is strengthened and they can continue to live with their families.

4. *Expansion of services and making them user friendly:*

The Government would support initiation of new and expansion of existing services/ programs for older persons and try to make them accessible, client oriented and user friendly, particularly in the field of transport where senior citizens feel most handicapped as also in field of health and shelter which become primary concerns in old age.

5. *Encouraging voluntary action:*

NGOs, voluntary organizations and senior citizens; groups would be encouraged and assisted through appropriate financial and non-financial measures to come forward with innovative ideas, pilot projects, new schemes and programs for addressing concerns of older persons and providing welfare services to them.

6. *Tapping skills and experience of senior citizens :*

Support services would be provided for utilizing experience and skills of older persons so that they are able to live as productive members of society. Efforts would also be made for organizing older persons into coherent self-help groups capable of articulating their rights and interest and providing support to each other.

7. *Proactive role of the State:*

The state would play a positive interventionist and leadership role in implementation of the State Policy on older persons and Plan Of Action.

8. *Participation of senior citizens in decision making:*

Senior citizens would be involved in making decisions affecting their lives by way of suitable institutionalized mechanisms like State Council for Older Persons and State Level Association of Older Persons.

Demographics at State level

Delhi has a significantly large population of old persons. According to Census of India (1991), Delhi's total population was 94,20,644 whereby senior citizens (60 years old or above) constituted 4.7% of the total population i.e. 4,42,770. In contrast with overall sex ratio of Delhi, women outnumber men marginally in category of senior citizens with their proportion being 4.7% and males' being 4.6%. According to Census of India (2001), Delhi's total population has come to 1,37,82,976. Assuming that proportion of senior citizens (4.7%) has not changed significantly during the past decade, their total number comes to 6,47,800. According to National Family Health Survey (1999), approximately 6.5% of Delhi's population is projected to comprising of old persons. Out of this, 5.1% fall in age group of 60-69 years, 2% in age group of 70-79 years and 0.6% in age group of 80 years and above. As per records available with the Electoral Office, Delhi had a total of 6,93,524 senior citizens as on 30th May 2003. The figure is expected to rise further in coming years.

Implications

Large number of senior citizens in the State necessitates formulation of special programs and strategic interventions for them. The above data reflects that a significant number of senior citizens come under the age group of 60-69 years who are expected to be active and healthy. Since a major proportion of this group belongs to middle class, who are likely to be educated and probably retired this is also indicative of huge reservoir of human resource with skill, experience and time. Large number of women in elderly population along with high incidence of widowhood and economic dependence on other

earning members also makes it necessary that gender perspective is imparted to intervention strategies regarding old age welfare.

On one hand number of senior citizens in total population is rising at an unprecedented rate and on the other hand urbanization and industrialization is changing lifestyles drastically especially in metropolitan cities like Delhi where apart from change in lifestyle, traditional value system is also undergoing change. Certain features of city like small family norm, nuclear families, lack of free time to care for the aged, limited living space, high cost of living, long working hours, concept like privacy, space, independence, materialism, focus on self etc. lead to feeling of loneliness in old persons and make them vulnerable to being ignored and ill treated.

IMPLEMENTATION OF THE POLICY

Department of Social Welfare, Government of N.C.T of Delhi has already constituted a State Level Advisory Committee comprising of representatives of all the Departments/ public agencies, having interface with senior citizens, associations of senior citizens and N.G.Os working in area of old age welfare. Apart from other things, the committee would also be responsible for preparing a plan of action for implementation of the above policy and monitoring implementation of the same.

Towards this purpose, the committee would identify various areas of intervention relevant for senior citizens like health, security, welfare, shelter, education, conveyance, financial assistance etc. and recommend specific intervention related initiatives along with identification concerned agencies/ Departments for implementation of the specified initiatives.

Department of Social Welfare has already been designated as the ‘ Nodal Department’ for coordinating affairs of the above said committee and other matters concerning senior citizens in Delhi.

In response, Department of Social Welfare, Government of Delhi has formulated a State Policy in consonance with the National Policy for implementation in N.C.T of Delhi. Various departments of Delhi Government have already been apprised of the same and they have initiated a number of measures/facilities for the benefit of senior citizens in Delhi. A brief description of these facilities/concessions is given below.

1. Health Department:

- i. Special clinics have been started on Sundays for senior citizens of the age of 60 and above in 9 hospitals under Govt. of NCT of Delhi namely Lok Nayak Hospital, GTB Hospital, Deen Dayal Upadhyay Hospital, Aruna Asaf Ali Hospital, Sanjay Gandhi Memorial Hospital, Dr. Joshi Memorial Hospital, Babu Jagjivan Ram Hospital, Rao Tula Ram Memorial Hospital, Lal Bahadur Shastri Hospital. These clinics function for 2 hours from 10:00 AM to 12:00 noon and provide services under medicine, surgery, orthopedics, gynaecology, ENT and eye specialists supported with Pathological tests and Radiological diagnostic facilities.
- ii. In all the major hospitals under Delhi Government a separate counter for registration and in a few hospital separate rooms have been earmarked in the OPD for senior citizens. They are given preference in all pathological tests and examinations on out of turn basis.
- iii. A provision of separate queue has also been kept in all the hospitals/dispensaries at dispensing counters so that senior citizens should not have any difficulty in getting medicines available in the hospitals/dispensaries.

2. Delhi Transport Corporation:

- i. Concessional passes are being issued to senior citizens at the following rates:

Type of Pass	Rate P.M. in Rs.
i) Destination	Rs. 50/-
ii) All Route	Rs. 125/-
iii) All Route (with G.L. facility)	Rs. 150/-

- ii. Instructions have been issued to maintain separate queue/counters for these citizens at Pass Section for issue /renewal of passes.
- iii. There is no provision of reservation of seats in DTC buses for senior citizens, however, "Please offer seats to old citizens" has been written inside DTC buses.

3. Police Department:

Special Protection Scheme has been launched by Delhi Police for senior citizens in Delhi. Provisions of this scheme are given as under:

- i. SHOs will conduct a survey of elderly persons who are living alone, required protection and help them in all situations of need.
- ii. Weekly visits by division officers/constables to the residence of such persons. Special police verification of servants employed by such persons.
- iii. Chawkidars of the area will be briefed to take special care of such citizens and their identification will be verified.
- iv. SHOs and division officers will inspect their homes for special home security measures and motivate them to install the same wherever necessary.
- v. They should be explained the utility of installing an alarm bell with their neighbours and get the same installed wherever necessary.
- vi. Retired diplomats, military officials and civil servants may be contacted and visited by senior police officers.
- vii. Continuous cooperation and contact with NGOs like Helpage to get new insights into ways and means by which police can respond to the needs of this target group.

There are instances where elder citizens complain of harassment and trouble at the hands of hostile, neighbours, relatives and others. In such circumstances, while the law takes its course in regard to offences committed by concerned individuals, police can, however, have better appreciation of the merits of each case in its overall context by keeping a close watch on the developing situation.

Separate queues and counters for senior citizens at public places:

Separate queues and counters have been provided for senior citizens by MTNL, Railways, Government Hospitals, public distribution outlets and the same is likely to be followed soon by other Departments like MCD, NDMC, DVB, DJB etc.

**OLD AGE HOME BEING RUN BY DEPARTMENT OF SOCIAL WELFARE,
DELHI GOVERNMENT**

1. Old Age Home
PWD Barracks, B Block, Kalkaji, Delhi-19
(Near Gurudwara & Desh Bandhu Gupta College)
Phone No. 6218940
2. Home for Aged and Infirm Persons
Khadi Gramodyog Bhawan, Narela, Delhi-40
(Near Musaddi Lal Higher Secondary School)
Phone No. 27784236

OLD AGE HOMES BEING RUN BY N.D.M.C.

1. Sandhya
Home for senior citizens
Opposite Hyatt Regency Hotel, Netaji Nagar, New Delhi-23
Phone No. 24671273, 24603542, 24103542
2. Aaradhana
Home for Senior Citizens(ladies only)
Bhagwan Das Lane New Delhi-1
Phone no. 23382795
3. Senior Citizens Home
B- 37, Greater Kailash-1(Opposite Archana Cinema Complex), New Delhi-48
Phone no. 24615249, 26524778

LIST OF OLD AGE HOMES BEING RUN BY NGOs IN DELHI

1. Ozanam Home Society
Rosary School Compound, Radio Colony, Kingsway Camp, Delhi-9
Phone no. 27129182 & 27141369
2. Home for the Aged(Delhi Christian Friend-In-Need Society)
Village Asola, Fatehpur Beri, Chattarpur Road, N.D.-30
Phone No. 26652011, 26518114
3. Kartar Vridh Ghar
Village Kaushak, G.T. Karnal Road, Delhi
4. Ayudham Society for the Old and Infirm
Village Rewla Khanpur, P.O. Pandwala Kalan,
Jhatikra Road Near Najafgarh , New Delhi-43
Phone no. 25013655
5. Elders Homes Society
Flat No. 23/24, Shankar Market, Connaught Circus, New Delhi-1
Phone No. 23412061 & 23413980
6. Nirmal Hriday Home
1, Magazine Road, New Delhi-54
7. Shahid Sainik Stri Sadan
P.P.G Lane, Rashtrapati Bhawan, New Delhi-14
8. Arya Mahila Ashram
Near Arya Samaj Mandir, Durga Colony, New Rajendra Nagar, New Delhi-60
Phone no. 25717786 & 25725091
9. St. Mary's Home for the Aged Women
6, Rajpur Road Delhi-54.
Phone no. 23928868
10. Geeta Vridh Ashram
New Rajinder Nagar, New Delhi-60
Phone no. 25725560
11. Nav Kaushalya Rani Home for the Aged Blind
Narela Delhi
Phone no. 26176379 & 27285164
12. Godhuli – Senior Citizens Home
Plot- 7, Sector-2, Dwarka, New Delhi-45 Phone no. 25080568

13. Senior Citizen Home for Air Force Personnel
Tughlaqabad, New Delhi
14. Anand Dham & Vridh Ashram
(Jagriti Mission Project)
Bakkarwala Road, Nangloi – Najafgarh Road, Delhi-41
Phone no. 25187600, 25481300

OLD AGE HOMES BEING RUN BY NGOs IN NOIDA

1. MANVAYATAN
Plot No.2, Sector-37, Institutional Area (behind community centre)
NOIDA, Uttar Pradesh

RESERVE BANK POLICY FOR SENIOR CITIZEN

Senior Citizens Savings Scheme, 2004 –Salient Features

1. The salient features of the Senior Citizens Savings Scheme, 2004 are:

Tenure of the scheme	5 years which can be extended by 3 more years
Rate of interest	9 per cent per annum
Frequency of computing interest	Quarterly
Taxability	Interest is fully taxable
Whether TDS is applicable	Yes, Tax will be deducted at source
Investment to be in multiples of	Rs. 1000/-
Maximum investment limit	Rs. 15 lakh
Minimum eligible age for investment	60 years (55 years for those who have retired on superannuation or under a voluntary or special voluntary scheme). The retired personnel of Defence Services (excluding Civilian Defence Employees) shall be eligible to invest irrespective of the age limits subject to the fulfillment of other specified conditions
Premature withdrawal facility	Available after one year of holding but with penalty
Transferability feature	Not transferable to others
Tradability	Not tradable
Nomination facility	Nomination facility is available
Modes of holding	Accounts can be held both in single and joint holding modes. Joint holding is allowed but only with spouse
Application forms available with	Post Offices and designated branches of 24 Nationalised banks and one private sector bank
Applicability to NRI, PIO and HUFs	Non resident Indians, Persons of Indian Origin and Hindu Undivided Family are not eligible to open an account under the scheme.
Transfer from one deposit office to another	Transfer of account from one deposit office to another in case of change of residence is permitted

2. Joint account :

Joint account under the SCSS, 2004 can be opened only with the spouse [Rule 3 (3)]. In case of a joint account, the age of the first applicant / depositor is the only factor to decide the eligibility to invest under the scheme. There is no age bar/limit for the second applicant / joint holder (i.e. spouse) [Rule 3 (3)]. The whole amount of investment in an account under the scheme is attributed to the first applicant / depositor only. As such, the question of any share of the second applicant / joint account holder (i.e. spouse) in the deposit in the account, does not arise. [Rule 3 (3)]

3. Opening of separate Accounts by both the spouses:

Both the spouses can open individual and / or joint accounts with each other with the maximum deposits upto Rs.15 lakh each, provided both are individually eligible to invest under relevant provisions of the Rules governing the scheme (Rules 3 and 4)

4.. Income tax rebate / exemption :

No income tax / wealth tax rebate is admissible under the scheme. The prevailing income tax provisions shall apply (GOI letter F. No.2/8/2004/NS-II dated October 13, 2004)

5. Applicability of TDS to the scheme:

TDS is applicable to the scheme as interest payments have not been exempted from deduction of tax at source. The facility of furnishing a declaration in Form No. 15H (prescribed under the Income Tax Rules, 1962) is available to a person (payee) resident in India and who is of the age of 65 years or more at any time during the previous year (since a person who has attained 65 years or more at any time during the previous year only is treated as a Senior Citizen under the provisions of Income Tax Act, 1961). A declaration in Form 15 G can be furnished by a depositor of less than 65 years of age. In cases where a certificate under Section 197(1) of the Income Tax Act, 1961 from the Assessing Officer is furnished, the agency banks / post offices shall not deduct tax at source or, as the case may be, deduct at a lower rate as specified in the certificate. (GOI letter F. No.2/8/2004/NS-II dated March 28, 2006)

6. Minimum limit prescribed for deduction of tax at source:

Tax is to be deducted at source if the interest paid or payable exceeds Rs 5000/- during the

financial year. (GOI letter F. No.2/8/2004/NS-II dated June 06, 2006)

7. Rate at which TDS is to be deducted from the account holder :

The rate for TDS for a financial year is specified in Part II of Schedule I of the Finance Act for that year. The prescribed rate for the financial year 2006-2007 are as under :

In the case of a person other than a company ;

(a) Person resident in India – 10 %

(b) Others – 20 %

The amount so deductible shall be enhanced by surcharge calculated as per the following rate :

In the case of Individual, HUF, Association of Person and Body of Individuals – 10% if the interest paid / payable exceeds Rs.1000000/-

The amount of "TDS+Surcharge" shall be further enhanced by 2 % of "TDS+Surcharge" on account of education cess (GOI letter F. No.2/8/2004/NS-II dated June 06, 2006).

8. Recovery of TDS from the undrawn interest payable to the legal heirs of the deceased depositors:

Tax shall be deducted at source even from any interest paid / payable to the legal heir of the account holder. (GOI letter F. No.2/8/2004/NS-II dated June 06, 2006)

9. Basis of TDS on interest payments:

TDS is applicable from the very first day that SCSS, 2004 was made operational regardless of the fact that the Central Government or Reserve Bank of India or any authority might have issued any Notification / circular / clarification at a later stage (GOI letter F. No.2/8/2004/NS-II dated June 06, 2006)

10. Nomination under the Scheme :

(i)The depositor may, at the time of opening of the account, nominate a person or persons who, in the event of death of the depositor, shall be entitled to payment due on the account [Rule 6 (1)]

(ii)Nomination may be made by the depositor at any time after the opening of the account

but before its closure, by an application in Form C accompanied by the Pass book to the deposit office [Rule 6 (2)]

(iii) The nomination made by the depositor may be cancelled or varied by submitting a fresh nomination in Form C to the deposit office where the account is being maintained [Rule 6 (3)]

(iv) Nomination can be made in joint account also. In such a case, the joint holder will be the first person entitled to receive the amount payable in the event of death of the depositor. The nominee's claim shall arise only after the death of both the joint holders [Rule 6 (4)]

(v). The person holding the Power of Attorney cannot sign for the nominee in the nomination form (GOI letter No. F.15/8/2005/NS-II dated March 02, 2006)

11. In case of a joint account, if the first holder / depositor expires before maturity :

In case of a joint account, if the first holder / depositor expires before the maturity of the account, the spouse may continue the account on the same terms and conditions as specified under the SCSS Rules. However, if the second holder i.e. spouse has his / her own individual account, the aggregate of his/her individual account and the deposit amount in the joint account of the deceased spouse should not be more than the prescribed maximum limit. In case the maximum limit is breached, then the remaining amount shall be refunded, so that the aggregate of the individual account and deceased spouse's joint account is maintained at the maximum limit [Rules 6 (4) and 8 (3)]

12. Fate of the accounts if both the spouses are maintaining individual accounts and not any joint account and one of them expires:

If both the spouses have opened separate accounts under the scheme and either of the spouses dies during the currency of the account(s), the account(s) standing in the name of the of the deceased depositor / spouse shall not be continued and such account(s) shall be closed [Rule 5 of the Senior Citizens Savings Scheme (Amendment) Rules, 2004 notified on October 27, 2004]

13. No Fee for nomination and / or change / cancellation of nomination:

No fee has been prescribed for nomination and / or change / cancellation of nomination(s) in the accounts under the SCSS, 2004 (GOI letter F. No.2/8/2004/NS-II dated October 13, 2004)

14. Age limit in the case of retired on superannuation or retired Defence Personnel for investment in the scheme :

The retired personnel of Defence Services (excluding Civilian Defence Employees) shall be eligible to subscribe under the scheme irrespective of the age limit of 60 years subject to the fulfillment of other specified conditions (The Senior Citizens Savings Scheme

(Amendment) Rules, 2004 notified on October 27, 2004)

15. Meaning of ‘retirement benefits’ for the purpose of SCSS, 2004 :

(i) "Retirement benefits" for the purpose of SCSS Rules have been defined as 'any payment due to the depositor on account of retirement whether on superannuation or otherwise and includes Provident Fund dues, retirement / superannuation gratuity, commuted value of pension, cash equivalent of leave, savings element of Group Savings linked Insurance scheme payable by employer to the employee on retirement, retirement-cum-withdrawal benefit under the Employees' Family Pension Scheme and ex-gratia payments under a voluntary retirement scheme' (Rule 2 (a) of the Senior Citizens Savings Scheme (Amendment) Rules, 2004 notified on October 27, 2004)

(ii) In case an investor has attained the age of 60 years and above, the source of amount being invested is immaterial [rule 2 (d)(i)]. However, if the investor is 55 years or above but below 60 years and has retired under a voluntary scheme or a special voluntary scheme or has retired from the defence services, only the retirement benefits can be invested in the SCSS [rule 2(d)(ii)].

16. Prescribed period for opening deposit account under the SCSS scheme, by the senior citizen, from the retirement benefits:

If the investor is 60 years and above, there is no time period prescribed for opening the SCSS account(s). However for those below 60 years, the time period prescribed are :

(a) the persons who have attained the age of 55 years or more but less than 60 years and who retired under a voluntary retirement scheme or a special voluntary retirement scheme on the date of opening of an account under these rules, subject to the condition that the account is opened by such individual **within three months of the date of retirement**.

(b) the persons who have retired at any time before the commencement of these rules and attained the age of 55 years or more on the date of opening of an account under these rules, shall also be eligible to subscribe under the scheme **within a period of one month of the date of this notification** (27th October 2004), subject to fulfillment of other conditions [rule 2 of the Senior Citizens Savings Scheme (Amendment) Rules, 2004]

(c) the retired personnel of Defence Services (excluding Civilian Defence Employees) shall be eligible to subscribe under the scheme **irrespective of the above age limits** subject to the fulfillment of other specified conditions [rule 2 of the Senior Citizens Savings Scheme (Amendment) Rules, 2004]

17. Permission of loan by pledging the deposit / account under the SCSS, 2004:

The facility of pledging the deposit / account under the SCSS 2004 for obtaining loans has

not been permitted since the account holder will not be able to withdraw the interest amount periodically, defeating the very purpose of the scheme (GOI letter F. No.2/8/2004/NS-II dated May 31, 2005)

18. Premature withdrawal of the deposits from the accounts under the SCSS, 2004 :

Premature withdrawal / closure of the deposits from the accounts under the SCSS, 2004 has been permitted after completion of one year from the date of opening of the account after deducting the penalty amount as given below :

(i) If the account is closed after one year but before expiry of two years from the date of opening of the account, an amount equal to one and half per cent of the deposit amount shall be deducted.

(ii) If the account is closed on or after the expiry from the date of opening of the account, an amount equal to one per cent of the deposit shall be deducted

However, if the depositor is availing the facility of account under Rule 4 (3), then he can withdraw the deposit and close the account at any time after the expiry of one year from the date of extension of the account without any deduction.

[Rule 9 (1) (a) (b) and (2)]

19. Eligibility of Non-resident Indians, Persons of Indian Origin and Hindu Undivided Family to invest in the SCSS, 2004:

Non resident Indians (NRIs), Persons of Indian Origin (PIO) and Hindu Undivided Family (HUF) are not eligible to invest in the accounts under the SCSS, 2004. If a depositor becomes a Non-resident Indian subsequent to his opening the account and during the currency of the account under the SCSS Rules, the account may be allowed to continue till maturity, on a non-repatriation basis and the account shall be marked as a Non-Resident account [Rule 13 and GOI letter F.No.2/8/2004/NS-II dated June 19, 2006)

20. Account transfer from one deposit office to another:

A depositor may apply in Form G, enclosing the Pass book thereto, for transfer of his account from one deposit office to another, in case of change of residence. If the deposit amount is rupees one lakh or above, a transfer fee of rupees five per lakh of deposit for the first transfer and rupees ten per lakh of deposit for the second and subsequent transfers shall be payable [Rule 11 and GOI Notification GSR..(E) dated March 23, 2006)

21. Opening an account in contravention of the SCSS Rules :

If an account has been opened in contravention of the SCSS Rules, the account shall be closed immediately and the deposit in the account, after deduction of the interest, if any, paid on such deposit, shall be refunded to the depositor (Rule 12)

22. Names of banks handling SCSS, 2004 :

At present there are 24 Nationalised banks and one private sector bank which are handling the SCSS, 2004. The list is given below :

1. State Bank of India
2. State Bank of Hyderabad
3. State Bank of Indore
4. State Bank of Bikaner and Jaipur
5. State Bank of Patiala
6. State Bank of Saurashtra
7. State Bank of Mysore
8. State Bank of Travancore
9. Allahabad Bank
10. Bank of Baroda
11. Bank of India
12. Bank of Maharashtra
13. Canara Bank
14. Central Bank of India
15. Corporation Bank
16. Dena Bank
17. Indian Bank
18. Indian Overseas Bank
19. Punjab National Bank
20. Syndicate Bank
21. UCO Bank
22. Union Bank of India
23. United Bank of India
24. Vijaya Bank
25. ICICI Bank Ltd.

It may be noted that only designated branches of these banks have been authorized to handle SCSS, 2004.

Note: The information given above are based upon the caption 'RESERVE BANK POLICY FOR SENIOR CITIZENS SAVING SCHEME,2004- Frequently Asked Questions' of RBI's website

DATABASE ON ELDERLY



POPULATION AND VITAL STATISTICS

Table 1.1. Population of India (in million) by sex and residence, India 1961 -2001

Census Year	Rural			Urban			Combined		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
1961	183.50	176.80	360.30	42.79	36.15	78.94	226.30	212.94	439.24
1971	225.32	213.73	439.05	58.73	50.39	109.11	284.05	264.11	548.16
1981*	260.05	247.55	523.87	83.88	73.80	159.46	353.37	329.95	683.32
1991**	324.32	304.37	628.69	114.91	102.70	217.61	439.23	407.07	846.30
2001+	381.60	360.89	742.49	150.55	135.57	286.12	532.16	496.45	1028.61

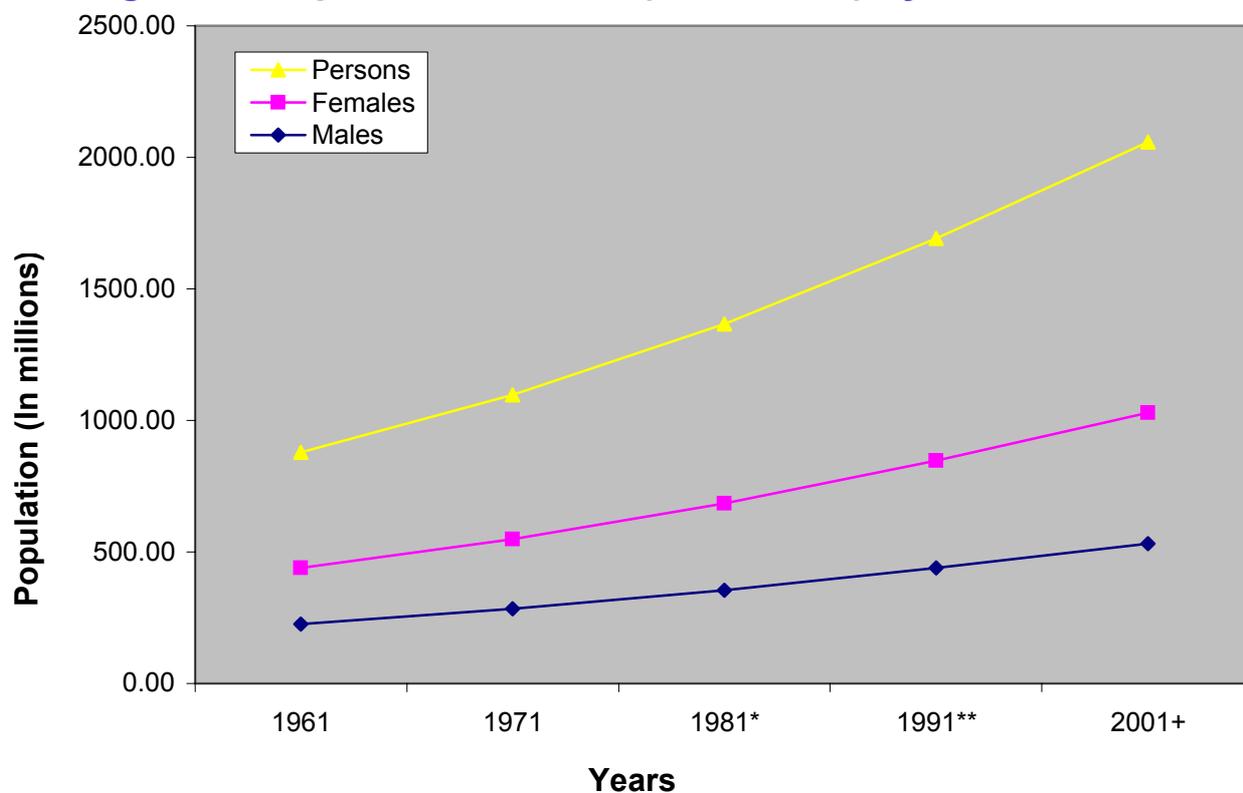
Source : Office of the Registrar General, India.

* The 1981 census could not be held in Assam. The population figures for Assam have been worked out by interpolation.

** Excludes Jammu & Kashmir

+ Excludes 3 sub-divisions of Senapati district of Manipur

Figure 1. Population of India (In millions) by sex, 1961-2001



Absolute population of the country is its most important demographic indicator. The population of India had been increasing steadily since the beginning of the 20th century. It more than quadrupled during the period 1901 to 2001. However, the increase during 1901 to 1951 was not high. After the independence, the rate of growth became faster mainly due to decrease in the death rate because of various health interventions. Even though the birth rate also started declining after independence, its decline was slow. The annual addition of the population during 1991-2001 was more than 27 million, which can be taken as an indicator of the gravity of population problem in the country. More than one Australia is being added every year.

A comparison of male and female population reveals that the sex ratio (females/1000 males), which is an important indicator to study the status of women in the country, has been decreasing significantly over the years. The sex ratio decreased from 940 in 1961 to 933 in 2001. This may be partly due to the sex differentials in enumeration in population censuses and partly due to sex differentials in mortality.

Though the proportion of urban population (about 27.62% in 2001) is small as compared to many other developed and developing countries, the rate of growth of urban population is higher than that of rural population.

Figure 2. Population of India by place of residence

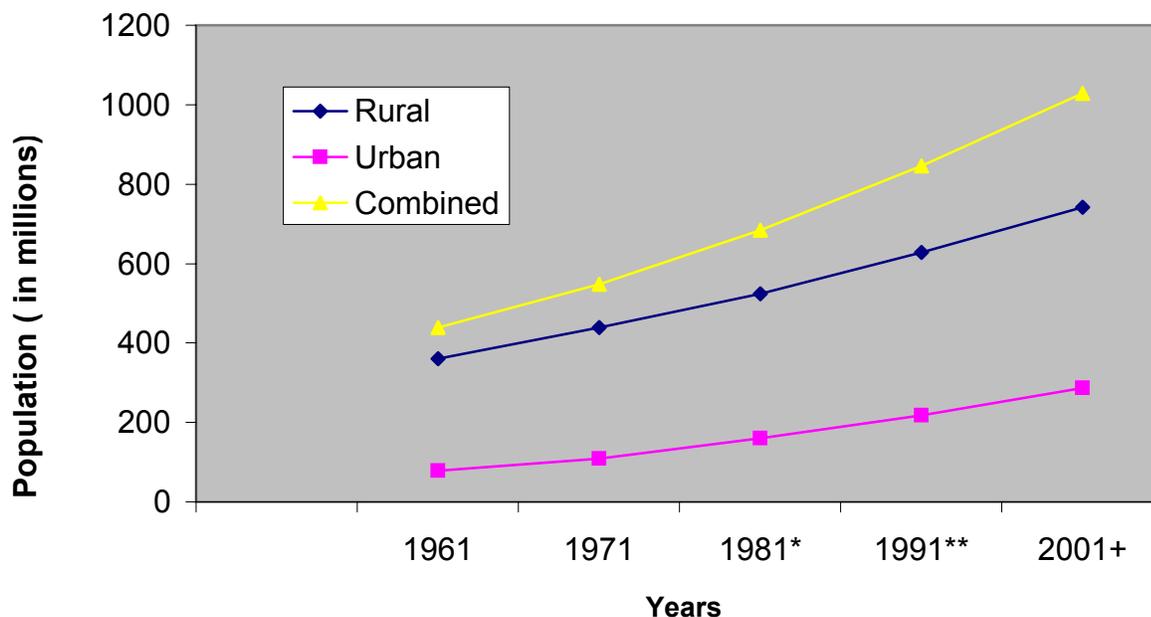


Table 1.2. Projected Population by sex as on 1st March, 2001 - 2026, India (Provisional)			
Year	Population (in million)		
	Males	Females	Persons
2001	531.28 (532.22)	495.74 (496.51)	1027.02 (1028.74)
2006	575.36	538.84	1114.20
2011	616.80	579.75	1196.55
2016	655.82	619.12	1274.94
2021	691.36	655.66	1347.02
2026	722.03	688.81	1410.84

Source : Office of Registrar General, India

1. Provisional Population Totals, Census of India. [figures in brackets are from the final Population
2. Projected population 2006-2026 are based on provisional population totals.

The projected population for future years are required for preparation of perspective plan in various socio-economic sectors. India's population will continue to grow and it will be about 126 crores in 2016 as compared to only 93 crores in 1996.

Interestingly the gap between male and female population will reduce slightly, as there appears to be marginal increase in the sex ratio over the next 16 years. The sex ratio is now expected to continuously increase and achieve the level prevailing soon after independence (i.e. 946 women per 1000 men) in the year 2016.

Figure 3. Projected population by sex

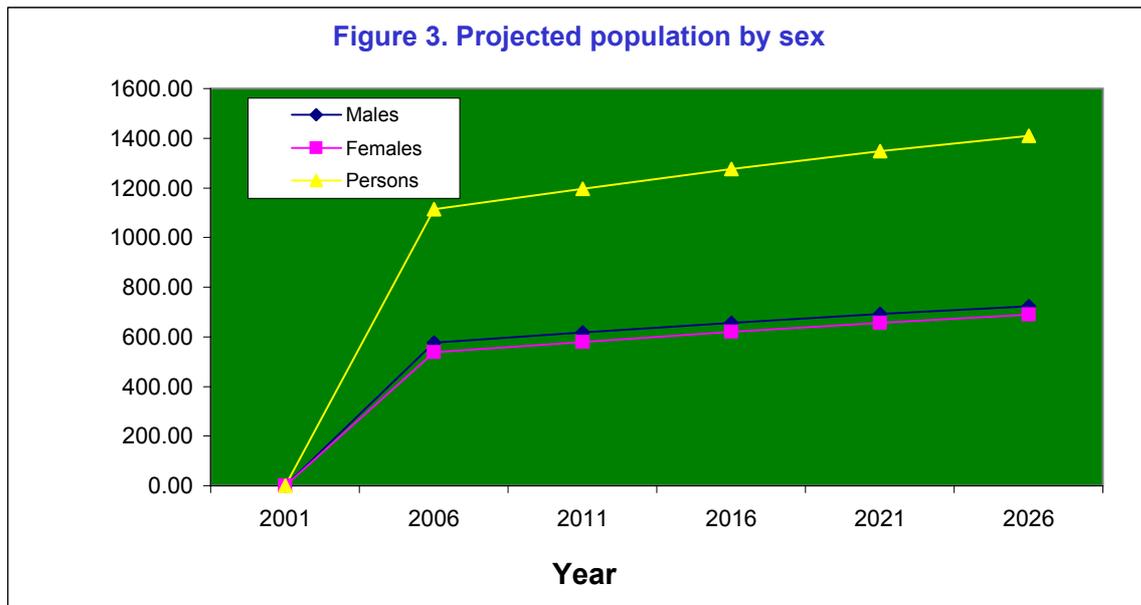


Table 1.3 : Population of India, States and Union Territories by sex and residence, 2001 Census

India/State/Ut	Total			Rural			Urban		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
1	2	3	4	5	6	7	8	9	10
India*	1028610328	532156772	496453556	742490639	381602674	360887965	286119689	150554098	135565591
Jammu & Kashmir	10143700	5360926	4782774	7627062	3977652	3649410	2516638	1383274	1133364
Himachal Pradesh	6077900	3087940	2989960	5482319	2756073	2726246	595581	331867	263714
Punjab	24358999	12985045	11373954	16096488	8516596	7579892	8262511	4468449	3794062
Chandigarh	900635	506938	393697	92120	56816	35304	808515	450122	358393
Uttaranchal	8489349	4325924	4163425	6310275	3144590	3165685	2179074	1181334	997740
Haryana	21144564	11363953	9780611	15029260	8052988	6976272	6115304	3310965	2804339
Delhi	13850507	7607234	6243273	944727	522087	422640	12905780	7085147	5820633
Rajasthan	56507188	29420011	27087177	43292813	22426640	20866173	13214375	6993371	6221004
Uttar Pradesh	166197921	87565369	78632552	131658339	69157470	62500869	34539582	18407899	16131683
Bihar	82998509	43243795	39754714	74316709	38594996	35721713	8681800	4648799	4033001
Sikkim	540851	288484	252367	480981	255774	225207	59870	32710	27160
Arunachal Pradesh	1097968	579941	518027	870087	454680	415407	227881	125261	102620
Nagaland	1990036	1047141	942895	1647249	859716	787533	342787	187425	155362
Manipur*	2166788	1095634	1071154	1590820	808953	781867	575968	286681	289287
Mizoram	888573	459109	429464	447567	232726	214841	441006	226383	214623
Tripura	3199203	1642225	1556978	2653453	1363638	1289815	545750	278587	267163
Meghalaya	2318822	1176087	1142735	1864711	946999	917712	454111	229088	225023
Assam	26655528	13777037	12878491	23216288	11939945	11276343	3439240	1837092	1602148
West Bengal	80176197	41465985	38710212	57748946	29616009	28132937	22427251	11849976	10577275
Jharkhand	26945829	13885037	13060792	20952088	10679596	10272492	5993741	3205441	2788300
Orissa	36804660	18660570	18144090	31287422	15748970	15538452	5517238	2911600	2605638
Chhattisgarh	20833803	10474218	10359585	16648056	8307443	8340613	4185747	2166775	2018972
Madhya Pradesh	60348023	31443652	28904371	44380878	23031093	21349785	15967145	8412559	7554586
Gujarat	50671017	26385577	24285440	31740767	16317771	15422996	18930250	10067806	8862444
Daman & Diu	158204	92512	65692	100856	63606	37250	57348	28906	28442
Dadra & Nagar Haveli	220490	121666	98824	170027	91832	78195	50463	29834	20629
Maharashtra	96878627	50400596	46478031	55777647	28458677	27318970	41100980	21941919	19159061
Andhra Pradesh	76210007	38527413	37682594	55401067	27937204	27463863	20808940	10590209	10218731
Karnataka	52850562	26898918	25951644	34889033	17648958	17240075	17961529	9249960	8711569
Goa	1347668	687248	660420	677091	340545	336546	670577	346703	323874
Lakshadweep	60650	31131	29519	33683	17191	16492	26967	13940	13027
Kerala	31841374	15468614	16372760	23574449	11451282	12123167	8266925	4017332	4249593
Tamilnadu	62405679	31400909	31004770	34921681	17531494	17390187	27483998	13869415	13614583
Pondicherry	974345	486961	487384	325726	163703	162023	648619	323258	325361
Andman & Nicobar Islands	356152	192972	163180	239954	128961	110993	116198	64011	52187

* India and Manipur figures exclude those of the three sub-divisions viz. Mao Maram, Paomata and Purul of Senapati district of Manipur as census results of 2001 in these three sub-divisions were cancelled due to technical and administrative reasons

Source: Office of the Registrar General, India

Table 1.4 . Percentage distribution of population according to age-groups and by sex for India

Age Group (years)	1996 ^a		1997 ^a		1998		1999		2000	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
1	14	15	16	17	18	19	20	21	22	23
0-4	11.3	11.5	11.1	11.4	11.3	11.7	11.5	11.8	11.9	11.5
5-9	13.0	13.2	12.6	12.8	11.9	12.1	11.1	11.3	10.8	10.6
10-14	11.7	12.2	11.7	12.1	11.8	12.3	11.8	12.2	12.1	11.7
15-19	9.2	9.8	9.5	10.1	9.6	10.3	9.9	10.6	10.6	10.0
20-24	9.3	9.1	9.4	9.2	9.3	9.1	9.3	9.1	9.1	9.3
25-29	8.7	8.2	8.6	8.3	8.5	8.3	8.2	8.0	8.0	8.1
30-34	7.7	7.2	7.8	7.3	7.8	7.3	7.8	7.3	7.4	7.8
35-39	6.2	6.4	6.2	6.5	6.3	6.4	6.4	6.3	6.3	6.6
40-44	5.3	5.4	5.4	5.4	5.5	5.5	5.7	5.7	5.7	5.6
45-49	4.1	4.3	4.1	4.3	4.1	4.4	4.3	4.5	4.6	4.4
50-54	3.6	3.6	3.7	3.6	3.8	3.7	3.8	3.8	3.8	3.8
55-59	2.8	2.6	2.8	2.6	2.8	2.7	2.9	2.9	3.0	2.9
60-64	2.8	2.5	2.8	2.5	2.7	2.5	2.7	2.4	2.3	2.6
65-69	1.9	1.7	1.9	1.7	1.9	1.7	2.1	1.9	1.9	2.2
70+	2.5	2.3	2.4	2.2	2.4	2.3	2.8	2.4	2.5	2.9
All Ages	100	100	100	100	100	100	100	100	100	100

Source : Sample Registration System, Office of Registrar General, India

a . Excludes Jammu & Kashmir

Note: Total may not add up to 100 due to rounding.

Figure 4. Population of people aged 60 years and above by place of residence

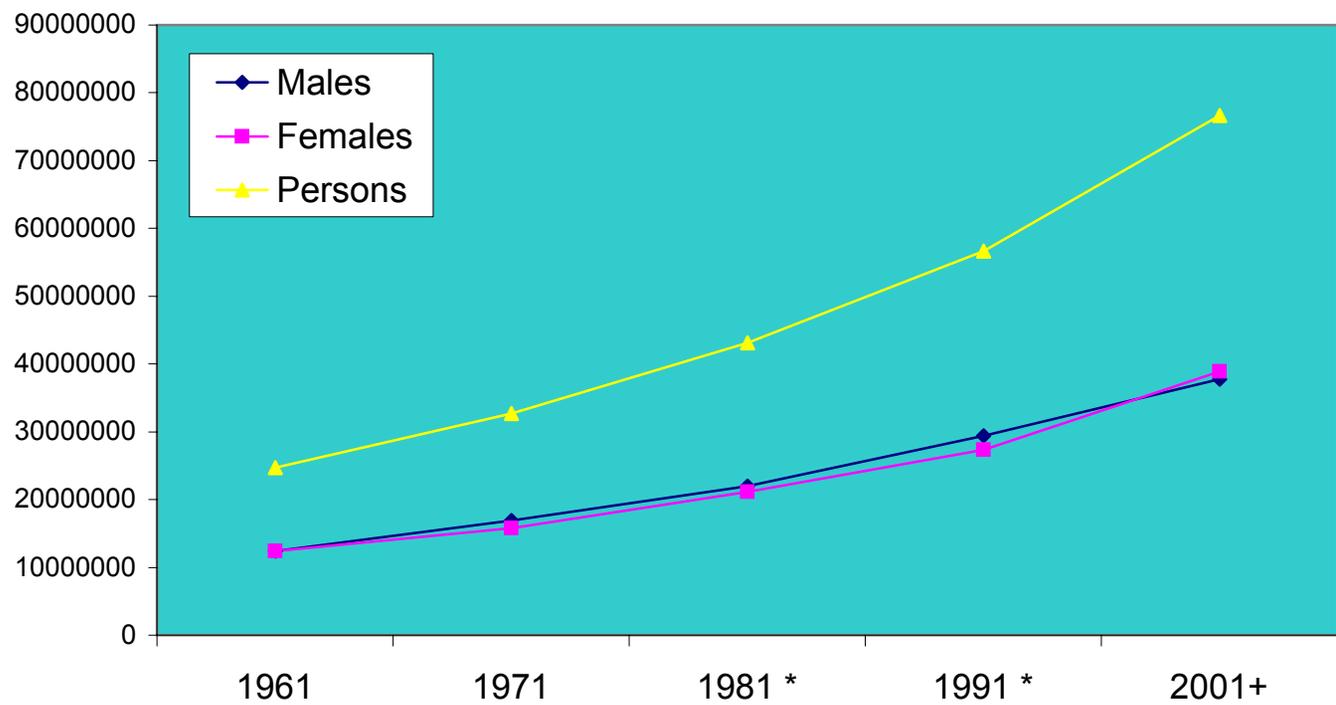


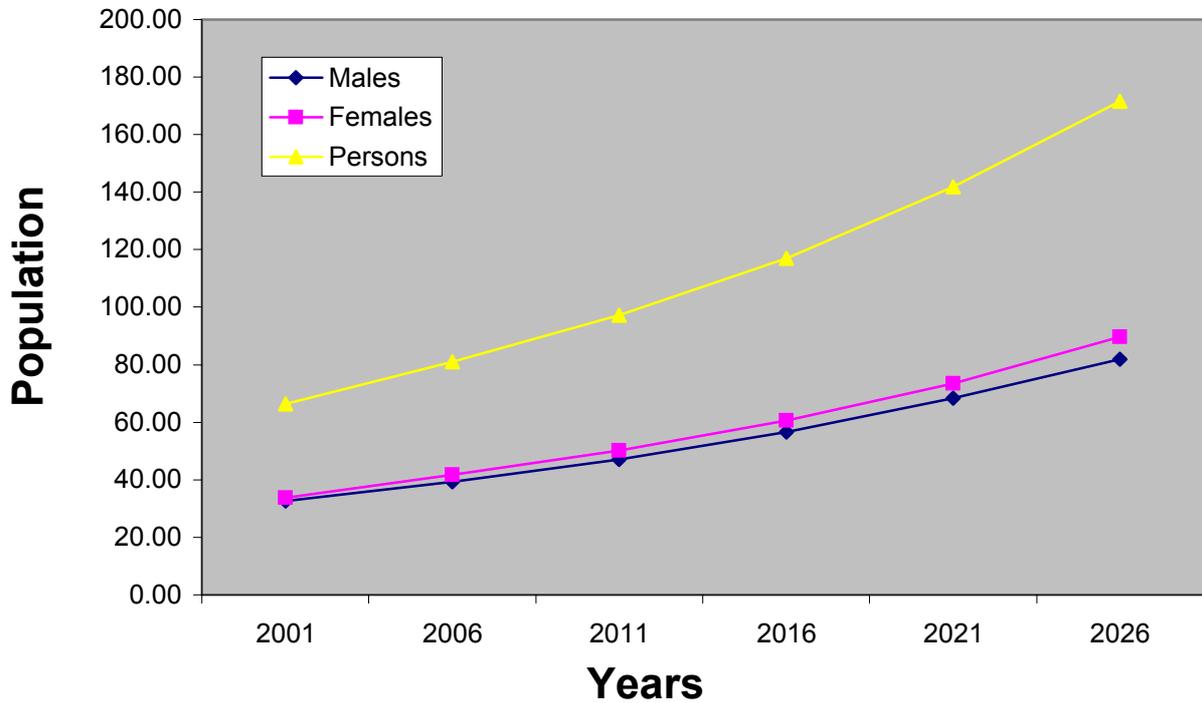
Table 1.5. Persons aged 60+ by sex and residence, India 1961 -2001

Year	Rural			Urban			Combined		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
1961	10465783	10507714	20973497	1890904	1847708	3738612	12356687	12355422	24712109
1971	14095208	13176820	27272028	2779117	2648586	5427703	16874325	15825406	32699731
1981 *	17764745	16946417	34711162	4258124	4198102	8456226	22022869	21144519	43167388
1991 *	23034918	21243920	44278838	6328807	6073995	12402802	29363725	27317915	56681640
2001+	28359605	29085109	57444714	9408722	9768885	19177607	37768327	38853994	76622321

Source : Office of the Registrar General, India.
 * Excludes figures for Assam in 1981 and Jammu & Kashmir in 1991 where the census was not conducted.
 + Excludes 3 sub-divisions of Senapati district of Manipur

The changes in the level of fertility and mortality affect the age distribution of the population in the subsequent years. It is interesting to note that the percentage increase in the population of people aged 60 years and above, during 1991-2001, is more in urban areas(55 %) as compared to that in rural areas(30 %).The overall population of elderly increased by about 35% during 1991-2001. The population of males aged 60 years and above has shown a lower percentage increase (29%) as compared to that of females (42%) aged 60 years and above during the decade 1991-2001. Out of the total population of persons aged 60+, in 2001 nearly 49 percent were males and 51 percent were females.

Figure 5 Projected population aged 60+ by sex on 1st March, 2001-2026, India (Provisional)



As it may be observed in the table 2(b) above that the population of females aged 60 years and above which was 30 million in 1996 is projected to rise upto 34 million in 2001 and is likely to go upto 57 million in 2016. In comparison to this the population of males which was 32 million in 1996 is projected to become 36 million in 2001 and 55 million in 2016. This clearly shows that, reversing the current situation there will be more females aged 60 years and above as compared to men of the same age. In accordance with this fact, table 3b shows that percentage of females having age 60 years and above is more than the corresponding percentage of males.

Table 1.6. Projected population aged 60+ by sex on 1st March, 2001-2026, India (Provisional)			
(in million)			
Year	Males	Females	Persons
2001	32.53	33.85	66.38
2006	39.27	41.75	81.02
2011	46.98	50.27	97.24
2016	56.50	60.57	117.07
2021	68.26	73.56	141.82
2026	81.87	89.79	171.66

Source : Office of the Registrar General, India.

The population of females aged 60 years and above which was 39 million in 2001 is likely to go up to 57 million in 2016. The population of males, which was 37 million in 2001 is projected as 55 million in 2016. This clearly shows that, reversing the current situation there will be more females aged 60 years and above as compared to men of the same age.

Sex ratio is found to be adverse to women in the Indian population. But sex ratio in elderly population is expected to rise at faster rate than the sex ratio in total population over the next 16 years. The sex ratio in the population aged 60+ which was 928 as compared to 927 in total population in the year 1996, is projected to become 1031 by the year 2016, as compared to 935 in the total population. The rising sex ratio is due to increase in life expectancy of the females.

Table 1.7 : Persons aged 60+ by Sex and Residence, India, States and Union Territories,2001

India/ State/ UT	Total			Rural			Urban		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
2	3	4	5	6	7	8	9	10	11
India*	76,622,321	37,768,327	38,853,994	57,444,714	28,359,605	29,085,109	19,177,607	9,408,722	9,768,885
Jammu & Kashmir	675,324	365,827	309,497	515,262	280,676	234,586	160,062	85,151	74,911
Himachal Pradesh	547,564	270,846	276,718	510,321	251,419	258,902	37,243	19,427	17,816
Punjab	2,191,693	1,111,691	1,080,002	1,580,959	805,530	775,429	610,734	306,161	304,573
Chandigarh	44,912	23,744	21,168	2,977	1,709	1,268	41,935	22,035	19,900
Uttaranchal	654,356	326,715	327,641	523,057	258,549	264,508	131,299	68,166	63,133
Haryana	1,584,089	795,383	788,706	1,191,815	601,450	590,365	392,274	193,933	198,341
Delhi	719,650	366,466	353,184	42,788	21,939	20,849	676,862	344,527	332,335
Rajasthan	3,810,272	1,828,925	1,981,347	3,024,562	1,450,454	1,574,108	785,710	378,471	407,239
Uttar Pradesh	11,649,468	6,174,894	5,474,574	9,624,525	5,127,585	4,496,940	2,024,943	1,047,309	977,634
Bihar	5,501,274	2,922,005	2,579,269	4,965,924	2,640,319	2,325,605	535,350	281,686	253,664
Sikkim	29,040	16,391	12,649	26,699	15,117	11,582	2,341	1,274	1,067
Arunachal Pradesh	49,916	26,417	23,499	45,973	24,263	21,710	3,943	2,154	1,789
Nagaland	90,323	50,736	39,587	81,294	45,300	35,994	9,029	5,436	3,593
Manipur*	145,470	73,233	72,237	102,047	52,272	49,775	43,423	20,961	22,462
Mizoram	49,023	24,800	24,223	25,683	13,322	12,361	23,340	11,478	11,862
Tripura	232,549	112,656	119,893	190,501	93,023	97,478	42,048	19,633	22,415
Meghalaya	105,726	54,016	51,710	85,718	44,633	41,085	20,008	9,383	10,625
Assam	1,560,366	800,585	759,781	1,361,247	696,202	665,045	199,119	104,383	94,736
West Bengal	5,700,099	2,784,491	2,915,608	3,808,275	1,815,557	1,992,718	1,891,824	968,934	922,890
Jharkhand	1,578,662	787,234	791,428	1,274,990	629,223	645,767	303,672	158,011	145,661
Orissa	3,039,100	1,502,730	1,536,370	2,684,486	1,322,133	1,362,353	354,614	180,597	174,017
Chhattisgarh	1,504,383	689,685	814,698	1,270,678	577,529	693,149	233,705	112,156	121,549
Madhya Pradesh	4,280,924	2,091,793	2,189,131	3,265,185	1,600,055	1,665,130	1,015,739	491,738	524,001
Gujarat	3,499,063	1,628,474	1,870,589	2,318,951	1,072,260	1,246,691	1,180,112	556,214	623,898
Daman & Diu	8,042	3,322	4,720	3,770	1,629	2,141	4,272	1,693	2,579
Dadra & Nagar Haveli	8,814	3,882	4,932	7,289	3,128	4,161	1,525	754	771
Maharashtra	8,454,660	3,932,201	4,522,459	5,709,130	2,627,443	3,081,687	2,745,530	1,304,758	1,440,772
Andhra Pradesh	5,788,078	2,757,588	3,030,490	4,505,734	2,152,118	2,353,616	1,282,344	605,470	676,874
Karnataka	4,062,022	1,923,730	2,138,292	2,889,594	1,360,846	1,528,748	1,172,428	562,884	609,544
Goa	112,273	49,676	62,597	61,473	26,632	34,841	50,800	23,044	27,756
Lakshadweep	3,729	1,884	1,845	1,903	940	963	1,826	944	882
Kerala	3,335,675	1,484,212	1,851,463	2,479,112	1,110,329	1,368,783	856,563	373,883	482,680
Tamilnadu	5,507,400	2,735,800	2,771,600	3,222,748	1,615,844	1,606,904	2,284,652	1,119,956	1,164,696
Pondichery	81,016	36,461	44,555	26,876	12,680	14,196	54,140	23,781	30,359
Andman & Nicobar Islands	17,366	9,834	7,532	13,168	7,497	5,671	4,198	2,337	1,861

Source: Office of the Registrar General, India

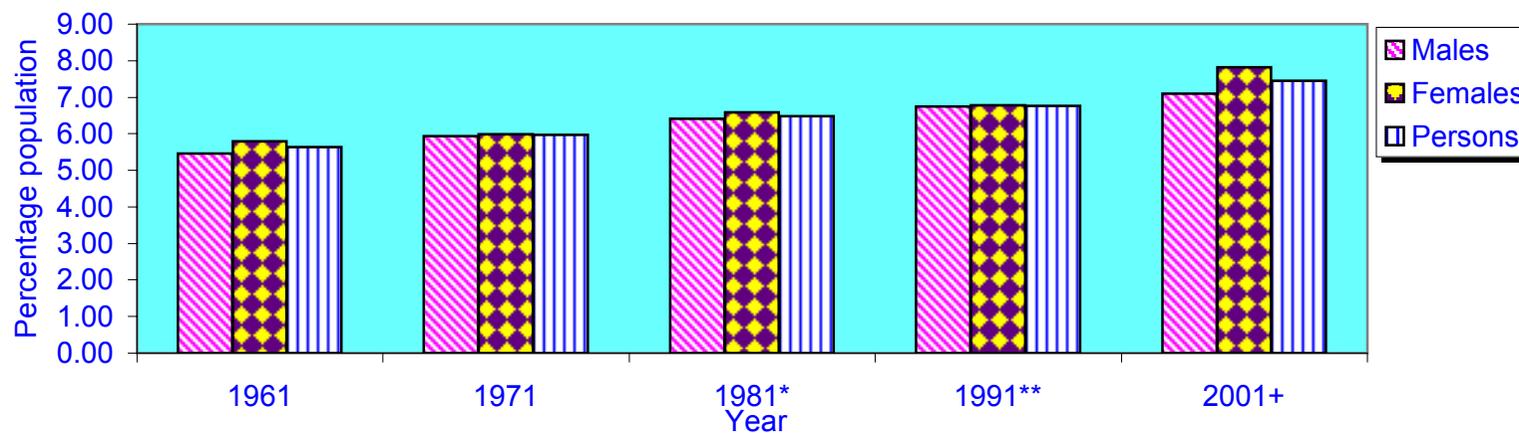
Table 1.8. Proportion (percentage) of population aged 60+ in total population by sex and residence, India, 1961-2001

Year	Rural			Urban			Combined		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
1961	5.71	5.94	5.82	4.42	5.11	4.74	5.46	5.80	5.63
1971	6.26	6.17	6.21	4.73	5.26	4.97	5.94	5.99	5.97
1981*	6.83	6.85	6.84	5.08	5.69	5.36	6.40	6.58	6.49
1991**	7.17	7.05	7.11	5.55	5.96	5.75	6.75	6.77	6.76
2001+	7.43	8.06	7.74	6.25	7.21	6.70	7.10	7.83	7.45

Source : Office of the Registrar General, India.

- * Excludes Assam
- ** Excludes Jammu & Kashmir
- + Excludes 3 sub-divisions of Senapati district of Manipur

Figure 6. Percentage of population aged 60+ in total population by sex



There has been a steady rise in the proportion of elderly population in the total population over the years. While in 1961, 5.63 percent of the total population was aged 60+, in 2001 this figure rose to about 6.4 percent. Proportion of females aged 60+(6.83% in 2001) has always been higher than that of males (6.12% in 1991).

In rural areas there was a higher percentage of people aged 60+ (7.74 % in 2001) when compared with that in urban areas (6.70% in 2001).

Figure 7. Percentage of population aged 60+ by place of residence

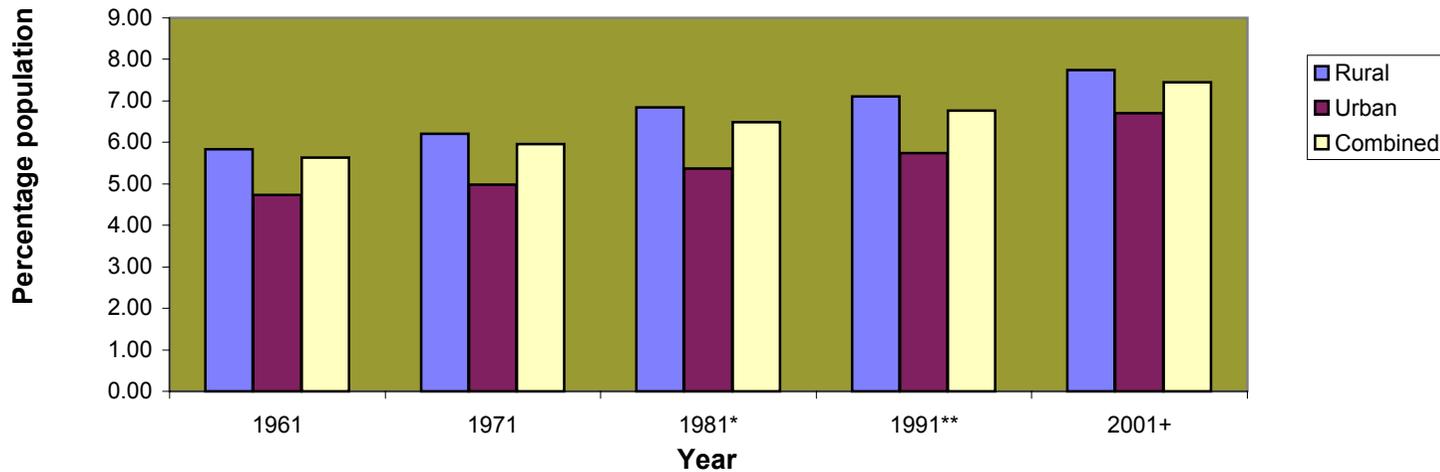


Table 1.9. Percentage share of the projected population aged 60+ in the total projected population by sex on 1st March, 2001-2026, India

Year	Males	Females	Persons
2001	6.12	6.83	6.46
2006	6.83	7.75	7.27
2011	7.62	8.67	8.13
2016	8.61	9.78	9.18
2021	9.87	11.22	10.53
2026	11.34	13.03	12.17

Source : Office of the Registrar General, India.

Because of the general improvement in the health care facilities over the years, there is a continuous increase in the expectation of life. This has resulted in the fact that more and more people are now living longer. While in 1996, about 6.6% of the total population were aged 60 years and above, the figure is projected to be 6.97% in 2001 and will rise up to 8.94% in 2016. The percentage of females having age 60 years and above out of the total female population has always been more than the corresponding percentage of males. While in 1996, 6.68% of females and 6.67% of males were aged 60 years and above, these figures are projected to rise up to 9.33% for females and 8.57% for males by the year 2016.

Table 1.10. Percentage share in total population of Persons aged 60+ by sex and residence, India, States and Union Territories, 2001

Sl. No.	India/ State/ UT	Total			Rural			Urban		
		Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
1	2	3	4	5	6	7	8	9	10	11
	India*	7.45	7.10	7.83	7.74	7.43	8.06	6.70	6.25	7.21
1	Jammu & Kashmir	6.66	6.82	6.47	6.76	7.06	6.43	6.36	6.16	6.61
2	Himachal Pradesh	9.01	8.77	9.25	9.31	9.12	9.50	6.25	5.85	6.76
3	Punjab	9.00	8.56	9.50	9.82	9.46	10.23	7.39	6.85	8.03
4	Chandigarh	4.99	4.68	5.38	3.23	3.01	3.59	5.19	4.90	5.55
5	Uttaranchal	7.71	7.55	7.87	8.29	8.22	8.36	6.03	5.77	6.33
6	Haryana	7.49	7.00	8.06	7.93	7.47	8.46	6.41	5.86	7.07
7	Delhi	5.20	4.82	5.66	4.53	4.20	4.93	5.24	4.86	5.71
8	Rajasthan	6.74	6.22	7.31	6.99	6.47	7.54	5.95	5.41	6.55
9	Uttar Pradesh	7.01	7.05	6.96	7.31	7.41	7.20	5.86	5.69	6.06
10	Bihar	6.63	6.76	6.49	6.68	6.84	6.51	6.17	6.06	6.29
11	Sikkim	5.37	5.68	5.01	5.55	5.91	5.14	3.91	3.89	3.93
12	Arunachal Pradesh	4.55	4.56	4.54	5.28	5.34	5.23	1.73	1.72	1.74
13	Nagaland	4.54	4.85	4.20	4.94	5.27	4.57	2.63	2.90	2.31
14	Manipur*	6.71	6.68	6.74	6.41	6.46	6.37	7.54	7.31	7.76
15	Mizoram	5.52	5.40	5.64	5.74	5.72	5.75	5.29	5.07	5.53
16	Tripura	7.27	6.86	7.70	7.18	6.82	7.56	7.70	7.05	8.39
17	Meghalaya	4.56	4.59	4.53	4.60	4.71	4.48	4.41	4.10	4.72
18	Assam	5.85	5.81	5.90	5.86	5.83	5.90	5.79	5.68	5.91
19	West Bengal	7.11	6.72	7.53	6.59	6.13	7.08	8.44	8.18	8.73
20	Jharkhand	5.86	5.67	6.06	6.09	5.89	6.29	5.07	4.93	5.22
21	Orissa	8.26	8.05	8.47	8.58	8.40	8.77	6.43	6.20	6.68
22	Chhattisgarh	7.22	6.58	7.86	7.63	6.95	8.31	5.58	5.18	6.02
23	Madhya Pradesh	7.09	6.65	7.57	7.36	6.95	7.80	6.36	5.85	6.94
24	Gujarat	6.91	6.17	7.70	7.31	6.57	8.08	6.23	5.52	7.04
25	Daman & Diu	5.08	3.59	7.19	3.74	2.56	5.75	7.45	5.86	9.07
26	Dadra & Nagar Hav	4.00	3.19	4.99	4.29	3.41	5.32	3.02	2.53	3.74
27	Maharashtra	8.73	7.80	9.73	10.24	9.23	11.28	6.68	5.95	7.52
28	Andhra Pradesh	7.59	7.16	8.04	8.13	7.70	8.57	6.16	5.72	6.62
29	Karnataka	7.69	7.15	8.24	8.28	7.71	8.87	6.53	6.09	7.00
30	Goa	8.33	7.23	9.48	9.08	7.82	10.35	7.58	6.65	8.57
31	Lakshadweep	6.15	6.05	6.25	5.65	5.47	5.84	6.77	6.77	6.77
32	Kerala	10.48	9.59	11.31	10.52	9.70	11.29	10.36	9.31	11.36
33	Tamilnadu	8.83	8.71	8.94	9.23	9.22	9.24	8.31	8.08	8.55
34	Pondicherry	8.31	7.49	9.14	8.25	7.75	8.76	8.35	7.36	9.33
35	Andman & Nicobar	4.88	5.10	4.62	5.49	5.81	5.11	3.61	3.65	3.57

* India and Manipur figures exclude those of the three sub-divisions viz. Mao Maram, Paomata and Purul of Senapati district of Manipur as census results of 2001 in these three sub-divisions were cancelled due to Source: Office of the Registrar General, India

The share of people aged 60 years and above in the total population is highest in Kerala (8.82 %), closely followed by Himachal Pradesh, (8.12 %) and Panjab (7.84 %). The Andaman and Nicobar Island has the lowest percentage (3.4 %) of people aged 60 years and above out of the total population.

In rural areas, the percentage share of elderly population in total population is highest in the state of Kerala (8.9%) followed by Punjab (8.5%). Andamnam & Nicobar Islands has the lowest share (3.7%) of elderly population in rural areas followed by Delhi (3.9%). In urban areas, Kerala has highest proportion of elderly population (8.59%) followed by Pondicherry (7.43%). The lowest figures in urban areas are observed in Arunch. Pradesh (1.5%) followed by Nagaland (2.01%).

Table -1.11. Age specific death rate for the elderly by sex, India, 1998-2001

Residence	Age-group								
	60-64			65-69			70+		
	Person	Male	Female	Person	Male	Female	Person	Male	Female
1998									
Combined	28.2	32.8	23.8	41.5	47.6	35.8	88.5	94.1	83.4
Rural	29.2	34.2	24.5	43.9	50.7	37.4	92.6	97.4	87.9
Urban	24.1	27.6	20.6	33.6	37.0	30.4	75.4	82.6	69.0
1999									
Combined	22.9	27.0	19.1	36.8	40.8	33.0	77.9	83.0	73.3
Rural	24.7	28.9	20.8	37.9	41.5	34.4	81.0	87.3	75.1
Urban	17.2	21.0	13.3	33.1	38.4	28.1	68.1	68.5	67.8
2000									
Combined	23.1	26.6	19.7	38.0	44.2	32.3	76.2	83.1	69.9
Rural	23.7	27.7	19.9	38.8	44.6	33.3	77.4	84.7	70.6
Urban	21.0	23.1	18.9	35.6	42.8	28.8	72.0	77.0	67.7
2001									
Combined	22.3	26.5	18.3	38.6	44.2	33.4	76.8	84.5	69.7
Rural	22.7	26.3	19.2	39.4	45.5	33.7	77.9	86.6	69.9
Urban	21.3	26.9	15.6	35.7	39.4	32.3	72.9	77.3	69.1

Source : Sample Registration System (SRS); Office of the Registrar General, India.

Figure 8. Age specific death rates in the age group 60-64 by sex

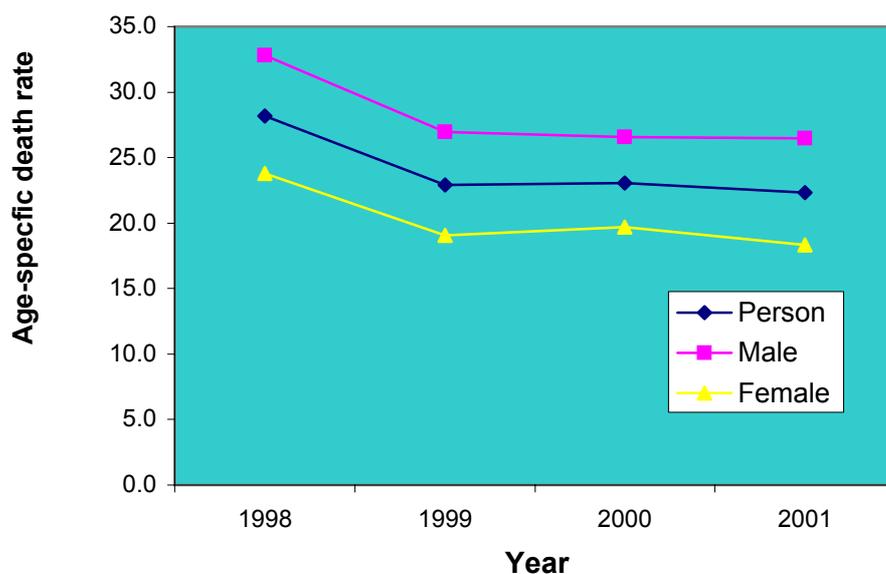


Table 1.12. Age specific death rate for the elderly by age and sex, India and major states, 2001

India & major states	Age-group								
	60-64			65-69			70+		
	Person	Male	Female	Person	Male	Female	Person	Male	Female
India	22.3	26.5	18.3	38.6	44.2	33.4	76.8	84.5	69.7
Andhra Pradesh	25.6	33.2	19.2	37.1	45.6	29.8	74.0	81.8	67.8
Assam	33.7	36.7	30.4	51.0	54.0	47.7	84.3	97.0	70.1
Bihar	22.5	22.2	22.8	37.6	38.6	36.6	71.1	76.1	66.2
Gujarat	20.4	23.1	17.9	37.6	45.9	30.5	75.6	88.8	65.5
Haryana	18.0	23.9	12.4	24.5	28.8	20.9	66.5	71.8	60.8
Himachal Pradesh	14.2	18.1	9.9	35.2	50.3	20.6	75.0	79.7	70.0
Karnataka	19.0	25.1	13.2	36.3	46.0	27.5	76.4	85.4	69.0
Kerala	16.8	23.7	10.8	26.2	36.2	17.9	81.0	90.6	73.6
Madhya Pradesh	23.4	31.9	16.1	45.3	53.5	37.7	88.8	97.9	80.5
Maharashtra	21.4	25.1	18.0	34.2	42.6	26.9	80.8	84.0	78.1
Orissa	23.8	27.7	20.0	42.6	46.5	39.0	93.3	106.2	82.0
Punjab	18.8	24.8	12.6	26.0	31.6	20.6	62.9	69.5	55.8
Rajasthan	19.2	25.8	13.5	28.6	32.8	24.8	67.9	83.1	56.0
Tamil Nadu	23.6	29.5	18.1	36.4	40.4	32.6	79.8	85.9	74.0
Uttar Pradesh	23.5	25.6	21.5	41.2	46.4	35.7	74.3	80.2	68.2
West Bengal	23.5	24.6	22.4	43.9	48.7	39.5	79.7	86.2	74.2

Source: Sample Registration System (SRS); Office of the Registrar General, India

If we take a comparative look at the Age-specific death rates in the age group 70+ in major states of India we can see that the figure is highest in Assam followed by Madhya Pradesh and then Orissa . On the other hand the figure is lowest in Punjab followed by Haryana . In the age-group 60-64 the ASDR is highest in the state of Bihar followed by Assam and is lowest for Kerala followed by Himachal Pradesh .However Age-specific death rate is consistently favourable to the female.

Table1.13. Expectation of life at birth and at age 60 by residence and sex, India 1994-98 to 1997-01
(Years)

Period	At birth			At age 60		
	Person	Male	Female	Person	Male	Female
Rural						
1994-98	60.1	59.5	60.5	16.4	15.3	17.1
1995-99	60.4	59.7	61.0	16.3	15.3	17.2
1996-00	60.7	59.9	61.3	16.5	15.4	17.3
1997-01	61.0	60.1	61.6	16.7	15.5	17.4
Urban						
1994-98	66.8	65.3	68.2	18.3	17.0	19.2
1995-99	67.1	65.5	68.5	18.5	17.2	19.2
1996-00	67.3	65.7	68.8	18.6	17.3	19.5
1997-01	67.6	66.0	69.0	18.9	17.4	19.7
Combined						
1994-98	61.4	60.6	62.2	16.6	15.5	17.7
1995-99	61.7	60.8	62.5	16.7	15.7	17.7
1996-00	61.9	61.0	62.7	16.9	15.8	17.8
1997-01	62.2	61.3	63.0	17.1	16.0	18.1

Source : Sample Registration System (SRS); Office of the Registrar General, India.

The expectation of life gives a good idea about the general health status of the people. At a particular age, the expectation of life is the number of years a person is expected to live, on an average, after attaining that particular age. It takes care of the mortality experiences during the whole life cycle of an individual, which depends on the availability of health facilities, nutritional level of the people etc.

With the rapid advancement in medical science and technology it has now become easier to control various dreaded diseases which were the cause of high mortality earlier. This has resulted in a continuous increase in the expectation of life. Due to various biological factors, generally women live longer than men but because of some social factors adverse to women, India was one of the few countries of the world where women's life was shorter than men till 1980. The expectation of life at birth was slightly in favour of males till about 1980.

However, because of improvement in the status of women, now women's life expectancy is higher than men's as observed in most of the other countries of the world. The life expectation at birth for females has been rising continuously and during 1997-2001, it was 61.3 years while for males it was about 62.2 years during the same time period.

Figure 10. Expectation of life at birth by sex

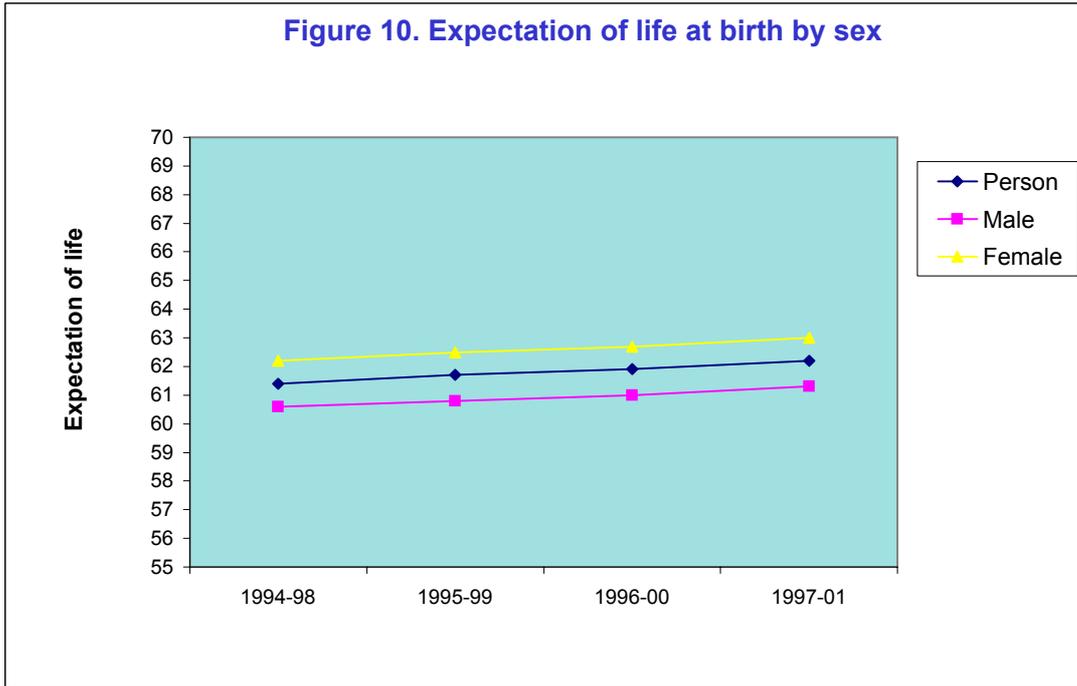
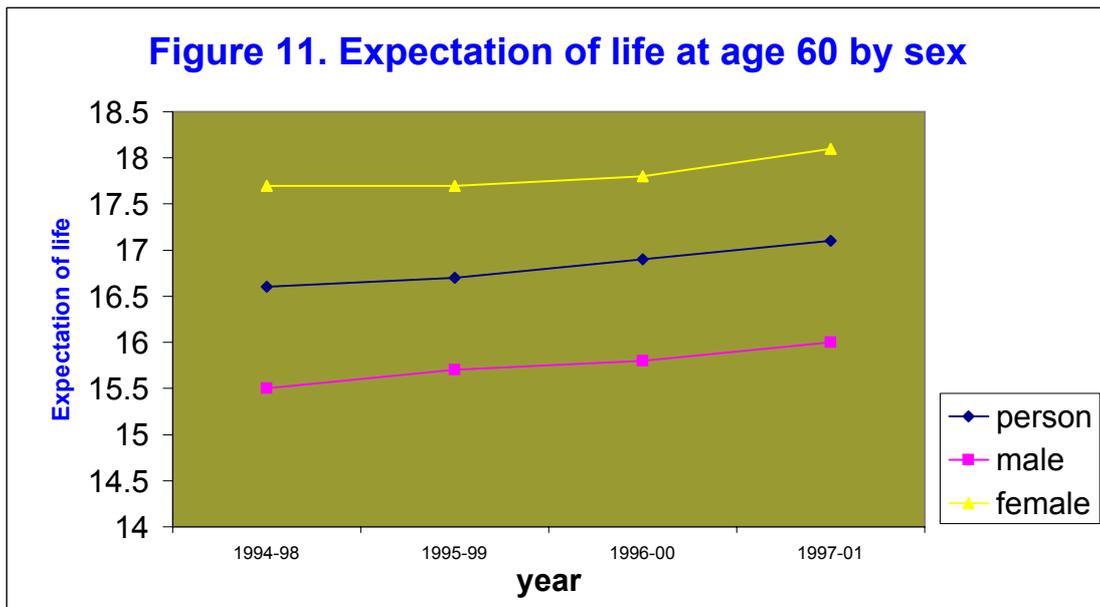


Figure 11. Expectation of life at age 60 by sex



If we compare the expectation of life at age 60 years for males and females, during the time period 1997-2001 it was 16.0 years for females and 17.1 years for males. Moreover the gap between male and female expectation of life at age 60 has shown an increasing trend during the last decade. This is due to the fact that expectation of life at age 60 for females has increased at a faster rate as compared to that for males, particularly during the last decade.

The expectation of life at birth as well as at age 60 is quite higher in urban areas as compared to that the rural areas for both males and females. This may be due to easier access to better health care facilities in urban places as compared to rural areas.

Table 1.14 Expectation of life at birth and at age 60 of major states by sex, 1996-00 & 1997-01

States	1996-00				1997-01			
	At Birth		At age 60		At Birth		At age 60	
	Males	Females	Males	Females	Males	Females	Males	Females
Andhra Pradesh	61.7	64.3	15.9	16.8	61.9	64.4	15.9	16.9
Assam	57.4	57.7	14.5	15.8	57.6	57.8	14.8	15.8
Bihar	60.9	59.1	16.4	16.6	61.1	59.3	16.7	16.9
Gujarat	62.1	64.0	15.2	16.8	62.3	64.2	15.3	16.8
Haryana	64.4	65.1	19.0	19.5	64.6	65.2	19.0	19.6
Himachal Pradesh	65.4	66.0	17.5	17.1	65.5	66.1	17.7	17.3
Karnataka	62.5	65.8	15.9	17.7	62.6	66.0	16.0	18.0
Kerala	70.7	76.1	18.6	20.5	70.8	76.2	18.8	20.6
Madhya Pradesh	56.6	56.3	14.8	15.3	56.7	56.4	14.9	15.6
Maharashtra	64.7	67.2	16.5	17.4	64.8	67.3	16.7	17.5
Orissa	57.8	58.0	15.4	15.3	58.0	58.2	15.6	15.5
Punjab	67.1	69.2	20.2	21.3	67.2	69.3	20.2	21.2
Rajasthan	60.1	61.1	15.3	17.1	60.3	61.3	15.4	17.2
Tamil Nadu	63.9	65.9	15.8	16.2	64.1	66.1	15.9	16.5
Uttar Pradesh	59.1	57.9	15.1	16.3	59.2	58.1	15.2	16.5
West Bengal	63.0	64.5	15.7	16.9	63.2	64.6	16.0	17.0

Source : Sample Registration System(SRS) Office of the Registrar General, India.

Interestingly while the expectation of life at birth is highest in Kerala (70.8 for males and 76.2 for females) followed by Punjab (67.2 for males and 69.3 for females), but if we look at the expectation of life at the age 60 Punjab stands at top (20.2 for males and 21.2 for females). In terms of male expectation of life at age 60, Punjab is followed by Haryana (19.0) whereas in female life expectancy at 60, Kerala (20.6) follows Punjab.

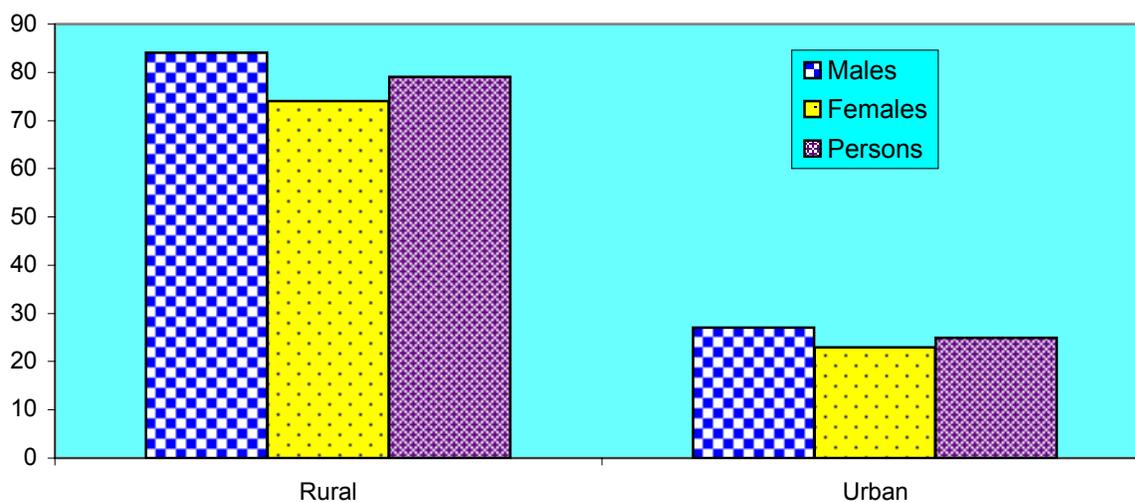
Demographically disadvantaged states such as Bihar, Madhya Pradesh and Orissa have lowest life expectancy at birth but for Bihar, life expectancy at age 60, is higher than Maharashtra, Tamil Nadu and Gujarat.

Table 1.15. Per 1000 distribution of persons aged 60 years and above by number of surviving children by sex and place of residence for major states (2004)							
States		No of surviving children					
		zero			one or more		
		Males	Females	Persons	Males	Females	Persons
Andhra Pradesh	Rural	60	63	61	940	937	939
	Urban	27	50	39	973	950	961
Arunachal Pradesh	Rural	265	155	214	735	845	786
	Urban	178	79	137	822	921	863
Assam	Rural	39	59	47	961	941	953
	Urban	30	77	51	970	923	949
Bihar	Rural	49	52	50	951	948	950
	Urban	75	65	71	925	935	929
Chhatisgarh	Rural	83	121	105	917	879	895
	Urban	9	80	47	991	920	953
Delhi	Rural	0	0	0	1000	1000	1000
	Urban	34	51	43	966	949	957
Goa	Rural	46	106	79	954	894	921
	Urban	144	106	124	856	894	876
Gujarat	Rural	33	33	37	967	967	963
	Urban	30	43	37	970	957	963
Haryana	Rural	22	0	11	978	1000	989
	Urban	23	57	42	977	943	958
Himachal Pradesh	Rural	78	88	83	922	912	917
	Urban	52	23	37	948	977	963
Jammu & Kashmir	Rural	36	14	27	964	986	973
	Urban	56	46	51	944	954	949
Jharkhand	Rural	81	60	73	919	940	927
	Urban	11	34	22	989	966	978
Karnataka	Rural	39	52	45	961	948	955
	Urban	25	49	37	975	951	963
Kerala	Rural	28	48	39	972	952	961
	Urban	41	109	78	959	891	922
Madhya Pradesh	Rural	76	69	72	924	931	928
	Urban	63	99	82	937	901	918
Maharashtra	Rural	25	73	50	975	927	950
	Urban	45	64	55	955	936	945
Manipur	Rural	225	170	202	775	830	798
	Urban	105	171	137	895	829	863
Meghalaya	Rural	84	74	79	916	926	921
	Urban	27	23	25	973	977	975
Mizoram	Rural	115	197	147	885	803	853
	Urban	199	155	181	801	845	819
Nagaland	Rural	132	164	141	868	836	859
	Urban	0	0	0	1000	1000	1000
Orissa	Rural	63	63	63	937	937	937
	Urban	15	57	33	985	943	967
Punjab	Rural	36	4	21	964	996	979
	Urban	52	25	39	948	975	961
Rajasthan	Rural	61	36	48	939	964	952
	Urban	24	32	28	976	968	972
Sikkim	Rural	28	124	74	972	876	926
	Urban	168	0	101	832	1000	899
Tamil Nadu	Rural	25	59	43	975	941	957
	Urban	62	79	71	938	921	929
Tripura	Rural	31	31	31	969	969	969
	Urban	0	8	4	1000	992	996
Uttaranchal	Rural	80	50	67	920	950	933
	Urban	20	32	27	980	968	973
Uttar Pradesh	Rural	81	53	67	919	947	933
	Urban	57	69	63	943	931	937
West Bengal	Rural	45	63	54	955	937	946
	Urban	89	83	86	911	917	914
India	Rural	53	56	55	947	944	945

Urban	49	66	58	951	934	942
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Source: National Sample Survey Organisation 60th Round

Figure 12. Distribution per 1000 of persons aged 60 years and above having no surviving children by sex and place of residence

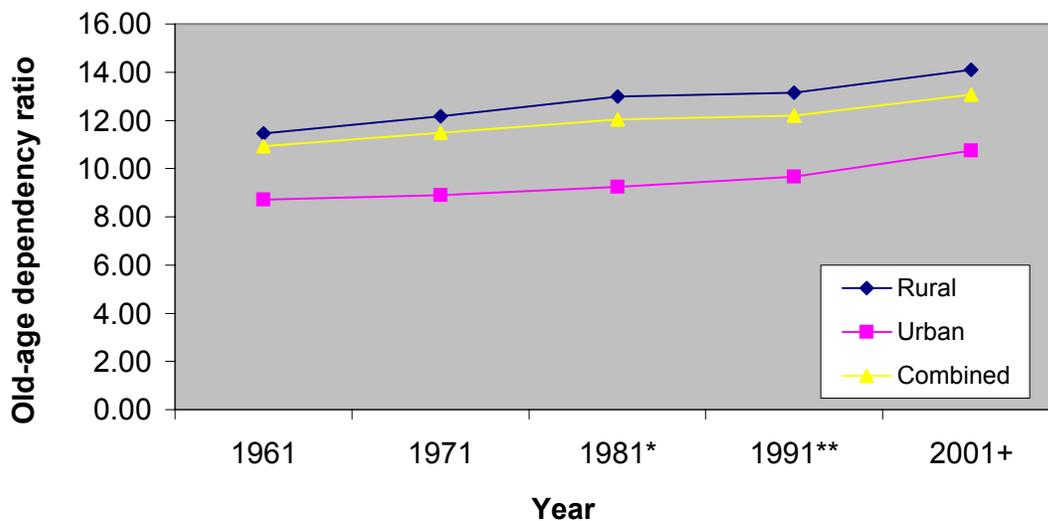


In 1995-96, the number of elderly females having no surviving children is more (6.5 % in urban and 6.2 % in rural) than the number of such males (5.3 % in urban and 5.5 % in rural). The number of such females is higher in urban areas while number of such males is higher in rural areas. Overall, there is only a slight difference in rural (5.8 %) and urban (5.9 %) figures. In rural areas, the proportion of elderly persons having no surviving children is highest in Punjab (7.5%) followed by Madhya Pradesh (7.2%) and is lowest in Jammu & Kashmir (1.5%) followed by Assam(1.7%). On the other hand in Urban areas, West Bengal has the highest proportion of elderly population (10.5%) and Haryana has the lowest (0.8%).

Old age dependency ratio gives an idea about the number of persons aged 60+ per 100 persons in the age group 15-59. The female old age dependency ratio is slightly more than the male old age dependency ratio. The gap between male and female old age dependency ratio has reduced considerably over the last decade. Old age dependency ratio is slowly increasing in both rural and urban areas.

There is a considerable difference in old age dependency ratios in rural and urban areas. Both for men and women this figure is quite higher in rural areas when compared with that in urban areas. Quite interestingly, in the rural areas the female old age dependency ratio is lower than the male old age dependency ratio while reverse is the situation in the urban areas.

Figure 14. Old-age dependency ratio by place of residence



**Table 2.2. Old age dependency ratio by sex and residence, India, States and Union Territories
2001**

Sl. No.	India/ State/Ut	Total			Rural			Urban		
		Person	Male	Female	Person	Male	Female	Person	Male	Female
	India*	13.08	12.45	13.77	14.11	13.59	14.65	10.75	9.93	11.67
1	Jammu & Kashmir	11.63	11.78	11.46	12.31	12.77	11.80	9.88	9.38	10.52
2	Himachal Pradesh	15.08	14.82	15.35	15.80	15.71	15.89	9.27	8.53	10.24
3	Punjab	15.16	14.53	15.88	17.04	16.60	17.54	11.79	10.94	12.79
4	Chandigarh	7.57	6.97	8.38	4.94	4.34	6.06	7.87	7.31	8.59
5	Uttaranchal	13.83	13.72	13.95	15.44	15.72	15.19	9.77	9.25	10.41
6	Haryana	13.31	12.42	14.36	14.55	13.68	15.54	10.58	9.65	11.70
7	Delhi	8.35	7.59	9.32	7.69	6.99	8.59	8.40	7.64	9.37
8	Rajasthan	12.76	11.74	13.86	13.65	12.66	14.72	10.18	9.19	11.31
9	Uttar Pradesh	13.56	13.69	13.43	14.55	14.86	14.22	10.25	9.88	10.67
10	Bihar	12.96	13.33	12.57	13.22	13.70	12.71	10.96	10.64	11.35
11	Sikkim	9.05	9.36	8.67	9.53	9.93	9.05	5.74	5.58	5.95
12	Arunachal Pradesh	8.26	8.08	8.48	9.89	9.83	9.95	2.83	2.68	3.03
13	Nagaland	7.74	8.21	7.21	8.52	9.09	7.90	4.25	4.56	3.85
14	Manipur*	11.10	11.11	11.10	10.73	10.85	10.60	12.10	11.81	12.39
15	Mizoram	9.34	9.04	9.66	10.27	10.11	10.44	8.49	8.05	8.96
16	Tripura	12.33	11.52	13.20	12.52	11.78	13.33	11.51	10.42	12.68
17	Meghalaya	8.60	8.66	8.54	8.98	9.22	8.73	7.29	6.74	7.87
18	Assam	10.34	10.18	10.51	10.60	10.49	10.72	8.83	8.50	9.21
19	West Bengal	11.95	11.15	12.82	11.54	10.61	12.53	12.87	12.31	13.51
20	Jharkhand	10.79	10.40	11.21	11.60	11.26	11.96	8.35	7.99	8.78
21	Orissa	14.14	13.80	14.48	14.95	14.70	15.20	10.03	9.55	10.58
22	Chhattisgarh	12.96	11.76	14.18	14.06	12.79	15.34	9.08	8.33	9.91
23	Madhya Pradesh	13.11	12.20	14.11	14.08	13.22	15.02	10.73	9.76	11.84
24	Gujarat	11.47	10.23	12.83	12.60	11.34	13.93	9.76	8.61	11.08
25	Daman & Diu	7.52	4.98	11.73	5.40	3.42	9.69	11.50	8.91	14.21
26	Dadra & Nagar Haveli	6.59	4.97	8.84	7.31	5.51	9.69	4.46	3.54	6.00
27	Maharashtra	14.78	13.03	16.73	18.41	16.51	20.40	10.48	9.15	12.08
28	Andhra Pradesh	12.61	11.88	13.36	13.80	13.09	14.51	9.69	8.94	10.48
29	Karnataka	12.74	11.78	13.74	14.16	13.13	15.21	10.21	9.44	11.05
30	Goa	12.51	10.71	14.45	13.70	11.65	15.83	11.33	9.79	13.03
31	Lakshadweep	10.32	10.17	10.48	9.67	9.27	10.09	11.10	11.25	10.95
32	Kerala	16.53	15.24	17.73	16.72	15.53	17.82	16.00	14.42	17.49
33	Tamilnadu	13.85	13.78	13.93	14.81	14.98	14.65	12.69	12.34	13.04
34	Pondicherry	12.86	11.53	14.21	13.08	12.25	13.91	12.76	11.18	14.35
35	Andman & Nicobar Islands	7.47	7.64	7.26	8.63	8.97	8.21	5.26	5.18	5.37

Old age dependency ratio is defined as the number of persons in the age-group 60+ per 100 persons in the age group 15-59 Yrs.

* India and Manipur figures exclude those of the three sub-divisions viz. Mao Maram, Paomata and Purul of Senapati district of Manipur as census results of 2001 in these three sub-divisions were cancelled due to technical and administrative reasons

Source: Office of the Registrar General, India

Table 2.3. Per 1000 distribution of persons aged 60 and above by state of economic independence and sex for major states(2004)

States		State of economic independence							
		Not dependent on others		Partially dependent on others		Fully dependent on others		Not Recorded	
		Males	Females	Males	Females	Males	Females	Males	Females
Andhra Pradesh	Rural	486	148	111	112	394	729	9	11
	Urban	567	246	104	92	327	646	2	16
Assam	Rural	443	81	242	52	279	814	36	53
	Urban	563	228	151	29	286	673	0	70
Bihar	Rural	582	167	156	117	248	696	14	20
	Urban	441	157	123	70	379	731	57	42
Gujarat	Rural	494	129	147	98	354	772	5	1
	Urban	525	117	114	91	362	784	-1	8
Haryana	Rural	376	127	380	430	243	444	1	-1
	Urban	487	174	202	292	305	502	6	32
Himachal Pradesh	Rural	578	183	181	150	222	635	19	32
	Urban	723	302	77	144	200	545	0	9
Jammu & Kashmir	Rural	653	107	119	126	205	760	23	7
	Urban	624	105	84	51	285	832	7	12
Karnataka	Rural	541	148	137	112	321	731	1	9
	Urban	545	138	97	71	349	786	9	5
Kerala	Rural	361	102	204	183	432	700	3	15
	Urban	468	189	183	155	345	640	4	16
Madhya Pradesh	Rural	576	152	105	122	297	698	22	28
	Urban	637	180	70	117	276	669	17	34
Maharashtra	Rural	490	183	166	129	341	682	3	6
	Urban	497	186	202	66	293	742	8	6
Orissa	Rural	447	75	206	124	324	774	23	27
	Urban	502	62	153	98	333	800	12	40
Punjab	Rural	455	100	168	189	363	709	14	2
	Urban	496	121	142	63	337	805	25	11
Rajasthan	Rural	469	95	147	127	377	778	7	0
	Urban	552	129	136	82	310	789	2	0
Tamil Nadu	Rural	487	193	159	165	355	642	-1	0
	Urban	543	193	139	119	318	688	0	0
Utter Pradesh	Rural	598	127	100	79	279	770	23	24
	Urban	602	136	96	82	290	765	12	17
West Bangal	Rural	462	64	182	82	331	820	25	34
	Urban	658	183	101	84	227	723	14	10
India	Rural	513	139	152	124	320	720	15	17
	Urban	555	170	134	92	301	721	10	17

Source : National Sample Survey , Sixtieth Round, (January - June 2004)

Figure 15. Per 1000 distribution of persons aged 60 years and above by state of economic independence , Rural India

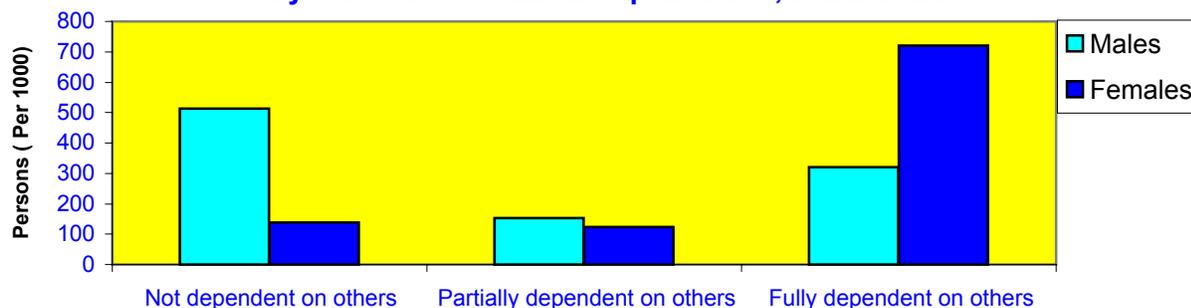
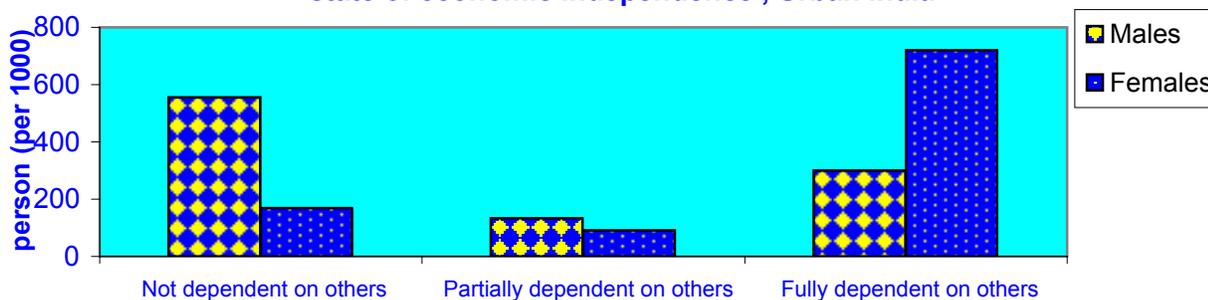


Figure 16. Per 1000 distribution of persons aged 60 years and above by state of economic independence , Urban India



With the gradual breakup of joint family system and with decreasing financial and other support from their children, the economic status of the elderly population has become all the more critical. Financial dependency among the elderly make their problems more complex and difficult. Many schemes and programmes are run by the government for the benefit of elderly people in order to ensure that senior members of the society do not remain dependent on others and live an independent life with dignity. However, it was found that nearly 70.6 % of elderly females in rural areas and about 75.7% of them in urban areas are fully dependent on others whereas the proportion of such males is comparatively much less (31.3% in rural areas and 29.7% in urban areas). Clearly a larger proportion of elderly females in urban areas are fully dependent on others as compared to those in rural areas while reverse is the case for elderly males.

In rural areas, the proportion of elderly males who are fully dependent on others is highest in Karnataka(42.7%) and is lowest in Jammu & Kashmir & Karnataka (21.2%) whereas for females the figure is highest in West Bungal (88.3%) and lowest in Uttar Pradesh (1.2%). In urban areas, the situation is slightly better with the highest proportion of fully dependent elderly males being 38% in Kerala and lowest being 2.8% in Haryana. But for females the situation is worse in urban areas with the highest proportion of fully dependent elderly females being 90.5% in Assam and the lowest of 48.7% in Himachal Pradesh.

Table 2.4. Per 1000 distribution of economically dependent persons aged 60 and above by category of person supporting them and sex for major states

States		Category of person supporting							
		Spouse		Own children		Grand children		Others	
		Males	Females	Males	Females	Males	Females	Males	Females
Andhra Pradesh	Rural	102	82	835	801	19	25	45	92
	Urban	51	175	880	748	15	21	54	56
Arunachal Pradesh	Rural	48	34	865	871	3	2	84	93
	Urban	0	11	855	780	0	45	145	163
Assam	Rural	13	63	948	872	23	19	16	46
	Urban	147	152	827	833	0	0	26	15
Bihar	Rural	85	230	853	707	24	23	38	40
	Urban	53	309	911	664	1	8	35	18
Chhatisgarh	Rural	106	131	713	680	35	37	147	153
	Urban	216	233	724	659	60	48	0	60
Delhi	Rural	50	282	808	580	6	53	136	85
	Urban	77	287	838	564	82	114	3	34
Goa	Rural	0	412	1000	588	0	0	0	0
	Urban	85	117	659	766	0	5	255	112
Gujarat	Rural	15	144	931	785	19	34	36	37
	Urban	51	194	895	748	36	20	18	37
Haryana	Rural	14	169	920	765	0	9	66	57
	Urban	88	154	882	783	12	8	18	54
Himachal Pradesh	Rural	34	182	857	750	18	27	91	41
	Urban	0	233	943	727	0	20	57	20
Jammu & Kashmir	Rural	19	233	852	728	33	29	96	11
	Urban	0	231	929	746	0	0	71	23
Jharkhand	Rural	59	151	855	766	54	65	33	19
	Urban	44	213	951	722	0	18	5	47
Karnataka	Rural	125	89	788	795	26	36	61	80
	Urban	67	132	847	760	25	41	60	66
Kerala	Rural	79	88	856	831	8	26	56	55
	Urban	74	101	810	765	0	18	116	117
Madhya Pradesh	Rural	51	216	829	675	57	33	62	76
	Urban	42	246	851	659	24	29	83	65
Maharashtra	Rural	91	138	857	745	14	21	37	97
	Urban	19	153	932	751	11	21	39	74
Manipur	Rural	153	82	752	779	67	46	29	92
	Urban	292	172	705	732	2	6	0	90
Meghalaya	Rural	38	21	962	889	0	0	0	90
	Urban	107	87	893	881	0	0	0	32
Mizoram	Rural	218	293	782	665	0	0	0	42
	Urban	36	166	878	801	0	7	86	25

States		Category of person supporting							
		Spouse		Own children		Grand children		Others	
		Males	Females	Males	Females	Males	Females	Males	Females
Nagaland	Rural	73	153	827	847	101	0	0	0
	Urban	0	622	1000	378	0	0	0	0
Orissa	Rural	131	152	785	749	25	43	59	55
	Urban	69	139	808	796	44	12	79	53
Punjab	Rural	86	256	856	702	28	40	31	2
	Urban	172	285	771	656	19	34	38	24
Rajasthan	Rural	25	195	855	728	34	46	82	31
	Urban	28	194	926	730	22	23	24	53
Sikkim	Rural	25	330	889	536	40	72	45	62
	Urban	0	318	1000	682	0	0	0	0
Tamil Nadu	Rural	99	109	867	788	12	30	22	72
	Urban	51	152	856	738	25	31	68	79
Tripura	Rural	22	96	913	796	21	73	44	35
	Urban	40	30	960	879	0	16	0	75
Uttaranchal	Rural	99	205	838	754	44	27	19	14
	Urban	0	410	928	521	0	69	72	0
Uttar Pradesh	Rural	32	236	838	672	14	26	116	66
	Urban	75	243	824	636	19	46	82	75
West Bengal	Rural	66	112	869	787	25	48	40	53
	Urban	91	224	811	652	5	28	93	96
India	Rural	70	159	850	746	22	31	57	63
	Urban	60	192	865	710	18	30	57	68

Source: NSSO, 60th Round

Figure 17. Per 1000 distribution of economically dependent elderly persons by category of person supporting them(Rural)

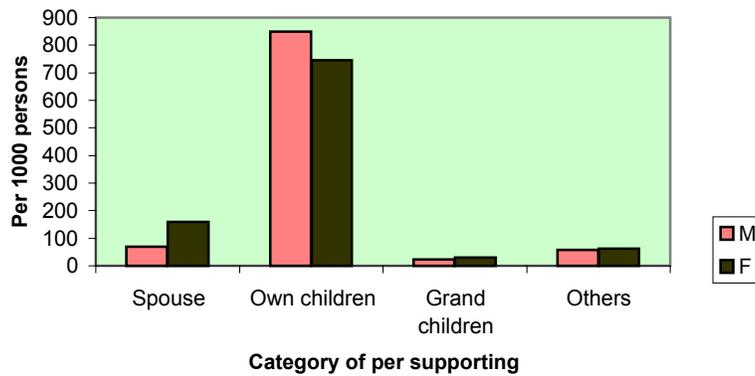
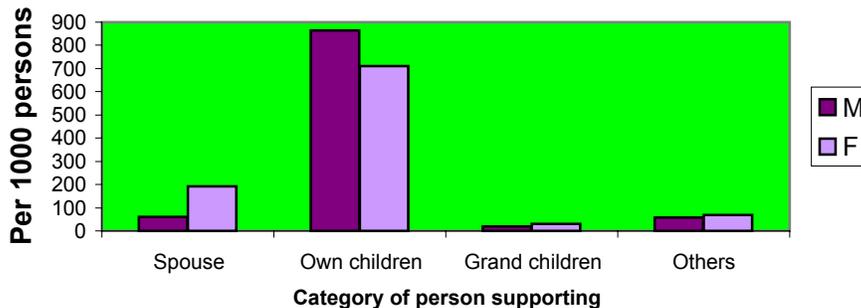


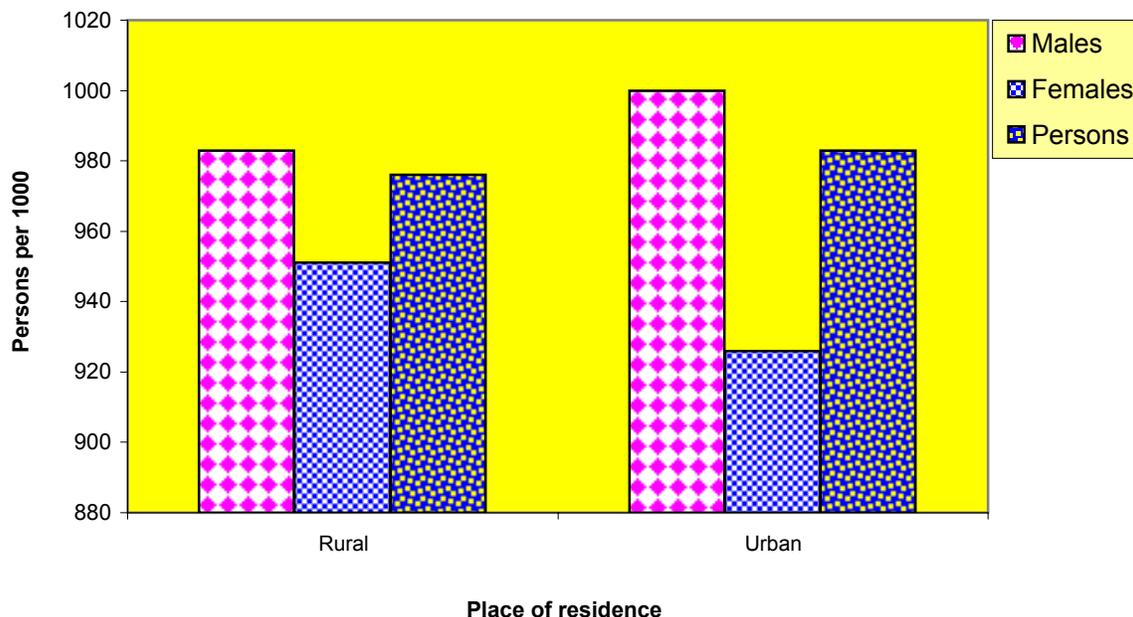
Figure 18. Per 1000 distribution of economically dependent elderly persons by category of person supporting them (Urban)



About 90 % of the elderly were supported by their own kins i.e. spouse, children and grand children. Fortunately, more than 75 % of the elderly are still supported by their own children and grand children which indicate the strength of Indian tradition of respecting and taking cares of the parents.

Interestingly, in some of the states like Andhra Pradesh, Madhya Pradesh, Maharashtra, Karnataka and West Bengal, in rural areas the number of males who are dependent on their spouse is more than the number of such females.

Figure 20. Number of fully independent persons aged 60 years and above (per 1000 such persons), having at least one dependent by sex and place of residence



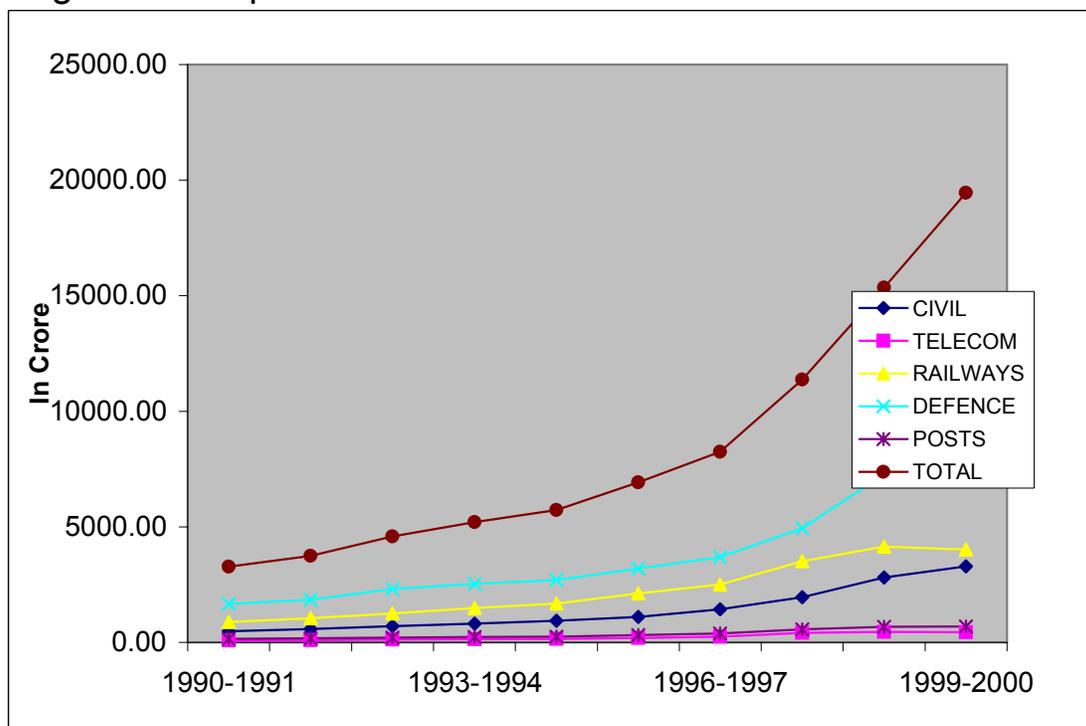
As evident, from the data, elderly are not free from responsibilities even at that age. About 96 % of the elderly in rural and urban areas have one or more persons dependent on them. Burden is more on males as compared to females. In rural areas, Haryana has the highest proportion of elderly persons who have at least one dependent (100%) and Orissa has the lowest (83.4%). Whereas, in urban areas, Himachal Pradesh and Jammu & Kashmir has the highest proportion of elderly persons having at least one dependent (100%), and the lowest figure of 84.7% is observed in the state of Orissa.

Table:2.6 PENSION EXPENDITURE(ACTUALS)(Rs. In Crore)

YEAR	CIVIL	TELECOM	RAILWAYS	DEFENCE	POSTS	TOTAL
1990-1991	480.42	85.18	886.00	1670.12	150.31	3272.03
1991-1992	582.80	102.71	1040.00	1840.07	182.28	3747.86
1992-1993	700.56	117.39	1251.00	2312.77	203.64	4585.36
1993-1994	817.97	142.14	1488.00	2530.76	227.43	5206.30
1994-1995	933.91	156.27	1686.00	2704.13	253.41	5733.72
1995-1996	1103.30	199.42	2117.00	3196.59	311.73	6928.04
1996-1997	1425.04	251.77	2509.00	3682.62	384.39	8252.82
1997-1998	1948.41	412.85	3509.00	4947.12	558.25	11375.63
1998-1999	2803.10	451.65	4144.00	7270.28	676.76	15345.79
1999-2000	3285.72	437.02	4018.00	11024.02	681.56	19446.32

Source: cga.nic.in/pdf/new_36-38.pdf

Figure:20 Expenditure on Pension 1990-2000



Residence	Year	Males	Females	Persons
Rural	1991*	33.65	7.51	21.11
	2001**	45.49	13.01	29.05
Urban	1991*	65.97	30.76	48.73
	2001**	74.98	41.80	58.08
Combined	1991*	40.62	12.68	27.15
	2001**	52.83	20.25	36.31

Source : Office of the Registrar General, India.

* : Excludes Jammu & Kashmir

** : Excludes 3 sub-divisions of Senapati district of Manipur

Education empowers individual to think rationally and logically. Literacy and particularly the female education has been found to be most important determinant of various demographic decisions of the individuals. It has been found that levels of birth rate, death rate and infant mortality rate are higher in the States where female literacy rates are lower. Unfortunately, half of the Indians are still deprived of being educated.

Like in the overall population, there is a huge gap between male and female literacy as well as the rural and urban literacy levels among elderly persons.

The literacy rate among rural elderly males (46%) is nearly half of the literacy rate among their urban counterparts (75%). On the other hand the gap between rural and urban elderly female literacy rates is much bigger with literacy rate among elderly rural females being only 13.01% and that in urban elderly females being 42%. Improvements were observed in the literacy levels of elderly male and females during 1991 to 2001.

Figure 21. Literacy rate for persons aged 60+ by sex and residence, 2001

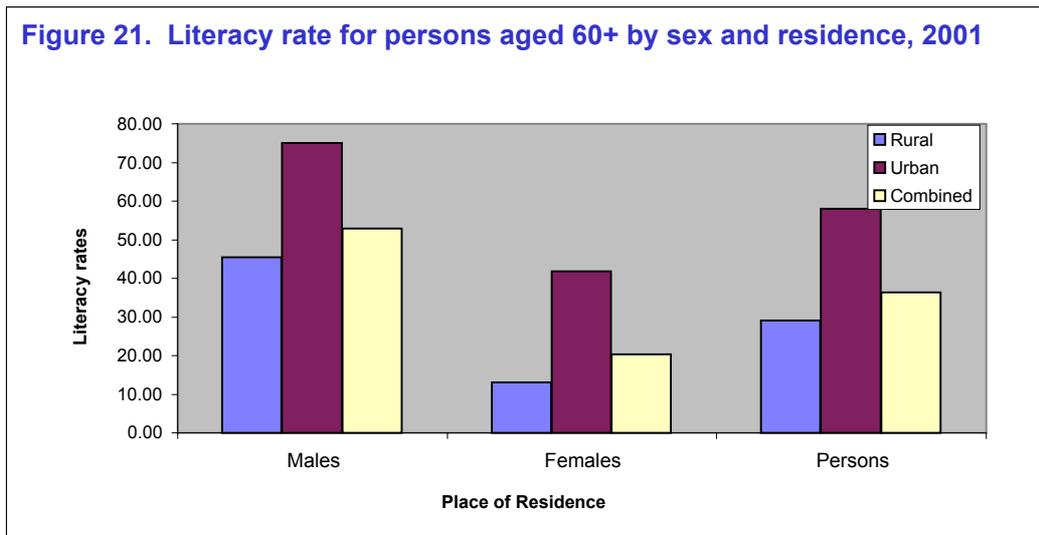


Table 3.2. Literacy rate for persons aged 60+ by sex and residence, 2001

Sl. No.	India/ State/ UT	Total			Rural			Urban		
		Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
	India*	36.31	52.83	20.25	29.05	45.49	13.01	58.08	74.98	41.80
1	Jammu & Kashmir	22.71	32.49	11.15	17.13	25.56	7.06	40.66	55.34	23.99
2	Himachal Pradesh	29.98	47.65	12.68	27.47	45.25	10.20	64.46	78.79	48.83
3	Punjab	30.95	42.71	18.85	22.94	33.67	11.79	51.71	66.51	36.82
4	Chandigarh	68.51	79.97	55.65	36.48	51.90	15.69	70.78	82.14	58.20
5	Uttaranchal	38.63	62.35	14.97	33.35	58.71	8.55	59.65	76.12	41.87
6	Haryana	27.63	42.16	12.97	19.87	33.35	6.14	51.19	69.50	33.29
7	Delhi	63.56	78.41	48.15	43.04	62.52	22.54	64.86	79.43	49.75
8	Rajasthan	24.85	40.70	10.23	18.21	32.55	4.98	50.45	71.92	30.49
9	Uttar Pradesh	28.46	42.54	12.58	24.18	38.13	8.26	48.81	64.11	32.41
10	Bihar	29.42	44.98	11.79	26.81	42.13	9.42	53.59	71.69	33.50
11	Sikkim	26.38	40.34	8.30	24.14	37.89	6.18	52.03	69.39	31.30
12	Arunachal Pradesh	12.61	19.68	4.66	10.33	16.63	3.29	39.13	53.99	21.24
13	Nagaland	30.51	39.65	18.78	26.76	35.20	16.13	64.26	76.75	45.37
14	Manipur*	33.70	55.38	11.73	30.93	50.41	10.48	40.21	67.76	14.50
15	Mizoram	75.85	87.21	64.23	65.92	79.92	50.82	86.79	95.66	78.21
16	Tripura	44.16	62.41	27.02	38.58	57.51	20.52	69.43	85.61	55.27
17	Meghalaya	39.24	49.99	28.01	33.22	44.28	21.20	65.04	77.15	54.34
18	Assam	40.30	58.55	21.07	36.02	54.78	16.38	69.55	83.67	53.99
19	West Bengal	48.76	68.75	29.67	38.54	61.24	17.85	69.34	82.83	55.18
20	Jharkhand	29.54	46.61	12.55	22.56	38.89	6.64	58.84	77.35	38.76
21	Orissa	37.72	60.28	15.66	35.10	58.02	12.85	57.58	76.80	37.64
22	Chhattisgarh	28.17	48.53	10.94	23.60	43.41	7.09	53.03	74.87	32.89
23	Madhya Pradesh	30.63	48.51	13.55	24.02	41.21	7.51	51.87	72.24	32.76
24	Gujarat	39.47	56.71	24.47	28.68	45.63	14.10	60.69	78.07	45.19
25	Daman & Diu	40.11	66.07	21.84	27.00	48.68	10.51	51.69	82.81	31.25
26	Dadra & Nagar Haveli	17.44	29.16	8.21	10.93	20.84	3.48	48.52	63.66	33.72
27	Maharashtra	40.73	61.44	22.72	30.73	52.17	12.45	61.52	80.09	44.69
28	Andhra Pradesh	29.01	43.21	16.10	23.25	36.39	11.24	49.26	67.45	32.99
29	Karnataka	36.07	53.88	20.05	27.59	45.33	11.80	56.98	74.56	40.75
30	Goa	51.97	70.49	37.27	43.41	63.21	28.27	62.33	78.90	48.58
31	Lakshadweep	45.21	68.68	21.25	35.94	64.36	8.20	54.87	72.99	35.49
32	Kerala	68.46	81.44	58.05	66.17	79.40	55.44	75.08	87.51	65.45
33	Tamilnadu	43.12	60.59	25.87	32.58	50.34	14.72	57.97	75.36	41.25
34	Pondicherry	49.71	69.66	33.38	34.65	55.04	16.43	57.19	77.46	41.31
35	Andman & Nicobar Islan	46.35	62.46	25.33	42.09	58.54	20.35	59.72	75.01	40.52

* India and Manipur figures exclude those of the three sub-divisions viz. Mao Maram, Paomata and Purul of Senapati district of Manipur as census results of 2001 in these three sub-divisions were cancelled due to technical and administrative reasons

Source: Office of the Registrar General, India

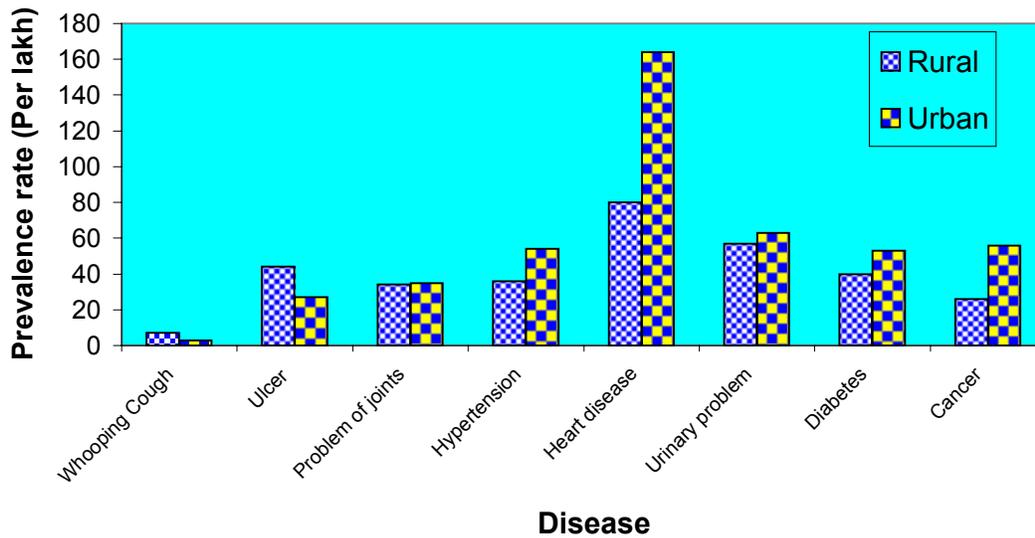
Literacy among elderly persons was highest in the State of Mizoram (76%) followed by Kerala (68%). The lowest figure of 7.39% is observed in the Arunachal Pradesh.

There appears to be quite a wide gap in literacy among elderly people in rural and urban areas. Again this difference is least for the state of Kerala/Mizoram. Interestingly, while the highest figure for both rural areas urban areas is observed in Mizoram.

Table 3.3. Number of persons aged 60 years and above reporting a chronic disease (per 1,000 persons)by sex(2004)						
Type of chronic disease	Rural			Urban		
	Males	Females	Persons	Males	Females	Persons
Whooping Cough	8	6	7	4	2	3
Ulcer	37	54	44	30	24	27
Problem of joints	30	40	34	26	45	35
Hypertension	23	53	36	50	59	54
Heart disease	95	59	80	165	162	164
Urinary problem	78	28	57	89	33	63
Diabetes	30	52	40	68	36	53
Cancer	18	36	26	25	25	56

Source : National Sample Survey , 60th Round, (2004)

Figure 22. Number of persons aged 60 years and above per one lakh sucl persons, suffering from a chronic disease



A characteristic feature of the health status of elderly people is that more than one diseases occur at the same time making their treatment more difficult and prolonged. For this reason special medical care is required to be given to this segment of the population.

Except for the cough and problem of joints, all other major diseases are more prevalent in urban areas as compared to that in rural areas. May be due to the style of living, the prevalence of diseases like blood pressure, heart disease and diabetes among elderly people in urban areas was more than double of rural areas.

A sex-wise comparison of prevalence of diseases reveals that apart from the problem of joints and blood pressure, all other major diseases are more prevalent among males as compared to females.

The higher reported prevalence of diseases in urban areas may be also due to better awareness among the urban residents about the symptom of diseases and availability of diagnostic facilities.

Figure 23. Number of elderly persons suffering from particular disease per one lakh elderly persons by sex

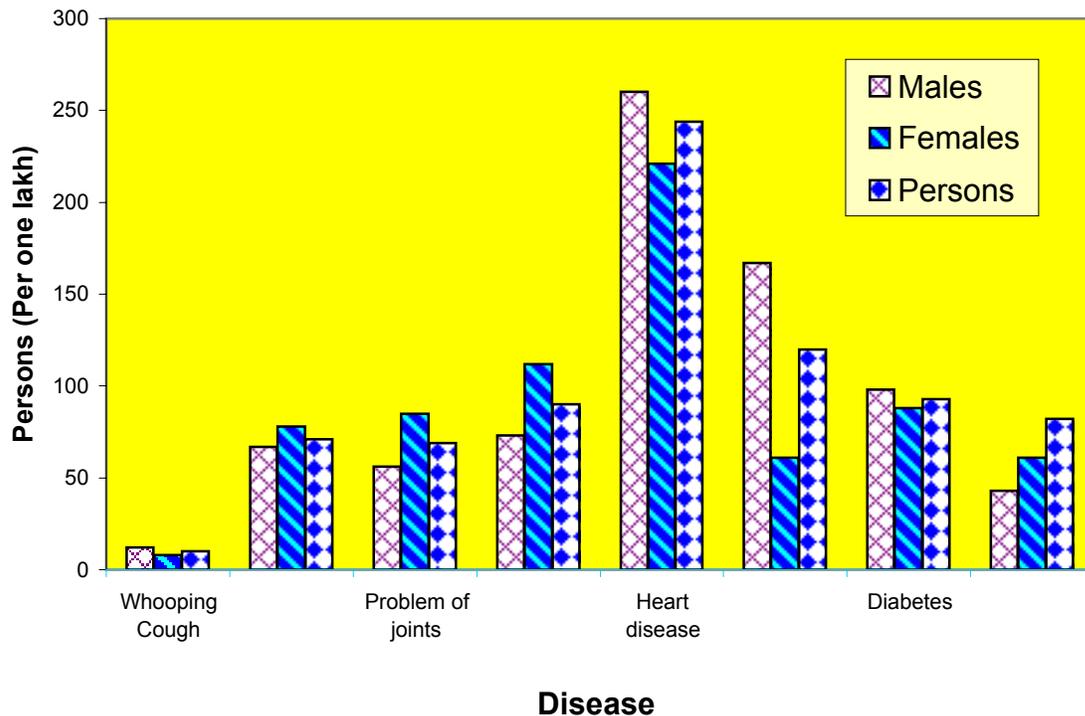


Table 3.4. Prevalence of disabled persons per 100,000 persons obtained from NSS 36th, 47th and 58th rounds			
Sex	36th round	47th round	58th round
	(July- Dec,81)	(July- Dec,91)	(July- Dec,02)
Rural			
Male	2045	2277	2118
Female	1632	1694	1556
Persons	1844	1995	1846
Urban			
Male	1532	1774	1670
Female	1297	1361	1311
Persons	1420	1579	1499
Source : National Sample Survey , 58th Round, (2002)			

It has been mentioned that the first comprehensive survey on physical disability was carried out in NSS 36th round(July-December,1981) and its follow up survey in NSS 47th round (July-December,1991). It is important to note that the mental disability was not covered in those rounds. Beginning with 36th round the concepts, definitions and survey procedures for capturing the physical disability were the same in all the surveys on disability including the 58th round. It is therefore, worthwhile to see the changes in the prevalence of disability in the country. It should be kept in mind that the mentally disabled was included in the 58th round and the age restrictions for the hearing and speech disability was done away with. Therefore, the results of the 58th round are not strictly comparable with the previous rounds. Though above comparison is being done without age classification, the trend is similar for all the classification.

Table 3.5. Prevalence rate (per one lakh persons) of physical disability among persons aged 60 years and above by type of disability and sex , India (2002)

	Rural			Urban		
	Males	Females	Persons	Males	Females	Persons
Visual	1426	2044	1733	957	1208	1087
Hearing	1523	1578	1551	1482	1295	1385
Speech	223	158	190	254	195	223
Locomotor	3057	2532	2796	3183	2616	2888
Amnesia/Senility	NA	NA	NA	NA	NA	NA

Source : National Sample Survey , 58th Round , 2002

Prevalence of various type of physical disabilities was found to be quite high among elderly. All types of disabilities were also found to be more prevalent in rural areas as compared to that in urban areas. Locomoter disability is found to be the most prevalent with 2.8 % elderly in rural areas and 2.9 % elderly in urban areas reported to be suffering from it. It is also found that among elderly females (2.5 % in rural and 2.6 % in urban) is less than prevalence rate of locomoter disability among the elderly males (3.1% in rural and 3.2% in urban areas). All other major disabilities are also found to be more prevalent among elderly females as compared to their male counterparts. Further, in rural areas, about 38% elderly males and over 42% elderly females (about 40% elderly persons) were suffering from some physical disability.

Table 3.6. Per 1000 distribution of persons aged 60 years and above by type of living arrangement and place of residence for major states (2004)

States	Type of living arrangement					
	Alone	With spouse only	With spouse and other members	With children	With other relations and non-relations	Not recorded
Andhra Pradesh	85	209	324	324	48	10
Arunachal Pradesh	35	34	453	256	12	211
Assam	26	35	525	352	13	49
Bihar	39	117	509	293	16	28
Chhattisgarh	86	114	348	376	52	23
Delhi	36	91	532	303	28	11
Goa	37	149	468	232	114	0
Gujarat	57	137	442	341	20	4
Haryana	10	73	581	305	25	5
Himachal Pradesh	38	102	413	366	56	24
Jammu & Kashmir	5	50	577	324	27	15
Jharkhand	37	97	480	338	24	23
Karnataka	53	92	454	345	50	5
Kerala	30	93	455	356	57	9
Madhya Pradesh	55	141	432	293	54	27
Maharashtra	57	127	470	294	43	8
Manipur	25	39	463	283	33	157
Meghalaya	37	94	476	337	7	49
Mizoram	8	25	504	284	42	138
Nagaland	6	84	756	138	0	16
Orissa	33	119	496	298	25	28
Punjab	29	95	539	302	25	11
Rajasthan	35	99	471	349	43	3
Sikkim	15	49	479	367	41	49
Tamil Nadu	109	189	367	269	66	0
Tripura	75	150	412	297	44	23
Uttaranchal	92	114	420	316	18	40
Uttar Pradesh	40	100	453	331	48	27
West Bengal	34	78	444	356	57	30
A&N Islands	33	23	523	322	42	57
Chandigarh	57	186	456	250	48	4
Dadra & N.Haveli	13	64	647	273	3	0
Daman & Diu	213	36	314	403	19	15
Lakshadweep	34	55	338	454	120	0
Pondicherry	60	150	350	413	27	0
All India	52	120	448	321	44	17

Source: National Sample Survey Organisation, 60 th Round

Table 4.1. Number of Old Age Homes, Day Care Centres supported by the Ministry of Social Justice and Empowerment along with the number of old persons being supported(as on 30.9.2004)

State/Uts	No. of Old Age Homes	No. of Old Persons	No. of Day Care Centres	No. of Old Persons	No. of Mobile Medicare Units	No. of Old Persons
Andhra Pradesh	112	2800	50	2500	16	8000
Assam	6	150	9	450	3	1200
Bihar	1	25	0	0	0	0
Chhatisgarh	1	25	0	0	0	0
Gujarat	2	50	1	50	0	0
Haryana	5	125	14	700	0	0
Himachal Pradesh	0	0	1	50	0	0
Jammu & Kashmir	1	25	0	0	3	2600
Karnataka	51	1275	1	50	2	800
Kerala	4	100	1	50	2	800
Madhya Pradesh	8	200	1	50	0	0
Maharashtra	6	150	12	600	2	800
Manipur	26	625	23	575	2	800
Nagaland	1	25	0	0	0	0
Orissa	42	1050	68	3400	2	800
Punjab	4	100	8	400	0	0
Rajasthan	2	50	2	100	0	0
TamilNadu	48	1200	33	825	4	1600
Tripura	4	100	6	300	0	0
Uttar Pradesh	28	700	30	1500	0	0
Uttaranchal	0	0	1	50	0	0
West Bengal	33	825	43	2150	0	0
Delhi	0	0	3	150	18	33400
Pondicherry	6	300	0	0	0	0
Total	391	9900	307	13950	54	50800

Source : Ministry of Social Justice and Empowerment, Government of India

Total Number of beneficiaries = 74650

Table 4.2 The allocation and expenditure incurred under the Scheme of Financial Assistance to Voluntary Organisations for Programmes related to Aged			
S.No.	Year	Budget Estimates (Rs.in Lakhs)	Expenditure (Rs.in Lakhs)
1	1996-97	700	720
2	1997-98	1250	610
3	1998-99	1500	775.57
4	2002-03	16.5	16.5
5	2003-04	15.8	15.83
6	2004-05	18.79	8.5 (Up to 30.9.2004)
Total		3450	2105.57

Source : Ministry of Social Justice and Empowerment, Government of India

Table 4.3 The allocation and expenditure incurred under the Scheme of Assistance to Panchayati Raj Institutions/Voluntary organisations/Self Help Groups for construction of Old Age Homes/Multi Service Centres for Older Persons			
S.No.	Year	Budget Estimates (In Lakhs)	Amount Released (In Lakhs)
1	1996-97	500.00	130.00
2	1997-98	500.00	30.00
3	1998-99	320.00	155.00
4	2002-03	114.00	114.00
5	2003-04	114.00	70.27
6	2004-05	125.00	5.00 (Up to 30.9.2004)
Total		1320.00	315.00

Source : Ministry of Social Justice and Empowerment, Government of India

Table 4.4 : Number of villages/blocks,households,persons,aged(60 years and above) persons surveyed, number of hospitalised and ailing persons surveyed and average household size, separately for each State/UT.

State/Uts	Number of surveyed				During last 365 days			Estimated (00)				
	Villages/ Blocks	Household s	Persons	Aged persons	Sample persons hospitalise d	Sample cases of hospitalisatio n	Sample persons reporting ailment during last 15 days	households	persons	cases of hospitalisation during last 365 days	aged persons	persons reporting ailment during last 15 days
Andhra Pradesh	325	3235	14220	1385	1302	1424	1616	127106	518887	12166	38765	46666
Arunchal Pradesh	75	732	4025	258	239	241	242	1607	7825	234	442	480
Assam	215	2150	11777	794	706	713	884	40438	214785	2353	10376	17667
Bihar	354	3536	20059	1590	1242	1298	1101	110195	615580	6455	34119	32720
Chhattisgarh	107	1070	5831	494	344	383	445	34768	173362	2570	11289	12059
Delhi	8	78	449	33	12	12	3	3402	18367	88	661	69
Goa	8	79	370	51	35	42	39	2886	11202	414	1121	1544
Gujarat	150	1497	8007	721	616	701	632	61384	307814	9762	20859	21330
Haryana	86	851	4881	484	372	437	507	26260	143202	5550	11118	13695
Himachal Pradesh	126	1239	6248	693	501	568	654	11323	52711	1905	4946	4600
Jammu & Kashmir	83	821	4772	403	323	334	350	10923	59602	1030	3801	4155
Jharkhand	141	1398	7554	561	366	381	248	36589	195002	1858	10840	6396
Karnataka	185	1847	9393	831	761	817	707	69596	327112	7813	22520	20918
Kerala	184	1839	8636	1154	963	1211	2148	52360	232988	29660	26687	59480
Madhya Pradesh	229	2281	12879	1093	864	943	842	84510	450315	8418	29367	27603
Maharashtra	265	2650	13577	1433	1158	1306	1442	117727	557585	18615	47679	51983
Manipur	107	1070	5776	374	369	382	158	2769	14425	278	673	411
Meghalaya	56	536	2861	191	118	123	154	3724	18864	133	898	970
Mizoram	41	394	2138	137	125	127	34	769	3859	67	196	80
Nagaland	24	240	1219	80	96	96	74	819	4113	53	148	257
Orissa	211	2094	10292	1008	802	868	761	64256	301133	7222	25527	23398
Punjab	82	816	4577	497	344	389	646	29462	154633	4948	13361	21156
Rajasthan	234	2311	13364	1135	857	948	919	74322	402102	7301	25196	22748
Sikkim	44	440	2167	204	156	168	124	884	3855	64	224	212
Tamil Nadu	254	2540	10348	1120	1090	1194	1100	102672	395508	15805	34107	37573
Tripura	82	820	3798	306	347	358	501	5867	26112	1055	1602	3407
Uttaranchal	36	346	1703	192	128	138	120	12664	63267	1111	4865	3293
Uttar Pradesh	671	6682	41137	3474	2589	2798	4365	218347	1283403	17077	84086	128631
West Bengal	317	3170	16111	1366	1298	1425	1836	122084	583207	14285	36602	66736
A&N Islands	15	140	702	49	59	63	36	493	2239	145	120	115
Chandigarh	8	80	367	28	30	33	40	230	898	15	16	47
Dadra & N.Haveli	8	80	428	30	36	42	13	455	2276	212	117	35
Daman & Diu	8	80	341	20	32	32	14	284	992	24	17	18
Lakshadweep	8	80	322	38	34	37	58	842	3299	223	309	27
Pondicherry	8	80	322	38	34	37	58	842	3299	223	309	490
All India	4755	47302	250775	22265	18346	20066	22871	1432066	7150765	178921	502670	630970

Table: 4.5 Per 1000 distribution of aged persons living alone or living with spouse only by location of residence of any child /grand child or sibling for each sex.

State/Ut	Location of residence of child/grandchild/sibling						No. of aged persons living alone or with	
	within the same building	within the village/town	outside village/town	not applicable	n.r	total	estd.	sample
Andhra Pradesh	192	446	268	82	11	1000	14777	585
Arunchal Pradesh	480	155	151	65	149	1000	31	35
Assam	182	276	331	43	168	1000	705	73
Bihar	239	272	210	141	138	1000	5969	341
Chhattisgarh	200	427	137	221	16	1000	2547	124
Delhi	163	396	263	177	0	1000	631	59
Goa	29	120	832	19	0	1000	299	17
Gujarat	153	355	382	110	0	1000	5908	246
Haryana	302	342	306	50	0	1000	1183	69
Himachal Pradesh	225	235	356	165	19	1000	736	108
Jammu & Kashmir	219	511	148	121	0	1000	254	44
Jharkhand	129	429	231	153	57	1000	1805	138
Karnataka	152	294	415	139	0	1000	4454	185
Kerala	56	389	344	203	8	1000	4365	208
Madhya Pradesh	214	438	210	131	8	1000	7403	324
Maharashtra	231	302	340	116	11	1000	13681	403
Manipur	509	218	125	112	37	1000	66	36
Meghalaya	65	367	76	210	282	1000	129	32
Mizoram	29	624	46	114	186	1000	11	18
Nagaland	0	685	315	0	0	1000	20	11
Orissa	198	321	261	131	88	1000	4304	197
Punjab	319	276	363	38	3	1000	2262	93
Rajasthan	216	393	267	123	0	1000	4171	231
Sikkim	0	598	313	88	0	1000	16	15
Tamil Nadu	98	508	317	78	0	1000	15222	598
Tripura	592	123	105	156	25	1000	419	83
Uttaranchal	96	210	612	82	0	1000	1257	63
Uttar Pradesh	181	283	272	152	111	1000	14420	673
West Bengal	256	342	247	127	28	1000	6025	284
A&N Islands	0	22	978	0	0	1000	8	6
Chandigarh	215	262	438	85	0	1000	87	29
Dadra & N.Haveli	460	372	3	165	0	1000	10	9
Daman & Diu	86	591	227	95	0	1000	11	13
Lakshadweep	0	683	67	250	0	1000	3	6
Pondicherry	195	426	251	128	0	1000	188	28
All India	185	369	294	119	33	1000	113377	5384

Source: National Sample Survey Organisation, 60 th Round

Table:4.6 Per 1000 distribution of aged persons with illness or otherwise by their perception about current state of health for each quintile class and sex .

MPCE Class	No. per 1000 of aged persons reporting illness	Aged person with illness					Aged person without illness					No. of aged persons	
		Own perception about current state of health					Own perception about current state of health					Estd.	Sample
		excellent/very good	good/fair	poor	n.r	total	excellent/very good	good/fair	poor	n.r	total		
0-225	240	14	415	549	22	1000	46	680	195	78	1000	25200	1102
225-255	212	11	433	525	31	1000	41	662	222	75	1000	20014	816
255-300	224	7	451	513	30	1000	40	726	176	57	1000	50144	2188
300-340	263	5	468	506	20	1000	58	704	188	50	1000	51664	2679
340-380	287	18	538	425	19	1000	48	714	176	62	1000	52266	2455
380-420	276	7	516	456	20	1000	60	736	152	53	1000	59265	3034
420-470	298	31	539	391	39	1000	65	746	148	41	1000	67479	3666
470-525	292	15	584	380	21	1000	52	739	155	53	1000	71636	3955
525-615	309	10	576	399	16	1000	84	751	124	41	1000	81235	4586
615-775	362	20	645	319	16	1000	69	761	125	44	1000	88367	4986
775-950	366	31	609	348	13	1000	98	774	109	19	1000	39361	2246
950+	471	37	635	320	9	1000	117	751	103	29	1000	57148	3118
All classes	310	19	565	397	20	1000	66	735	151	48	1000	663779	34831

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[Source: National Sample Survey Organisation, 60 th Round

Table 4.7 Per 1000 distribution of aged persons by state of physical mobility for each age-group and sex(2004)

age group		State of physical mobility of aged							
		Mobile		confined to bed		confined to home		Not Recorded	
		Males	Females	Males	Females	Males	Females	Males	Females
60- 64	Rural	950	944	4	3	23	31	23	22
	Urban	952	940	8	5	25	29	15	26
64- 69	Rural	938	934	7	6	44	44	11	16
	Urban	951	925	11	8	23	58	15	9
70- 74	Rural	904	852	16	20	63	112	17	16
	Urban	912	881	18	20	59	96	11	3
75- 79	Rural	869	818	23	33	94	130	14	19
	Urban	885	797	18	28	95	157	2	18
80 & above	Rural	724	632	49	69	171	257	56	42
	Urban	727	657	69	69	170	254	34	20
all aged	Rural	912	891	12	14	55	74	21	21
	Urban	917	885	17	17	51	83	15	15

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

Table 4.8. Per 1000 distribution of aged persons with illness of otherwise by their perception about current state of health for each quintile class and sex(2004)

mpce class	no. per 1000 of aged persons reporting illness	aged persons with illness				aged persons with illness			
		own perception about current state of health				own perception about current state of health			
		excellent/v erygood	good/fair	poor	n.r	excellent/ve rygood	good/fair	poor	n.r
0 - 225	206	25	385	588	2	46	673	208	73
225 - 255	214	0	387	613	0	40	627	239	94
225 - 300	221	11	416	547	26	19	722	203	56
300 - 340	282	8	453	511	28	34	735	184	48
340 - 380	304	30	484	451	34	37	721	186	56
380 - 420	276	6	495	471	28	47	733	161	60
420 - 470	293	9	567	377	47	48	730	173	49
470 - 525	298	18	570	397	16	47	740	170	43
525 - 615	323	7	562	413	19	53	757	152	38
615 - 775	347	9	624	347	20	49	772	141	38
775 - 950	379	21	571	393	14	66	780	131	23
950+	480	35	603	347	14	86	743	143	27
all classes	312	16	542	419	23	47	736	170	48

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

CONCEPT AND DEFINITIONS

Age-Specific Mortality Rate

Age –specific mortality rate is defined as the number of deaths in specific age-group per thousand populations in the same age-group in a given year.

Disability

Visual disability: Loss or lack of ability to execute tasks requiring adequate visual activity is considered as visual disability. The visual disabled, include (a) those who do not have any light perception-both eyes taken together-and (b) those who have light perception but cannot correctly count fingers of a hand (with spectacles/contact lenses in the case of those who are normally using these) from a distance of 3 meters (or 10 feet) in good day light with both eyes open.

Hearing disability: This refers to persons' inability to hear properly. Hearing disability is to be judged taking into consideration disability of the better ear but without taking into consideration the use of hearing aids (i.e. noting the position obtaining for the person without the aids that may be used).

Speech disability: This refers to persons' inability to speak properly. Speech of a person is judged to be disordered if the persons' speech is not understood by the listeners, draws attention to the manner in which he speaks and is aesthetically unpleasant. Persons with speech disability include those who cannot speak, those who speak only a limited number of words and those with loss of voice. It also includes those having speech such as stammering, nasal voice, hoarse voice, discordant voice and articulation defects, etc.

Locomotor disability: Locomotor disability means (a) an individual's loss or lack of ability to execute distinctive activities associated with the movement of himself and objects from place to place and (b) physical deformities, other than those involving the hand or let or both, regardless of whether the same caused loss or lack or normal movement of body. Thus, persons haveing locomotor disability are (a) those with loss or absence or inactivity of whole or part of hand or leg or both due to amputation, paralysis, deformity and dysfunction of joints and (b) those with physical deformities in the body (other than limbs) with do not affect normal movement, such as hunch back, deformed spine, etc.

Ailment

Ailment i.e. illness or injury, means any deviation from the state of physical and mental well-being. In other words, one is treated as sick if one feels sick. This also includes cases of visual, hearing, speech and locomotor disabilities. Injuries cover all types of damages, such as cuts, wounds, an

accident, fractures and burns caused by an accident, including bites to any part of the body. An ailment may not cause any necessity or hospitalization, confinement to bed or restricted activity. An ailing member is a normal member of the household who is suffering from any ailment during the reference period. Cases of sterilization, insertion of IUD, getting MTP, etc., pregnancy and child birth are not treated as cases of ailment. But abortion, natural or accidental, is treated as an ailment. A case of ailments is generally identified with a specific cause and ailments from two different causes are treated as two cases.

Economic Independence

A persons is considered economically independent if he/she does not require to take financial help from others in order to live a normal life.

Expectation of Life

The expectation of life at birth is the average number of years expected to be lived at the time of birth if current mortality trends were to continue. These expectations are based on life table derived by comparing the population $p(1)_x$ at age x in one census with their survivors reported at age $0(2)_{x+10}$ in the next census. From the 10 years survival ratios, survival ratios for individual years have been estimated. For younger and older ages, special methods have been adopted. With these survival ratios (p_x) and smoothed- age data, mortality rates (q_x) are worked out and the life table is prepared, the last column of which gives the expectation of life at age x . The life tables are also prepared with the age-specific death-rates obtained by the Sample Registration System.

Financial Assets

The financial assets include fixed deposits etc. in banks or post offices, N.S.C./bonds/ shares etc.

Literacy Rates

A persons who can both read and write with understanding in any language is considered as literate and a persons who can merely read but cannot write to be as illiterate. It is not necessary that a persons who is literate should have received any formal deduction or should have passed minimum educational standard. For calculating the literacy rate (literate per 100 population) the denominator is the corresponding section of the total population. For all ages (both sexes) it is the total population.

Old –Age Dependency Ratio

Old age dependency ratio is defined as the number of persons in the age group 60+ per 100 persons in the age group 15-59.

Usual Activity Status

The usual activity status relates to the activity status of a persons during a reference period of 365 days preceding the date of the survey. The activity status on which a person spent relatively longer time (major time criterion) during the 365 days preceding the date of survey is considered the principal usual activity status of the person. The broad principal usual activity status will be obtained on the basis of a two-stage dichotomous classification depending o the major time spent. Persons will be classified in the first stage into those who are engaged in any economic activity (i.e. employed) and /or available for any economic activity. In other words, persons will be first classified as those in the labour force and those not in the labour force depending on which of the two statuses took the person's major time in the year. In the second stage, those who are found in the labour force will be further classified into working (i.e. engaged in economic activity or employed) and seeking and/or available for work (i.e. unemployed) based on the major time spent. Thus the principal usual status will be one of the three: (i) employed, (ii) unemployed, (iii) out of labour force.