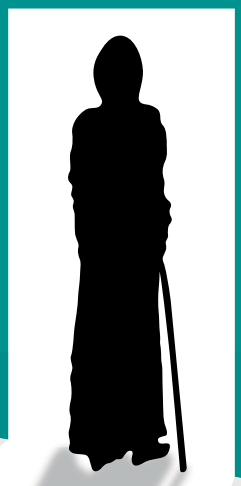
Building a Knowledge Base on
Population Ageing in India



The Status of Elderly in West Bengal, 2011

UNFPA

Building a Knowledge Base on
Population Ageing in India

The Status of Elderly in West Bengal, 2011

February 2014

CONTRIBUTORS

Moneer Alam

Sumit Mazumdar

Indrani Chakravarty

Pratima Yadav

ACKNOWLEDGEMENT

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

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

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

Several individuals and officials of Government of West Bengal including Mrs. Nilanjana Sengupta (Deputy Director, Ministry of Panchayat and Rural Development), Mr. Subhranshu Das (Assistant Director, Food Department), Mr. P.K. Samanta (Former Secretary, Department of Social Welfare), Dr. Pradip Malhotra (State Advisor, Non-Communicable Diseases), Mr. Debashis Bose (Joint Secretary, Health and Family Welfare), Dr. Saumitra Basu (Research Associate, Calcutta Metropolitan Institute of Gerontology) and Help Age India (Kolkata) have helped immensely by providing substantial data and information support. We sincerely thank all of them.

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

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

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

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

Authors

February 2014

ACRONYMS

ADL	Activities of Daily Living
APL	Above Poverty Line
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BKPAI	Building a Knowledge Base on Population Ageing in India
BPL	Below Poverty Line
BY	Briddhashree Yojana
CMIG	Calcutta Metropolitan Institute of Gerontology
COPD	Chronic Obstructive Pulmonary Disease
CPRC	Chronic Poverty Research Centre
DCC	Day Care Centres
DK	Don't Know
DMO	District Magistrate's Office
ESHG	Elderly Self-Help Group
FY	Financial Year
GHQ	General Health Questionnaire
GoWB	Government of West Bengal
HCE	Health Care for Elderly
HH	Household
HR	Human Resource
IADL	Instrumental Activities of Daily Living
IAY	Indira Awas Yojana
ICF	International Classification of Functioning, Disability and Health
ICICI	Industrial Credit and Investment Corporation of India
IEG	Institute of Economic Growth
IGNDPS	Indira Gandhi National Disability Pension Scheme
IGNOAPS	Indira Gandhi National Old Age Pension Scheme
IGNWPS	Indira Gandhi National Widow Pension Scheme
IMA	Indian Medical Association
IPOP	Integrated Programme for Older Persons
ISEC	Institute for Social and Economic Change
IT	Information Technology
KMC	Kolkata Medical College
LPG	Liquefied Petroleum Gas
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MIPAA	Madrid International Plan of Action on Ageing
MMU	Mobile Medicare Unit

MORD	Ministry of Rural Development
MOSJE	Ministry of Social Justice and Empowerment
MPCE	Monthly Per Capita Consumer Expenditure
NA	Not Available
NCDs	Non-communicable Diseases
NFBS	National Family Benefit Scheme
NGO	Non Governmental Organization
NHB	National Housing Bank
NLM	National Literacy Mission
NPHCE	National Programme for Health Care of the Elderly
NPOP	National Policy on Older Persons
NRI	Non Resident Indian
NSAP	National Social Assistance Plan
NSSO	National Sample Survey Organisation
OAH	Old Age Home
OAPS	Old Age Pension Scheme
OBC	Other Backward Classes
OPD	Out Patient Department
PDS	Public Distribution System
PPP	Public-Private Partnership
PPS	Probability Proportional to Population Size
PRC	Population Research Centre
PSU	Primary Sampling Unit
RDCS	Residential and Day Care Services
RGGVY	Rajiv Gandhi Grameen Vidyutikaran Yojana
RSBY	Rashtriya Swasthya Bima Yojana
SC	Scheduled Caste
SES	Socio-economic Status
SRH	Self-Rated Health
SRS	Sample Registration System
ST	Scheduled Tribe
SUBI	Subjective Well Being Inventory
SWB	Subjective Well Being
TAC	Technical Advisory Committee
TISS	Tata Institute of Social Sciences
TSC	Total Sanitation Campaign
UCO Bank	United Commercial Bank
UNFPA	United Nations Population Fund
VYSC	Varishtha Yojana for Senior Citizens

CONTENTS

List of Tables

Appendix Tables 66

List of Figures

1. Background

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

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

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

During the VII cycle of cooperation with the Government of India (2008-12), the Country Office embarked on a research project, 'Building a Knowledge Base on Population Ageing in India (BKPAI)'

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

In this study, the sample for each state was fixed at 1,280 elderly households. The sample size was equally split between urban and rural areas and 80 primary sampling units (PSUs) equally distributed between rural and urban areas selected using probability proportion to the population size (PPS). The details about survey such as sampling procedures, survey protocols, questionnaire contents and definitions and computations of different indicators are available in the *Report on the Status of Elderly in Select States of India, 2011 – Sample Design, Survey Instruments, and Estimates of Sampling Errors.*

This report is the outcome of the survey carried out in West Bengal from May to July 2011, as part of the seven-state study by Sigma Consultancy Organisation, New Delhi. The report consists of seven sections, where the first section provides a brief introduction; the second section discusses the profile of elderly households and individual elderly; the third section is on work, income and asset holdings among the elderly; section four covers the living arrangements and family relations; section five provides information on the health status of the elderly including subjective and mental health, morbidity – acute and chronic – and hospitalization, access of health care and financing; section six covers social security in old age; and the last section is the way forward.

2. Sample Households and Elderly Population

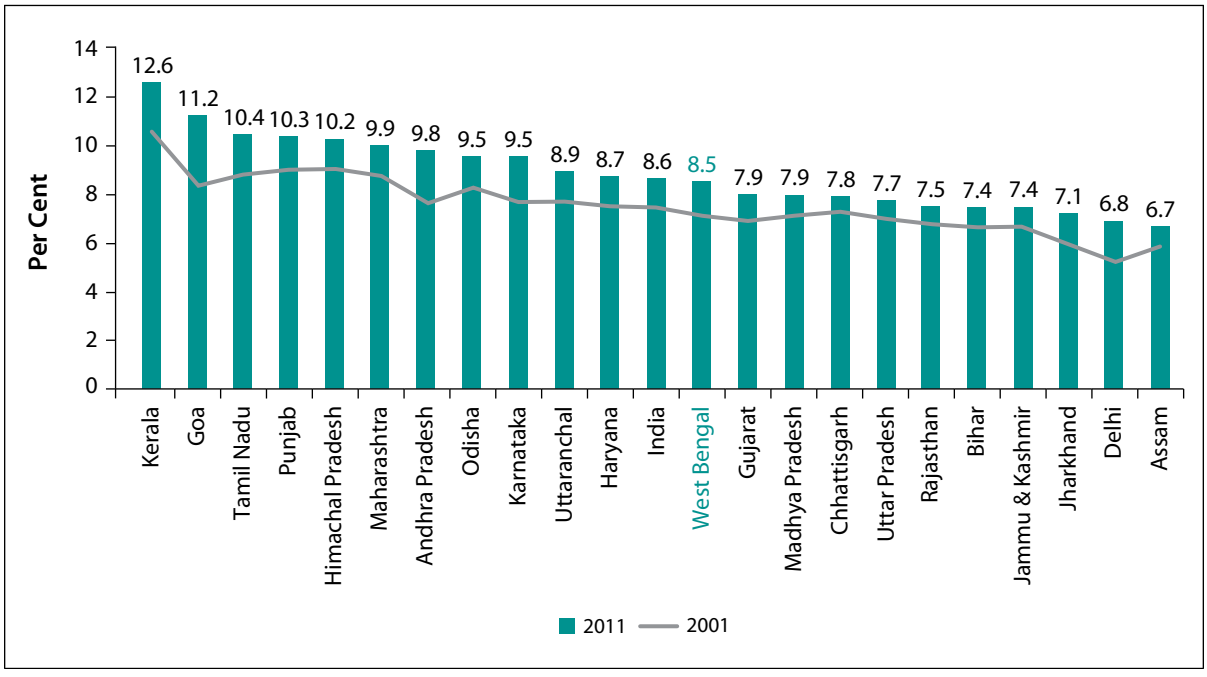
West Bengal, a state located in the eastern part of India and bordered by Bhutan and Sikkim in the north and Bangladesh in the east, is one of the most populous states of the country with about 7.5 per cent of the country's total population, or a little over 91.3 million in absolute numbers (Census of India, 2011). According to *Encyclopaedia Britannica*, the word 'Bengal' or 'Bangla' was derived from the ancient kingdom of '*Vanga*' or '*Banga*', which suggests the historical roots of the state and antiquity of its culture (Britannica Online Encyclopedia).

West Bengal has been a success story in the realm of its demographics, and started witnessing improvement in its demographic parameters decades ago despite a large rural population, various economic inadequacies, low levels of industrialization, too much reliance on agriculture coupled with high female illiteracy – especially in rural areas – undermining women's empowerment (Planning Commission 2010; Mukherjee 2004). Currently, the state compares fairly well with many other progressive states in the country including the high-performing states like Punjab, Himachal Pradesh, Kerala, Tamil Nadu.

Along with lower birth and death rates, the expected lifespan of the people in West Bengal is also projected to remain higher than the national average. To illustrate, life expectancy at birth of an average person (e_0) in West Bengal was estimated to be 69 years during 2006–10 as compared to 68.9 years in Tamil Nadu and 67.2 years in Karnataka. The only two states with higher life expectancies than West Bengal were Kerala where e_0 was estimated at 74.2 years and Punjab, where e_0 was marginally higher at 69.3 years (Sample Registration System 2012). An almost similar pattern emerges at the later ages as well.

West Bengal is no exception to the dynamics of population ageing in the country (Fig. 2.1). There are 74,90,514 persons (51.4% males and 48.6% females) above 60 years of age with 68 per cent residing in rural areas and 32 per cent residing in the urban locales. Around 33 per cent of the total elderly population is below poverty line (BPL) (Kumar and Anand 2006). The decadal growth rate of 60+ populations in West Bengal, projected by the Technical Group of Population Projections, National Commission on Populations, indicates that over the next few years, the state will undergo a huge demographic shift and while the total population is projected to rise by 26 per cent in the year 2026 as compared to the base year of 2001, population of 60+ age groups will rise by 170 per cent over the same period (Central Statistics Office 2011).

Figure 2.1: Population Aged 60 years and above according to Census 2001 and 2011



2.1 Household Characteristics

Of the 1,157 elderly households surveyed, a near-equal proportion resided in rural and urban areas – 51 and 49 per cent respectively. Appendix Table A 2.1 shows that while an average household comprised a total of about five members (mean = 4.8), households with six or more members also existed and were found to be higher in rural (31%) than in urban (28%) areas. Overall, 53 per cent of the households were headed by elderly males and 25 per cent by elderly females.

Scheduled castes (SC) constituted 35 per cent of households and 53 per cent were other (general) castes; 82 per cent of the households were Hindus. Appendix Table A 2.1 also shows that 38 per cent of households live in a *pucca* house, with nearly two-thirds (67%) of such households residing in the urban areas. About 54 per cent of the houses have more than three rooms. Nearly 40 per cent of the households have access to piped drinking water, and an almost equal proportion (39%) gets its drinking water from bore wells. Notably, 26 per cent of the households overall and more than one-third (37%) in rural areas have no access to toilet facilities. Only 40 per cent of the households have flush toilets. Over a 90 per cent of the rural households and nearly 42 per cent of urban households use fuels other than LPG/natural gas as their major cooking fuel.

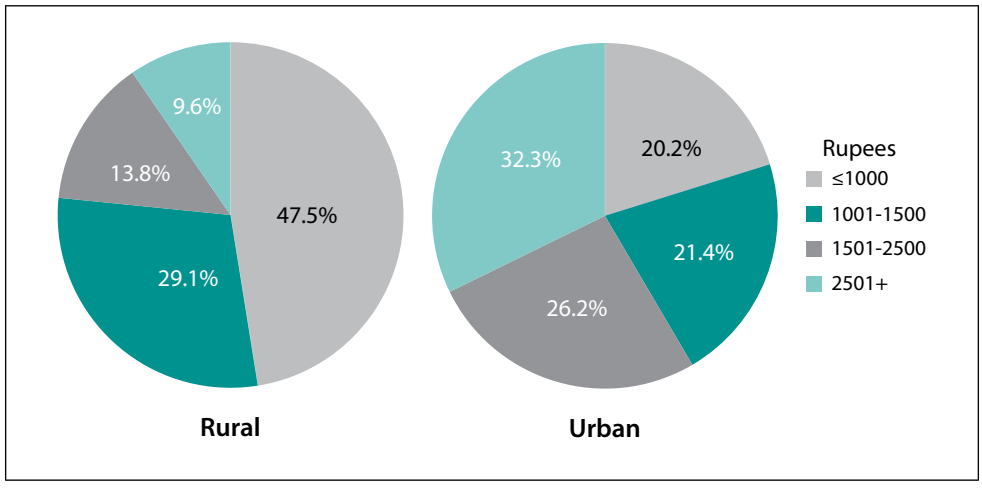
Among the sampled elderly households in the state, 40 per cent rural and 20 per cent urban households belonged to the BPL category; another 5 and 2 per cent in rural and urban areas, respectively, belonged to the *Antodaya* category (Appendix Table A 2.2).

Household Possessions, Loans and Household Support System

Electricity connection is available in 95 per cent urban households and 71 per cent of rural households; 31 per cent of elderly households in rural areas and 79 per cent in urban areas own colour televisions as given in Appendix Table A 2.2. More than two-thirds of the households have cellular/mobile phones, and 46 per cent of the urban households own a refrigerator. Fifty two per cent of households in rural areas own no agricultural land. In terms of the wealth quintiles, 39 per cent of the households in West Bengal fall in the poorest quintile and 24 per cent in the second-lowest class; only about 22 per cent of the households overall and a majority of urban households fall in the two uppermost or wealthiest groups; 63 per cent of households do not have any outstanding loans. Nearly a quarter of loan (26 per cent) expenditure is on agriculture, while a fifth (19 per cent) of loans is taken to meet the health expenditure of the elderly.

As shown in Figure 2.2, roughly half of total households in rural areas (47.5%) have monthly per capita consumption expenditure (MPCE) levels up to Rs. 1,000. Only a small fraction of about 10 per cent has average MPCE higher than Rs. 2,500. The situation is markedly better in urban areas as nearly one-third (32%) of the urban households have MPCE higher than Rs. 2,500 and about 20 per cent lower than Rs. 1,000.

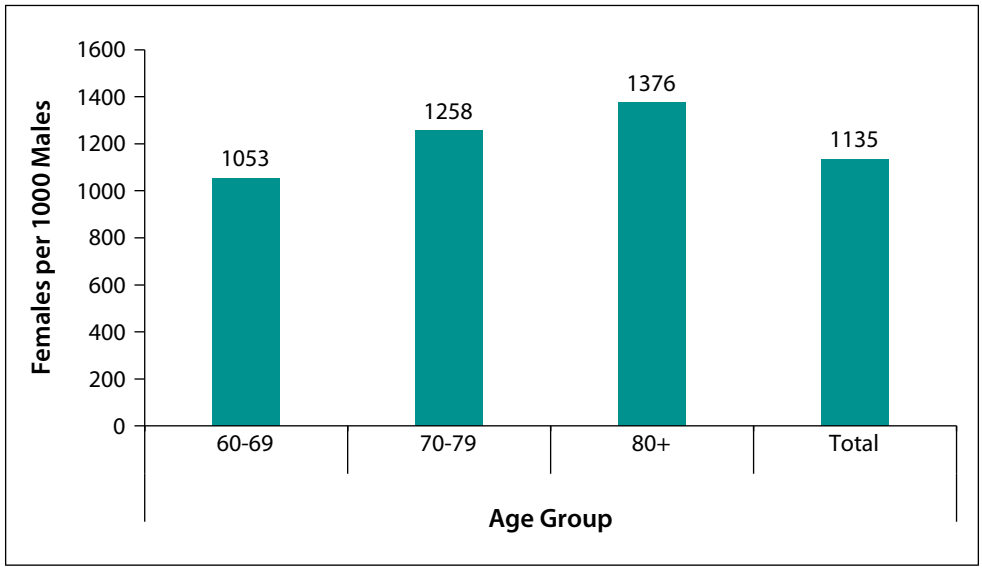
Figure 2.2: Monthly per capita consumption expenditure of elderly households according to place of residence, West Bengal 2011



2.2 Profile of the Elderly

Elderly individuals comprise nearly one-fourth (24.5%) of the household population in West Bengal. The overall sex ratio (females per 1,000 males) in the state, among the elderly households, indicates a near-even ratio of 1,009, and considering only the elderly population rises to about 1,135, with a marginally higher sex ratio in rural (1,137) than in urban (1,131) areas (Appendix Table A 2.1).

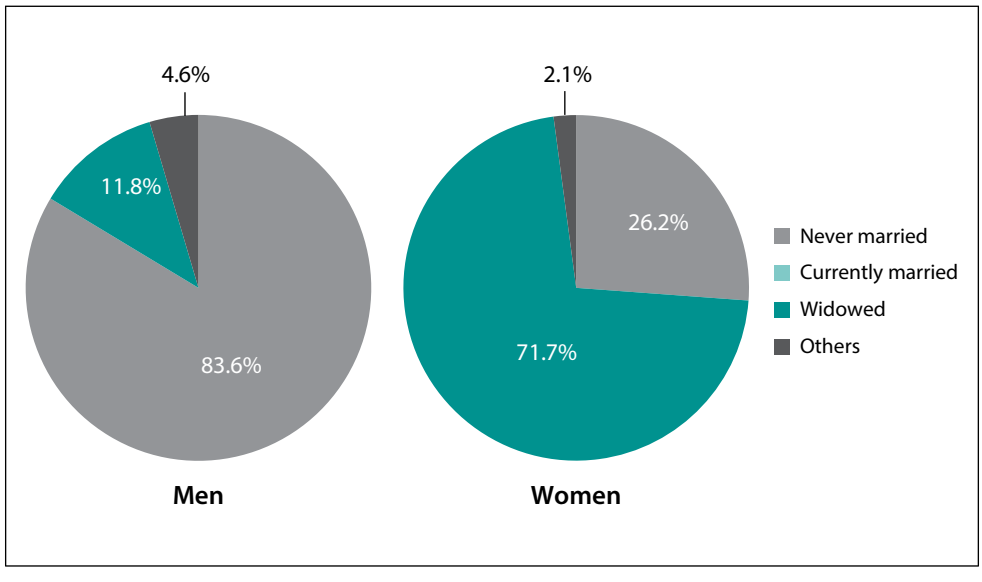
Figure 2.3: Sex ratio (females per 1,000 males), West Bengal 2011



The sex ratio across the elderly age groups, as shown in Figure 2.3, clearly indicates a steadily increasing female dominance with age – the sex ratio increases from 1,053 (60-69 years) to 1,376 in the 80+ age group.

The age structure among the elderly in West Bengal indicates a pattern nearly similar to the combined seven state average and similar across both sexes; 35 per cent of the elderly (36% males and 34% females) are in the age group 60–64, and about 27 per cent in the 65–69 age group. Less than 10 per cent of the elderly were aged over 80 years (Appendix Table A 2.3). As indicated in Figure 2.4, 72 per cent of elderly women in West Bengal are widowed, much higher than the seven state average of 58 per cent (Alam et al 2012) while 84 per cent of elderly men have surviving spouses. Among the currently married elderly, remarriage is rare – 7 per cent of males in rural areas and only 3 per cent in urban areas have remarried.

Figure 2.4: Elderly by marital status according to sex, West Bengal 2011



Two-thirds of elderly females (66%) and 29 per cent of elderly males has no formal education while 43 per cent of elderly males and only 12 per cent of elderly females have completed more than eight years of formal education. The survey attempted to estimate the rate of migration among the elderly – both lifetime migration and that undertaken after attaining 60 years of age. The latter is extremely rare; less than 4 per cent have migrated after 60 years of age. Due to marriage-migration, lifetime migration among women is high (82%) as compared to that among males (36%) (Appendix Table A 2.3).

To summarize, overall the housing structure of elderly in West Bengal is dilapidated in nature and requires some concrete measures from the Government. More than half (57%) of the rural elderly resides in a *kaccha* house and more than a quarter (26%) of the households overall doesn't have a toilet facility. Only 40 per cent of households have access to piped drinking water. Wood was the most widely used cooking fuel among rural households (38%). There was near universal access to electricity (95%) by the urban elderly households, while more than half of the rural households (52%) doesn't own any agricultural land. Overall, 39 per cent of the elderly belonged to the lowest wealth quintile while only one out of 10 elderly belonged to the highest wealth quintile. Significant variation was observed in the MPCE across rural and urban areas; while one-third of the elderly households had an MPCE of Rs. 2,500+ in urban areas, this was true for only 10 per cent of the elderly from rural areas. A majority of rural households (48%) had an MPCE of less than Rs. 1,000. Thirty six per cent of the elderly households had an outstanding loan and 19 per cent of such loans were sought to meet the health expenditure of the elderly, which is marginally higher than the seven state average (13%).

Rising feminization of ageing was prominent in West Bengal, similar to the seven state report, with the sex ratio being 1135 females per 1000 males in the 60+ age group. Nearly two-thirds of the elderly (63%) are in the 60-69 age group confirming ageing as a recent phenomenon requiring immediate attention. Almost three-quarters of the elderly females are widows and the lifetime migration among the elderly women is very high (82%) as against men (36%). Surprisingly, remarriage rate is marginally higher in rural locales (4%) than the urban locales (1%). Nearly half the elderly population (48%) surveyed in the state has no formal education.

3. Work, Income and Assets

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

3.1 Work Participation Rate and Work Intensity

Work participation rate in West Bengal among the elderly based on current working status is 24 per cent overall (Appendix Table A 3.1), with 42 per cent for males and 8 per cent for females. Notably, work participation rate falls among the elderly males in urban areas (26%) similar to the seven states pattern, but is higher for the females (8.5%) (Alam et al 2012). Figure 3.1 shows that more than half (52%) of the elderly males in the age group 60–69 are currently working; even beyond the age of 80, 9 per cent of the males continue to work.

Work intensity among the elderly in West Bengal who continue to be active in the labour force depicts a socio-economic pattern suggestive of economic compulsions and poverty as the main drivers of labour force participation (Appendix Table A 3.2). Nearly 71 per cent of the current workers in the lowest wealth quintile category are main workers indicating that they work for more than six months in a year. Also, the working elderly in the lowest socio-economic status group work for longer hours, with 95 per cent working for more than four hours. Similarly, compared to the

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

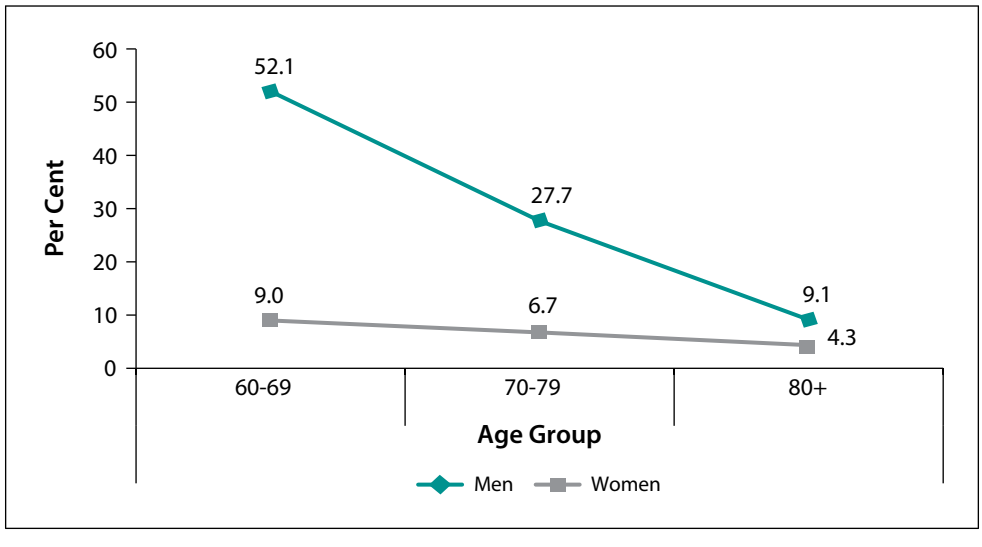
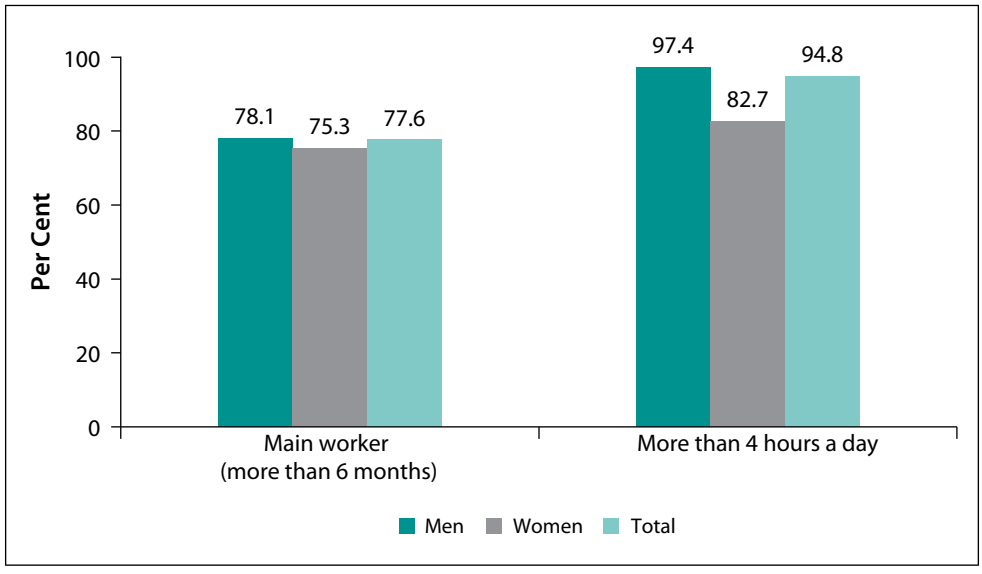


Figure 3.2: Main workers and those working more than 4 hours a day among elderly workers, West Bengal 2011



current workers staying with children, those staying with spouses tend to work more regularly and for longer hours. Overall more than three-quarters (78%) of the elderly are main workers and 95 per cent works for more than four hours in a day (Fig. 3.2).

The major occupations among the elderly workers are other wage labour activities (34%) and agricultural labour (26%); 36 per cent of rural men and about 17 per cent of rural women are agricultural labourers. Appendix Table A 3.3 shows that informal employment is the major type of employment undertaken by the elderly – 67 per cent of the workers in rural areas and 42 per cent in urban areas are informally employed – followed by self-employment (25% overall).

3.2 Need for Current Work

Workforce participation among the elderly in West Bengal, cutting across sex and in rural and urban areas alike, is predominantly influenced by economic and other compulsions. Nearly 9 out of 10 working elderly in both rural and urban areas do so out of such compulsions. For women, economic compulsions are universally applicable reasons for work (Fig. 3.3).

Motivations for work vary across background attributes of the elderly, such as age and living standards. As shown in Figure 3.4, the influence of economic or other compulsions as work motivators steadily declines from about 99 per cent in the poorest wealth quintile to about 37 per cent in the richest quintile. Across social groups, the only pattern that emerges indicates a higher proportion of the elderly from SC/ST groups working out of economic and other compulsions.

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

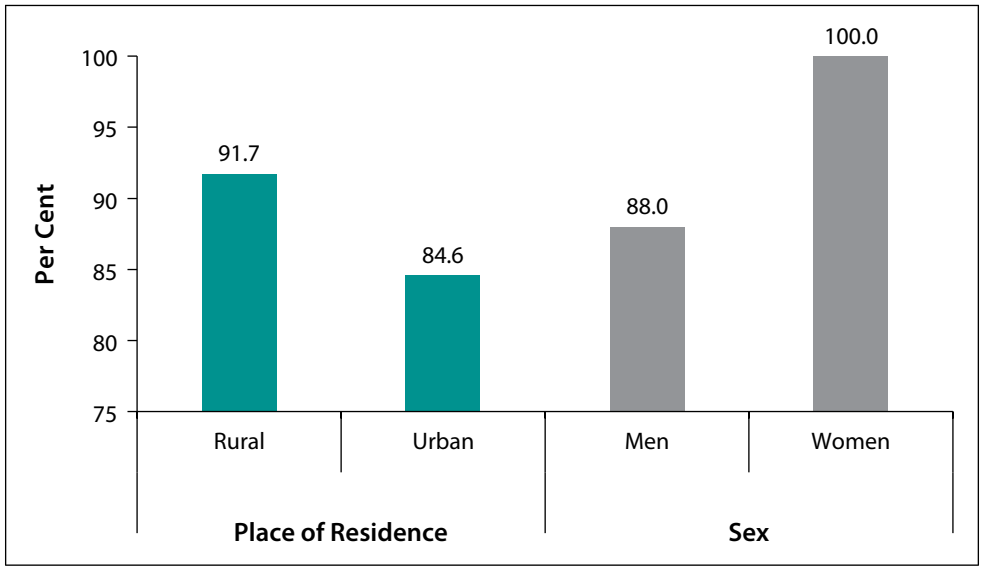
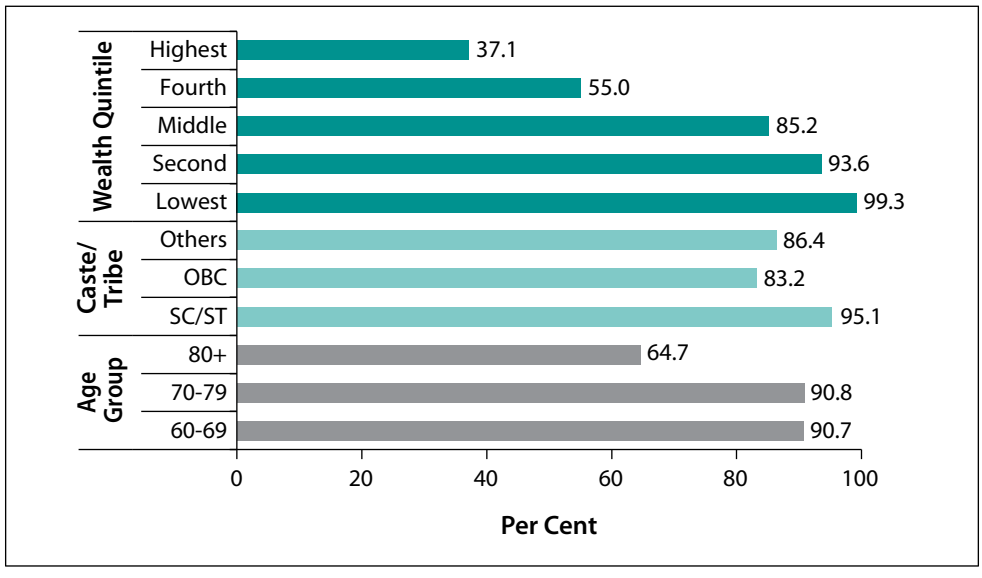


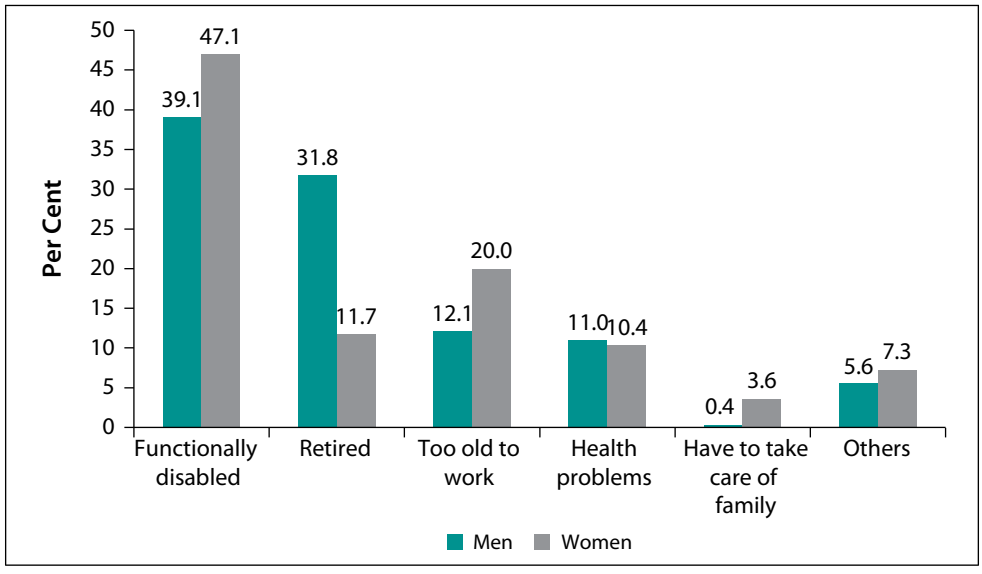
Figure 3.4: Elderly working due to compulsion by age, caste and wealth quintile, West Bengal 2011



3.3 Reasons for Not Working

The results of the BKPAI survey suggest that functional disability is one of the major reasons for the elderly not working currently with 47 per cent of elderly women and 39 per cent of elderly men reporting being functionally disabled as reasons for not working, followed by 32 per cent men and 12 per cent women indicating that they have retired from work while 20 per cent of elderly women and 12 per cent of elderly men stated that they were too old to work (Fig. 3.5).

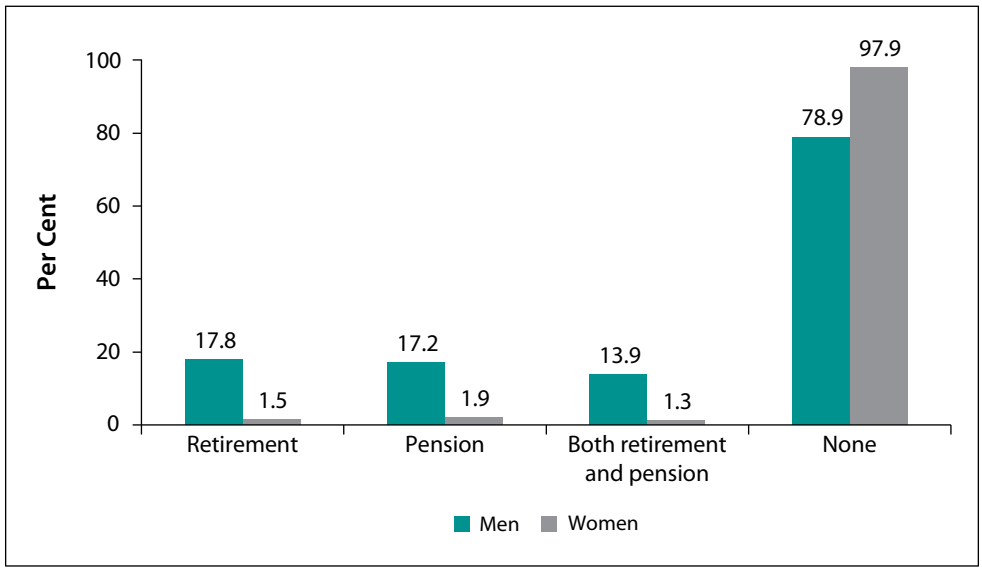
Figure 3.5: Five major reasons for elderly currently not working by sex, West Bengal 2011



3.4 Work Benefits

A majority of the elderly in West Bengal – 98 per cent of women and 79 per cent of men – have reported not receiving any work-related benefits such as prescribed ages for retirement and pensions. About 18 per cent of the males had prescribed retirement benefits, 17 per cent received pension benefits and about 14 per cent received both (Fig. 3.6). Benefits such as retirement, pension and insurance are rare largely due to elderly being employed outside the formal sector.

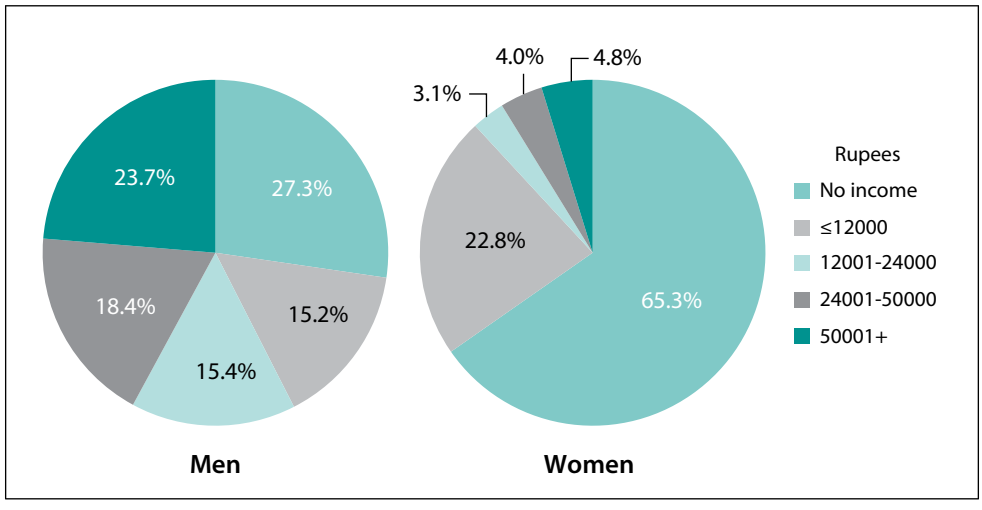
Figure 3.6: Elderly by work benefits they receive according to sex, West Bengal 2011



3.5 Personal Income of the Elderly

Appendix Table A 3.6 shows that overall nearly 53 per cent of the elderly earn some income, with a higher proportion of income-earning individuals being males and in urban areas. In urban areas, 43 per cent of elderly males earn more than Rs. 50,000 annually, and a little more than one-fifth (21%) of the rural males earns over Rs. 24,000, or about Rs. 2,000 per month. Among the income-earning elderly women, a majority earns around Rs. 12,000 annually, reflected in the average income of Rs. 7,414 earned annually by the women. The gender differentials in earnings are shown in Figure 3.7.

Figure 3.7: Elderly by annual personal income by sex, West Bengal 2011



The average proportion of the elderly having no personal income indicates some association with the living standards in terms of the wealth quintiles (Fig. 3.8). As seen in the figure, among males

Figure 3.8: Elderly with no income by wealth quintile and sex, West Bengal 2011

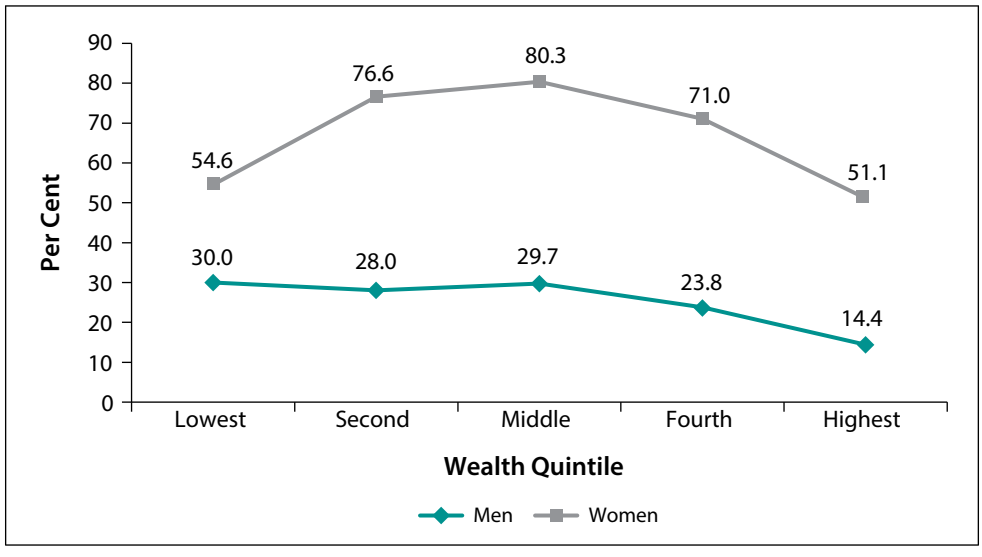
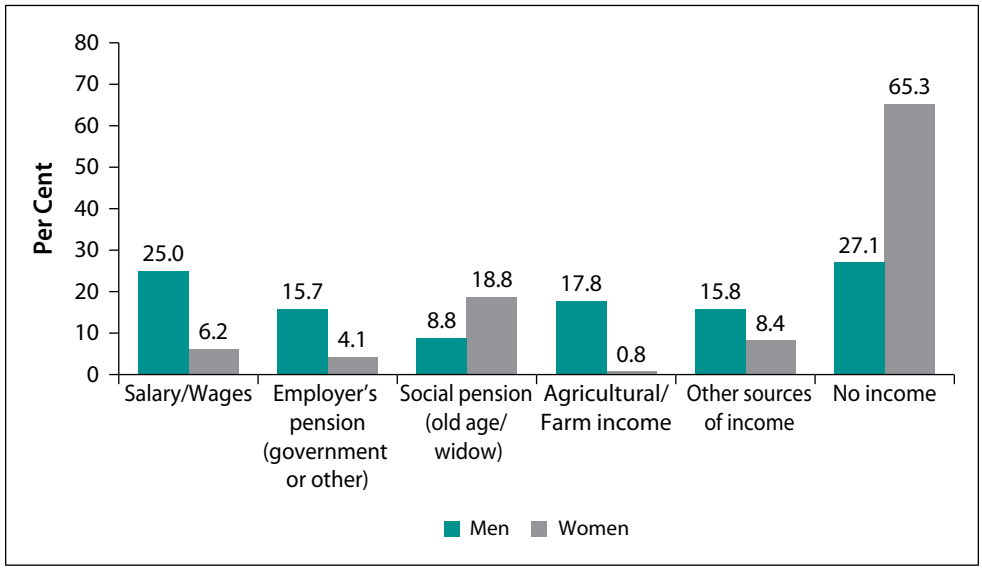


Figure 3.9: Elderly by sources of current personal income according to sex, West Bengal 2011



the proportion of no-income elderly falls from 30 per cent in the lowest wealth quintile to about 14 per cent in the richest quintile. For females, however, the pattern is rather irregular.

A look at the sources of income earned by the elderly reveals that for men, nearly one-fourth of the income is through salaries and wages (25%), while for women the major source is from social pensions (old-age/widow pensions) (19%) (Fig. 3.9). About 16 per cent of males earn their incomes through employer's pensions and about 18 per cent from agricultural sources. Notably, in urban areas employer's pensions are the major source of income for males (36%) explained by higher engagement with formal employment sources in urban areas. For rural males, salary/wages (29%) and agricultural income (27%) are quite significant (Appendix Table A 3.7).

3.6 Economic Contribution of the Elderly to the Family

The survey also asked respondents about their perception on the magnitude of their economic contribution to household expenditure; a little more than half the earning elderly (52%) reported that they do contribute. Three-quarters of males (75%) and 38 per cent of females in urban areas and 70 per cent males and 31 per cent females in rural areas contribute their personal incomes to household expenditure in West Bengal (Fig. 3.10). Overall, nearly half (47%) the elderly respondents reported that they do not contribute to household expenses (Appendix Table A 3.8).

About 20 per cent felt that their contribution covers more than 80 per cent of the household's total expenditure. Due to higher income-earning proportions, men generally contribute more, and also account for a larger part of the household's expenses out of their own incomes (Fig. 3.11).

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

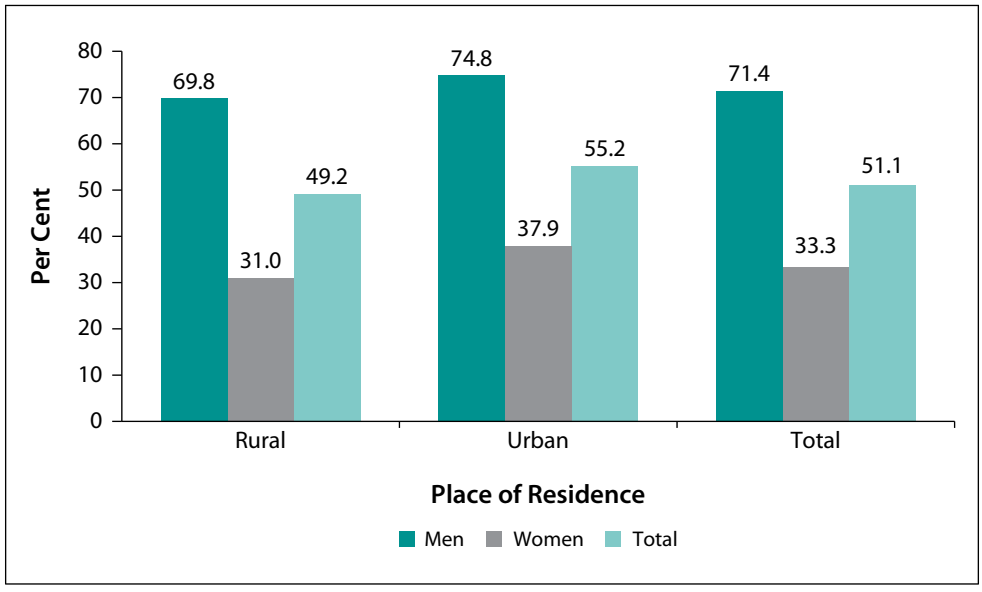
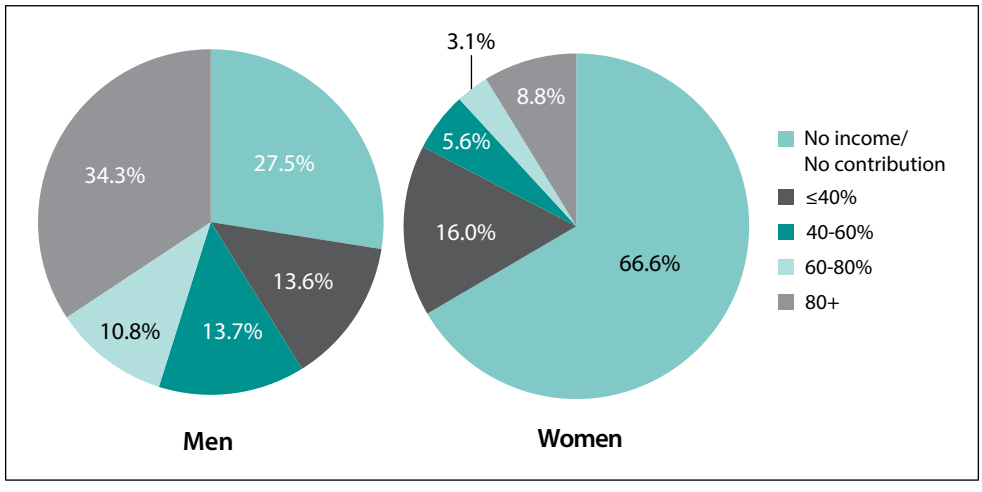


Figure 3.11: Elderly by their perceived magnitude of contribution towards household expenditure according to sex, West Bengal 2011

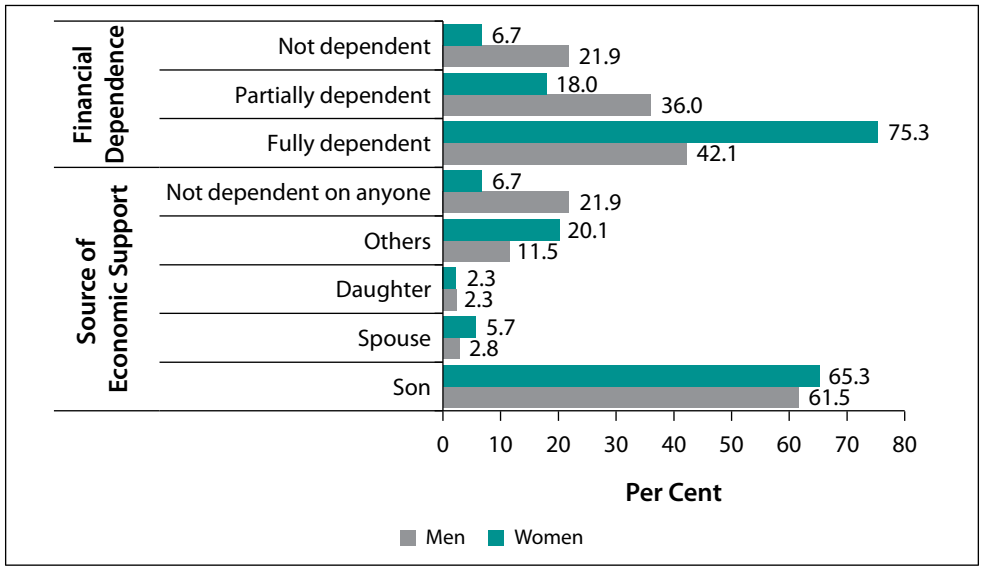


Notably, 34 per cent of elderly males and 9 per cent of females consider that their incomes contribute to more than 80 per cent of the household expenditure; in addition, about one in every 10 elderly males feels that his contribution to household expenditure falls in the range of 60–80 per cent (Appendix Table A 3.8).

3.7 Economic Dependence

Only 14 per cent of the elderly in West Bengal are economically independent; 60 per cent are fully dependent and 27 per cent are partially dependent on others for sustenance (Appendix Table A 3.9).

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



Economic independence among the elderly is slightly higher in urban areas (18%) vis-a-vis rural areas (12%). Economic independence among males is almost three times higher than that of females, both in urban and rural areas.

Across rural and urban areas, as well as for male and female elderly respondents, sons are the predominant sources of economic support – overall their contribution as sources of support accounts for nearly two-thirds of all elderly respondents (64%) (Fig. 3.12).

3.8 Asset Ownership

More than one-third (36%) of the elderly interviewed in West Bengal does not own any assets (Table 3.1). Asset ownership among the elderly indicates a strong gender differential – about 59 per cent of females in rural areas and 44 per cent in urban areas do not own any assets, as compared to only about 14 per cent for males. The male–female differential in asset ownership is also evident in the ownership patterns for assets such as inherited land and houses. Half the rural males and only 13 per cent of rural females own inherited land; similarly, three-fourths of urban men and only one-fourth of urban women own either inherited or acquired houses.

More than half (53%) the elderly men in urban areas own some form of savings in bank, post office and cash, while about 22 per cent of rural men have such savings. Overall less than 1 per cent elderly have savings in other financial products like bonds, shares and mutual funds.

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

Type of Assets	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Inherited land	47.6	12.9	29.1	18.8	5.0	11.5	38.1	10.3	23.3
Self acquired land	26.5	3.8	14.4	26.7	6.4	15.9	26.5	4.6	14.9
Inherited house(s)	40.3	16.5	27.7	24.2	7.6	15.4	35.0	13.6	23.6
Self acquired house(s)	23.2	9.6	15.9	47.6	16.4	31.0	31.2	11.8	20.9
Housing plot(s)	2.7	0.5	1.6	9.2	1.6	5.1	4.9	0.9	2.7
Inherited gold or jewellery	0.0	4.5	2.4	0.0	13.0	6.9	0.0	7.3	3.9
Self acquired gold or jewellery	1.9	5.9	4.1	5.0	20.7	13.3	2.9	10.8	7.1
Savings in bank, post office, cash	21.5	10.6	15.7	52.6	27.4	39.2	31.8	16.1	23.4
Savings in bonds, shares, mutual funds	0.4	0.3	0.4	3.3	0.1	1.6	1.4	0.2	0.8
Life insurance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Don't own any asset	14.5	59.2	38.3	14.1	44.1	30.0	14.4	54.2	35.6
Number of elderly	296	347	643	302	330	632	598	677	1,275

In general, a higher level of work participation by the elderly is desirable only if it is by choice and not by economic or social compulsion. However, the current rate and pattern of work participation in West Bengal clearly indicates the link between current work participation and poverty and illiteracy. Further the survey also found that work participation of the elderly continues even beyond age 80, a strong indication of lack of any social and economic support. The survey shows significant gender differentials in the labour market. Although the work participation rate is lower among females, it appears that those who are working have no choice but to do so, as a large proportion of women reported that the work participation is primarily driven by economic and other compulsions. Women living alone have higher incidence of work participation compared to those living with spouse or others. The majority of the elderly who are participating in the labour market are working for more than four hours a day (95%). The survey also found that the reasons for work for the majority of the elderly are economic or other compulsions. The occupational structure of currently working elderly shows significant numbers are employed in unskilled and low paid jobs. Pension or retirement benefits are not available to the majority (89%). A negligible number of women receive retirement benefits (2%) as compared to 18 per cent among men. This is despite the fact that a large majority of the elderly women are widows.

Nearly half the elderly (47%) have reported that they earn no income and the annual mean income of the elderly (Rs. 22,558) is marginally lower than the seven state average (Rs. 24,974) reflecting the dire need of government intervention and improving the monetary support provided to the elderly in the state. Nearly one-fourth of the elderly have reported pension (employer's and social pension) as the major source of income followed by wages. One-third of the elderly men and 20 per cent

of elderly overall perceive that they contribute to more than 80% of the household expenditure. This reaffirms the fact that elderly are not merely a burden on the household and have a significant contribution to the household. Sixty per cent of the elderly have reported being economically fully dependent, citing their son as the major source for economic support. Moreover, 36 per cent of the elderly have reported that they don't own any assets. Findings from this section highlight the economic vulnerability of the elderly, especially the women, which requires advocacy by the government in order to address it.

4. Living Arrangement and Family Relations

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

4.1 Type of Living Arrangement and Reasons for Living Alone

In West Bengal, more than 10 per cent of elderly females and about 2 per cent of elderly males stay alone; 14 per cent of men and 5 per cent of women co-reside with only their spouses, while the rest stay with other family members including spouses, children and grandchildren (Fig. 4.1).

In fact among the seven states considered in the study, West Bengal follows Tamil Nadu with the second highest proportion of women living alone (Fig. 4.2), which has clear psychosocial implications (Alam et al 2012).

The proportion of the elderly living alone does not change significantly across age groups, but is higher in rural areas. In terms of socio-economic status, 13 per cent of the elderly in the lowest wealth quintile class stays alone, and in better-off classes the proportion is significantly lower (Appendix Table A 4.1).

Figure 4.1: Living arrangement of the elderly by sex, West Bengal 2011

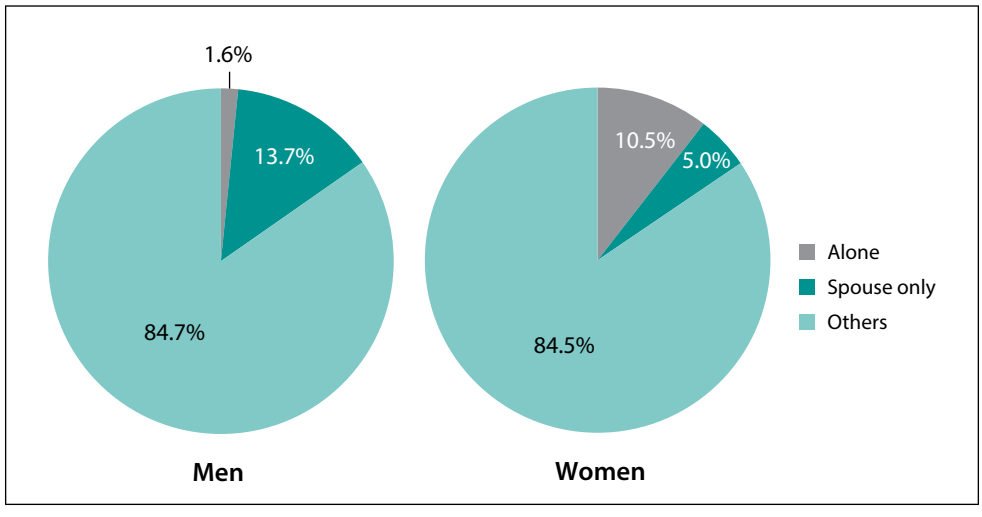
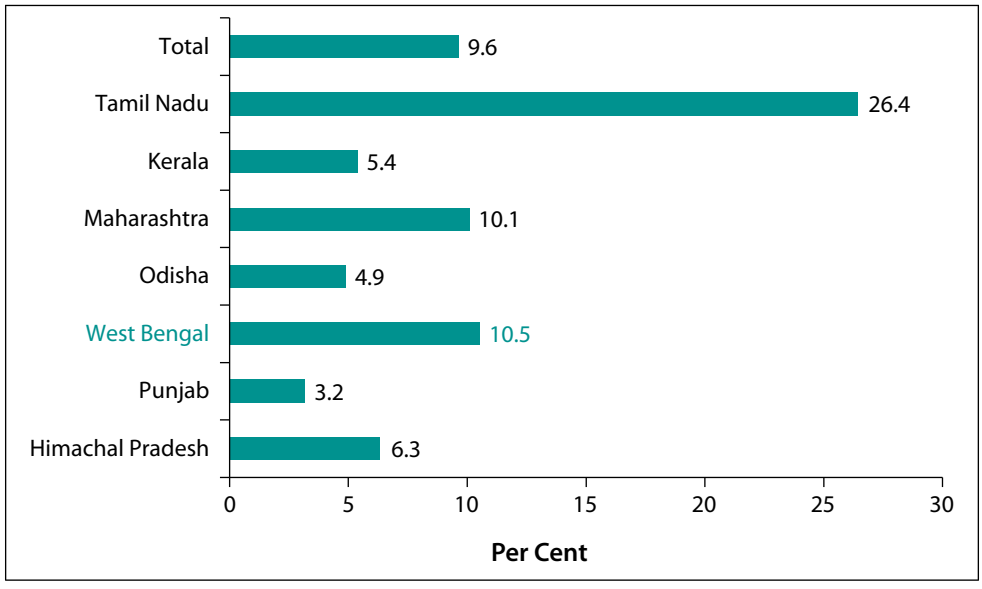
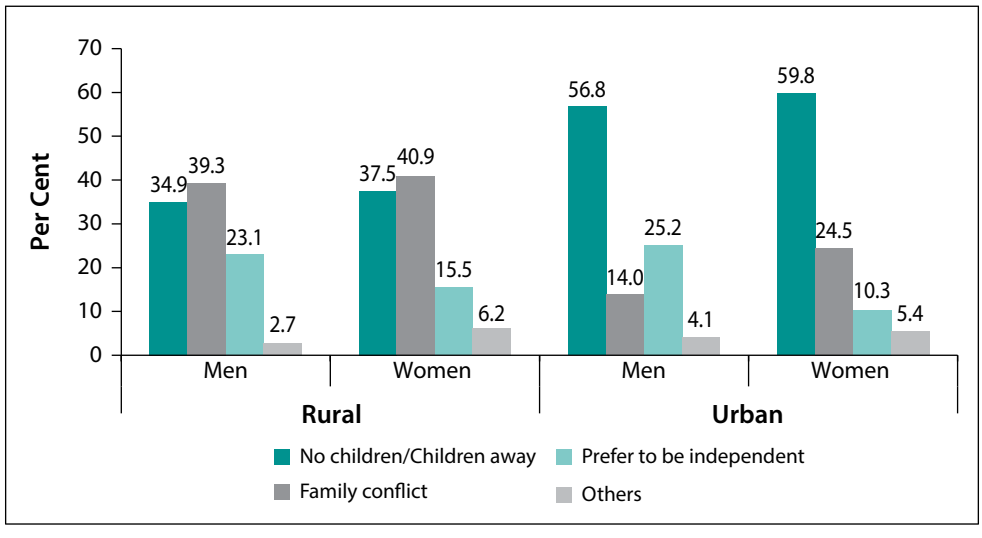


Figure 4.2: Elderly women living alone in seven select states, 2011



In both rural and urban areas, and with an equal predominance across the sexes, the main reason for the elderly living alone is having no children or children staying away. Such a pattern is more evident in urban areas. While one-third of rural men and women indicated having no children or children staying away as the main reason for living alone, in urban areas the corresponding figures increase sharply to about 60 per cent. Notably, close to 40 per cent of the elderly in rural areas reportedly stay alone due to family conflicts as against one-fourth for elderly women and 14 per cent for elderly men in urban areas (Fig. 4.3). Nearly one-fourth of elderly males (23% in rural and 25% in urban areas) prefers to be independent and hence chooses to stay alone.

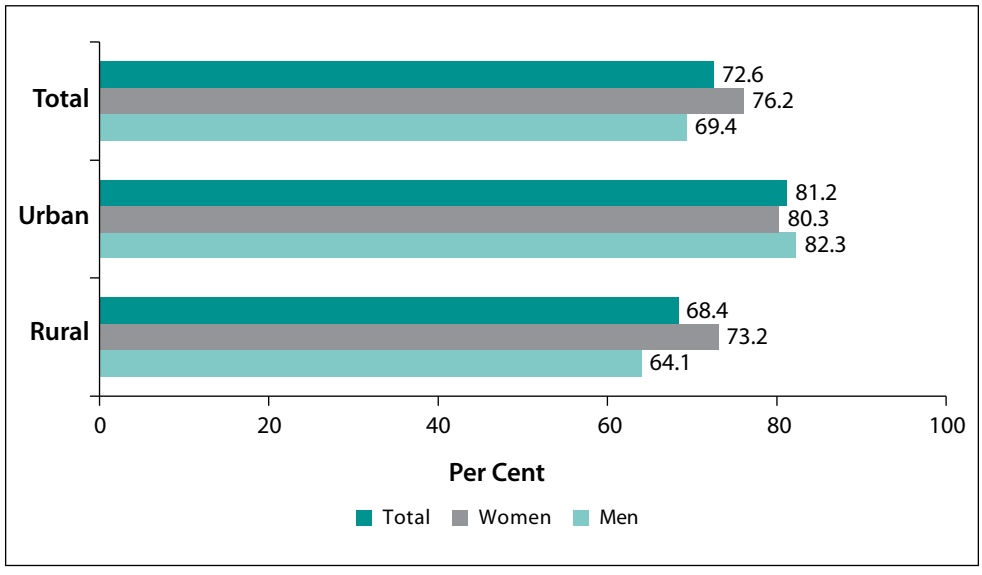
Figure 4.3: Main reasons for living alone or with spouse only according to place of residence and sex, West Bengal 2011



4.2 Level of Satisfaction with Present Living Arrangement

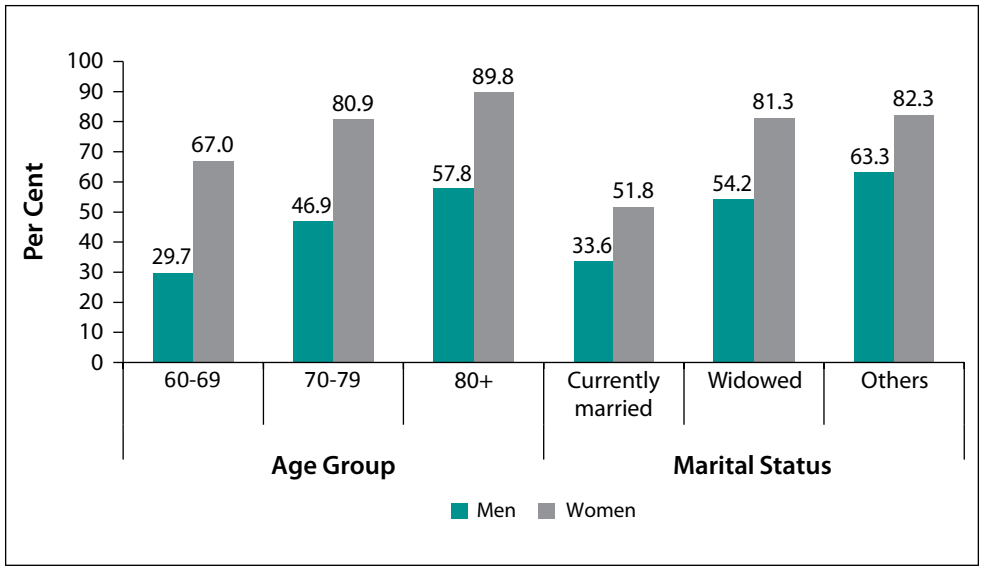
As shown in Figure 4.4, more than two-third of elderly males (69%) and 76 per cent of elderly females are satisfied with their present living arrangements. The level of satisfaction across both sexes is found to be considerably higher in urban than in rural areas.

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



Again, and highlighting the perceptions regarding economic independence and its linkage with living patterns, a majority of the women considers themselves to be staying with children, and not the other way round. As seen from Figure 4.5, such perception steadily increases with age and is very high among all women except those who are currently married.

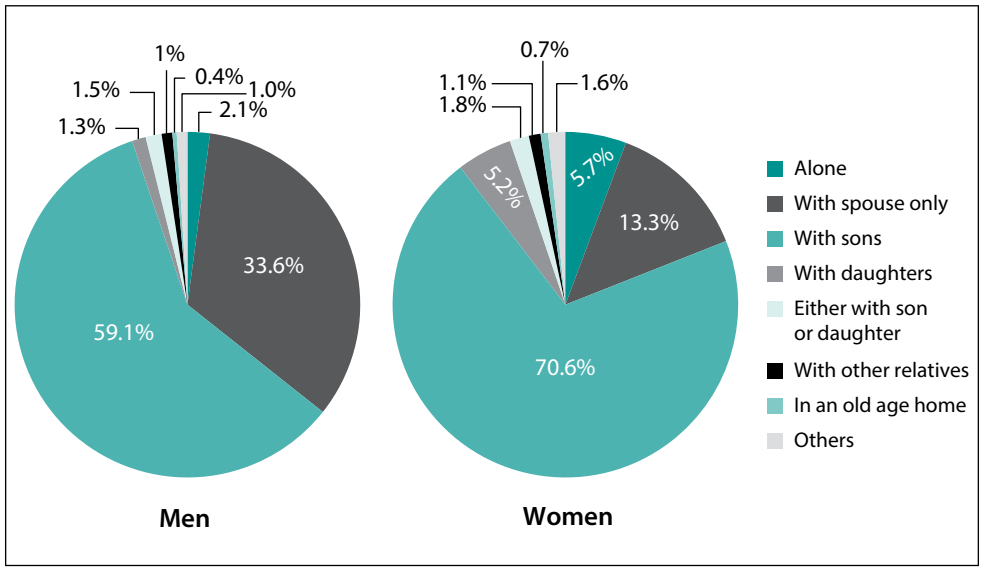
Figure 4.5: Elderly who think they live with their children rather than children living with them by age and marital status, West Bengal 2011



4.3 Preferred Living Arrangements

Living with sons is the most preferred living arrangement of the elderly respondents in West Bengal. However, this indicates a gender difference in perception – men prefer less to stay with their sons and more to stay with their spouses as compared to women. About 2 per cent of elderly males and 6 per cent of elderly females prefer staying alone as shown in Figure 4.6. Notably, both elderly males and females whose preferred living arrangement is staying with their children and others (mostly grandchildren, and spouses) are found to have similar living arrangements, largely explaining the higher proportion of the elderly expressing their satisfaction with present living arrangements. On the other hand, about two-thirds of the elderly (65% males and 67% females) who prefer to stay with only their spouses are found to be presently staying with their children and others (Appendix Table A 4.2).

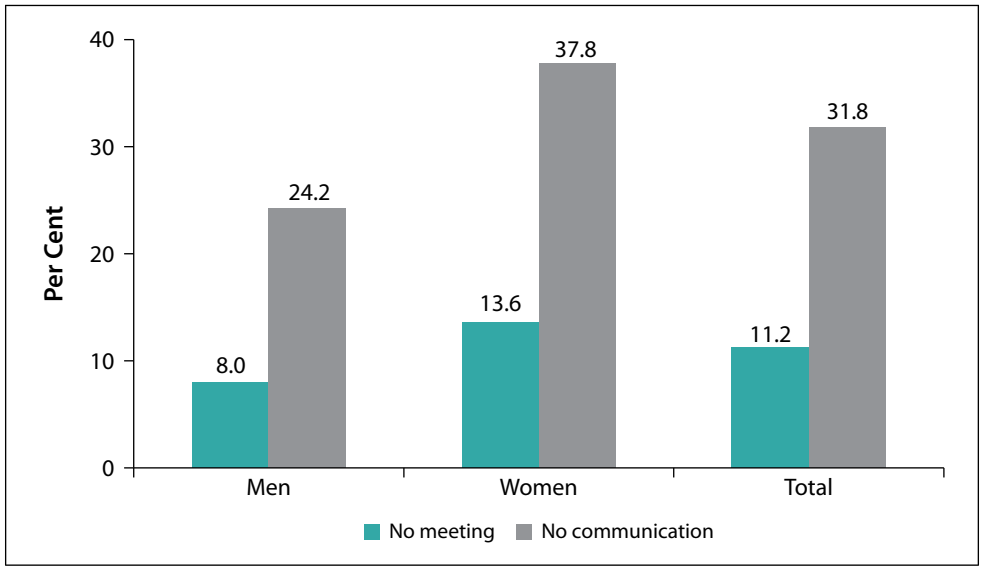
Figure 4.6: Preferred living arrangement of the elderly by sex, West Bengal 2011



4.4 Family Interaction and Monetary Transactions

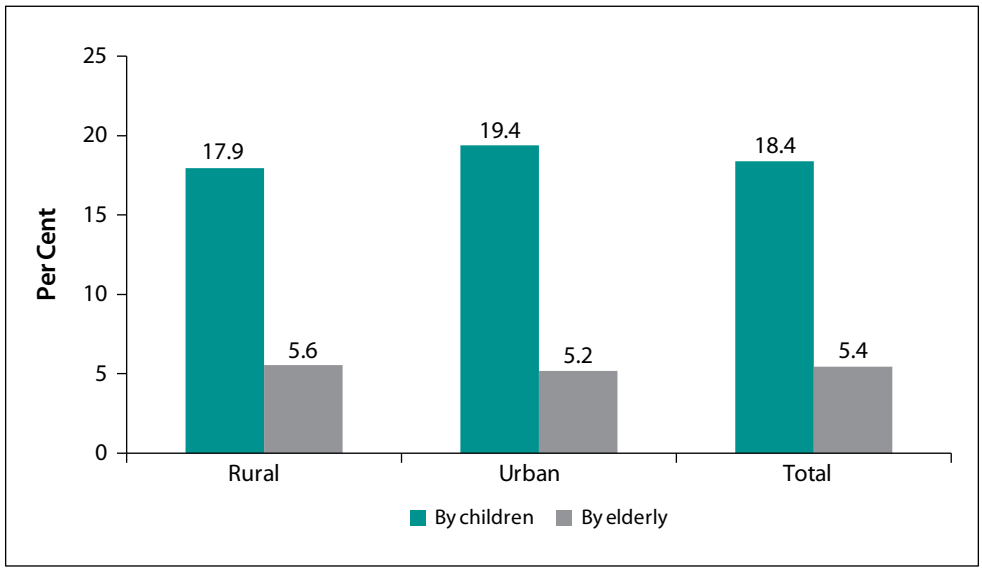
Nearly 68 per cent of the elderly and their non co-residing children frequently communicate with each other, and 89 per cent have frequent meetings (Appendix Table A 4.3). In fact, in both these dimensions, the elderly in West Bengal are much better placed than their counterparts from the other six states considered in this study. However, the lack of communication between the elderly and their children staying apart/away appears to be more prevalent among women than men (Fig. 4.7).

Figure 4.7: Elderly with no meeting or no communication with their non co-residing children according to sex, West Bengal 2011



The direction of the monetary transfers between the elderly and their children indicates that in nearly one-fifth of instances (18%) transfers originate from the children to the elders, while about 5 per cent of the elderly provide monetary support to their children (Fig. 4.8).

Figure 4.8: Elderly who have monetary transfer between them and their non co-residing children by place of residence, West Bengal 2011



4.5 Engagement in Family Activities and Decision Making

It is evident from the survey results that the elderly in West Bengal, both male and female and from both rural and urban areas, contribute to a number of different household activities. While for men shopping and payment of bills are important activities, women mostly help in taking care of the grandchildren or in cooking. Notably, in both rural and urban areas elderly men are still found to

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

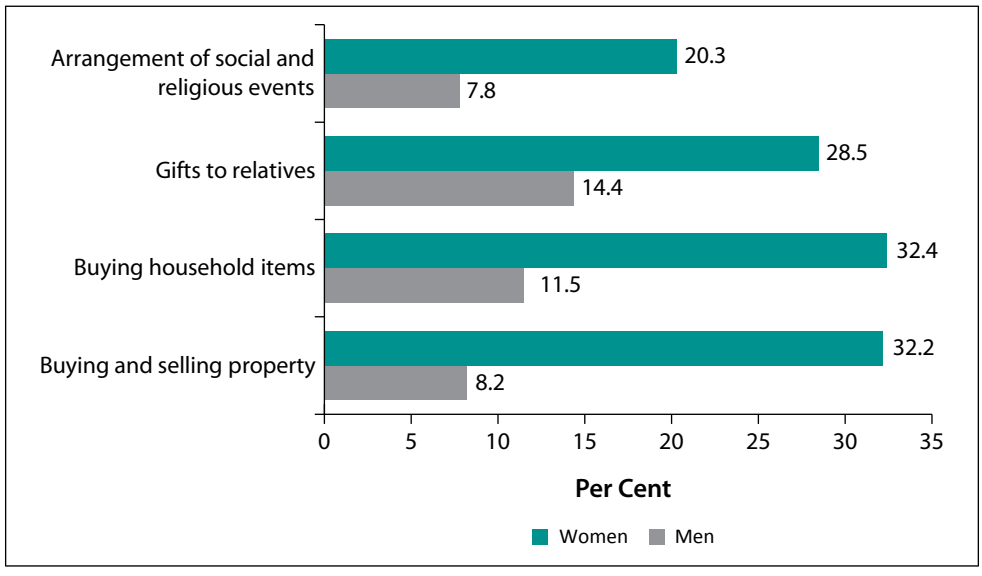
	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Taking care of grandchildren	39.5	53.1	46.7	39.2	48.5	44.1	39.4	51.6	45.9
Cooking/cleaning	12.0	59.0	37.0	10.6	61.3	37.6	11.5	59.8	37.2
Shopping for household	73.5	32.8	51.8	75.5	42.6	58.0	74.1	36.0	53.9
Payment of bills	57.2	9.9	32.0	64.5	15.8	38.6	59.6	11.8	34.2
Advice to children	78.2	51.2	63.8	82.5	55.5	68.2	79.6	52.6	65.3
Settling disputes	77.1	40.3	57.6	82.9	51.6	66.3	79.0	44.0	60.4

Note: All row percentages for men refer to 598 cases, all row percentages for women refer to 677 cases, and all row percentages for total refer to the full sample of 1,275 elderly.

have high social and intra-familial position – nearly four of every five elderly men and half the elderly women reportedly provide advice to their children and help settle disputes (Table 4.1).

It was seen that elderly men as well as women do contribute to making decisions for the family. Less than 15 per cent of the elderly men do not participate in any form of decision making, while the same is true for nearly one-third of the elderly women (Fig. 4.9).

Figure 4.9: Elderly reporting no role in various decision making activities according to sex, West Bengal 2011



4.6 Social Engagement

Social engagement of the elderly was assessed in the survey through a set of questions seeking to know whether they participated in any meetings, community gatherings and social or religious functions. The frequency of such attendances was also recorded. As seen from Table 4.2, more than three-quarters of the elderly (78%) in West Bengal have never attended any such meeting in

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

Frequency of Attendance in Meetings	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Never	62.0	89.8	76.8	65.5	92.5	79.8	63.1	90.7	77.8
Rarely	29.9	8.8	18.7	30.0	6.4	17.5	29.9	8.0	18.3
Occasionally	7.5	1.1	4.1	3.4	1.1	2.2	6.1	1.1	3.5
Frequently	0.6	0.3	0.5	1.1	0.0	0.5	0.8	0.2	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	296	347	643	302	330	632	598	677	1,275

the year preceding the survey. Notably, for both men and women, a higher proportion of the elderly in rural areas has attended such meetings; on an average nearly one in every three elderly men attended meetings.

However, a different pattern emerges when attendance in religious programmes and services, excluding marriages and funerals is considered (Table 4.3). About 58 per cent males and 53 per cent females have attended such events at least once or twice during the past year. However, while attending such events was found to be slightly higher among urban men (59%) than among their rural counterparts (57%), the reverse was the case for rural women (54%) compared to urban women (49%).

Elderly were questioned about the reason for not going out more. The main reason cited was health problems (45%) followed by the financial problems (41%) (Appendix Table A 4.5).

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

Frequency of Attendance in Religious Programmes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Never	29.4	35.7	32.7	33.1	41.5	37.6	30.6	37.6	34.3
Once or twice per year	57.1	54.4	55.7	59.3	48.7	53.7	57.8	52.6	55.0
Once or twice per month	6.2	3.5	4.8	2.9	5.1	4.1	5.1	4.1	4.6
Once or twice per week	2.4	2.0	2.2	3.1	2.3	2.7	2.6	2.1	2.3
Daily	5.0	4.4	4.7	1.6	2.3	2.0	3.9	3.7	3.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	296	347	643	302	330	632	598	677	1,275

4.7 Elderly Abuse

The reported level of elderly abuse in West Bengal is not very high. Overall, 8 per cent of the elders have experienced any form of abuse after age 60, and 3 per cent were reportedly abused in the month preceding the survey. However this is higher than other states like Kerala (3%) and Tamil Nadu (2%) (Alam et al 2012). Notably, higher levels of abuse were reported in rural areas (9% as against 5% in urban areas) with a marginally higher level among women (Table 4.4).

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

Experienced Abuse	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Yes, after age 60	8.4	9.0	8.7	4.6	5.5	5.1	7.2	7.9	7.5
Yes, last month	3.5	2.8	3.1	2.3	3.5	2.9	3.1	3.0	3.0
Number of elderly	296	347	643	302	330	632	598	677	1,275

Figure 4.10 shows the different forms and sources of abuse faced by the elderly. Except for verbal abuse, the main source of abuse was within the family: women were more likely to be abused verbally within the family and men outside the family. The sources of abuse due to economic reasons, disrespect and neglect were almost equally divided among within or outside the family as well as from both sources. Major sources of abuse are daughter-in-law followed by son across sex and place of residence (Fig. 4.11).

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

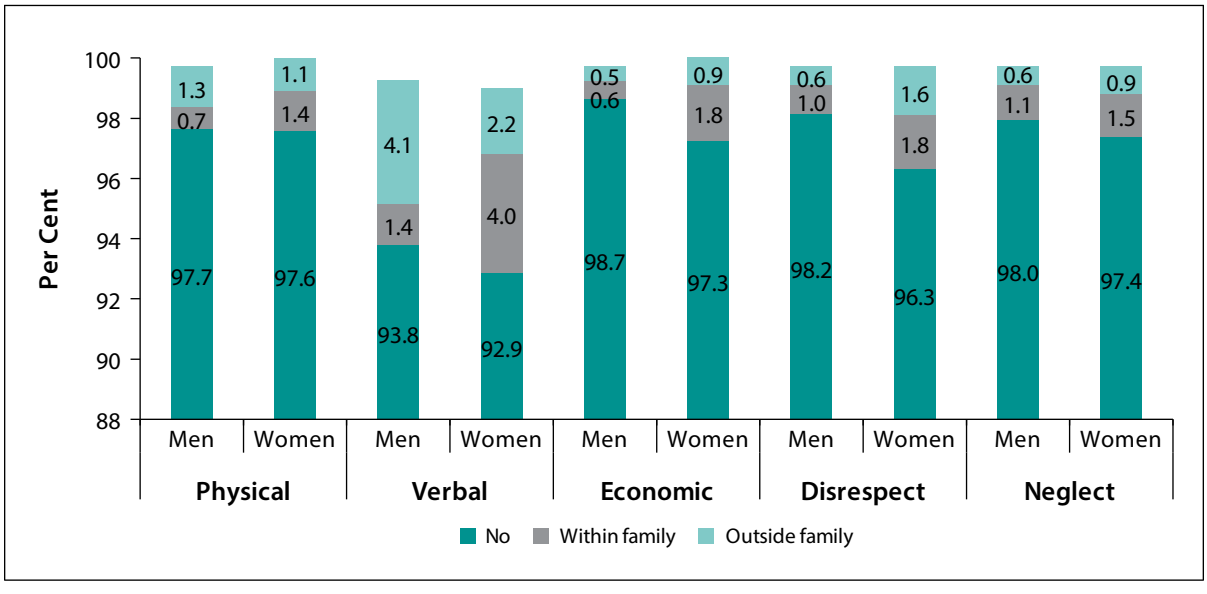
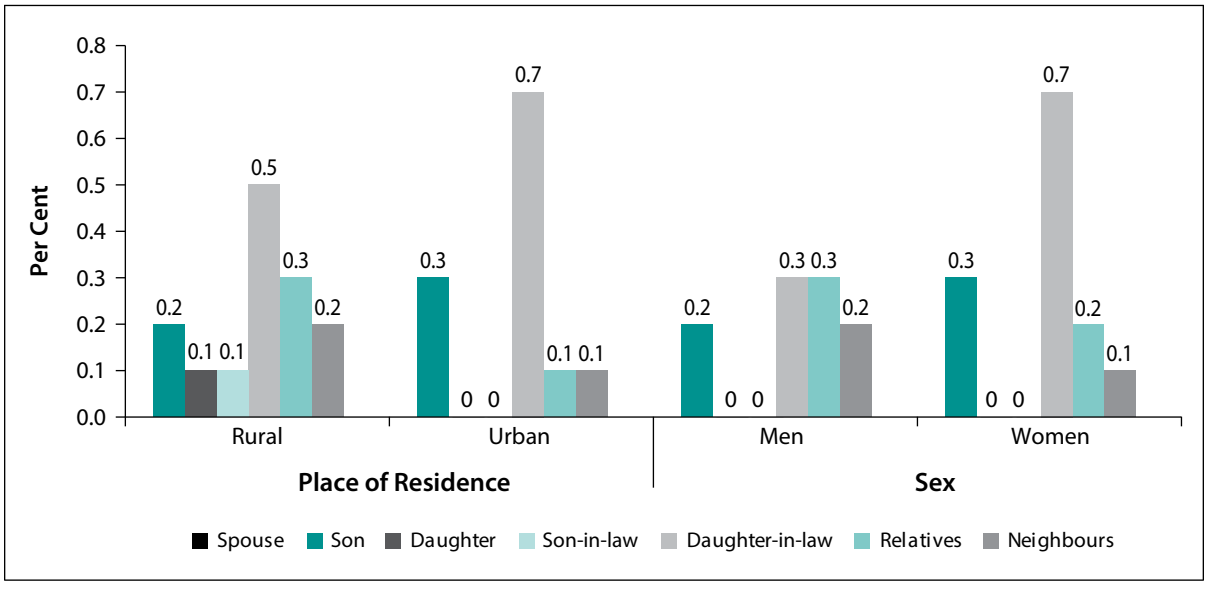


Figure 4.11: Sources of abuse among elderly who reported any abuse in the month preceding the survey by place of residence and sex, West Bengal 2011



In a nutshell, the living arrangement of the elderly in West Bengal is coherent with the findings of the seven state study. The majority of the elderly are presently staying with their spouses, children and grandchildren. However, the proportion of women living alone is second highest among the BKPAI surveyed states which reflects the dismal condition of elderly women in the state. The predominant reason for the elderly living alone is due to the migration of children, followed by family conflicts. Furthermore, three-fourths of the elderly have expressed that their present living arrangement is comfortable, with the elderly women being marginally more satisfied than the elderly men. Meetings between the elderly and their children are frequent; however the absence of communication between the two is significantly higher in West Bengal (32%) than the seven state average (21%). While the elderly participate actively in routine household activities, their role in decision making is slightly restricted. Social engagement of the elderly in attending religious programmes or public meetings is severely restricted and this is mainly due to their ill health and financial constraints. The major issue emerging in this section is elderly abuse. Although the extent of abuse is relatively lower in West Bengal compared to the seven state average, it requires further investigation to ensure physical security provisioning for the elderly in the state.

5. Health and Subjective Well-Being

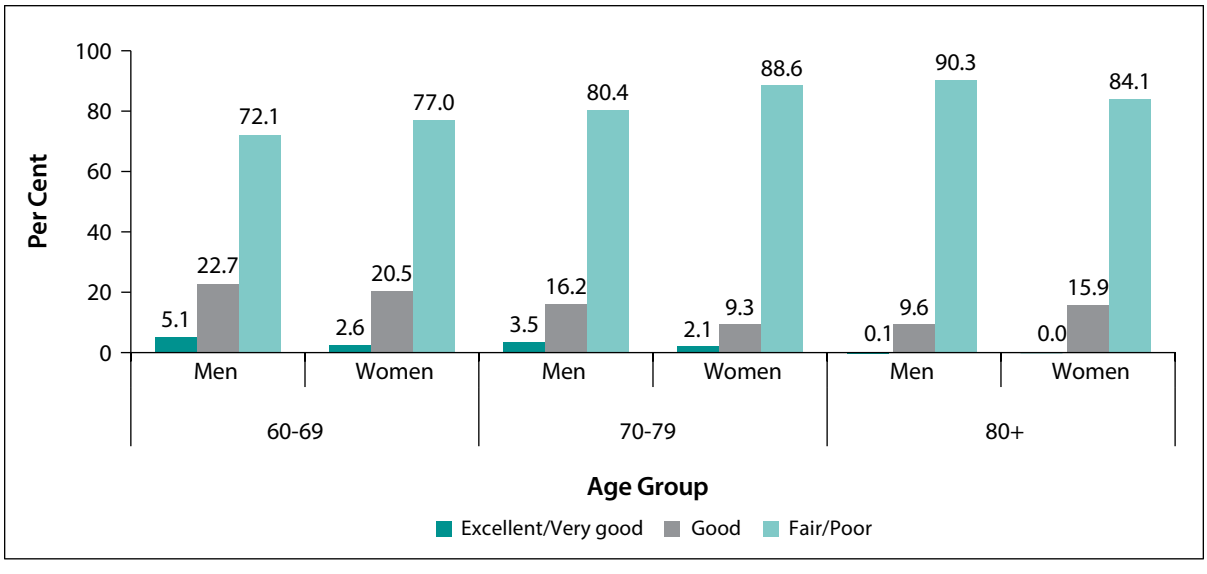
At the core of the well-being and quality of life of the elderly is their health – both physical and mental. Accordingly, measures of objective health status – presence or absence of any diseases or functional limitations – combined with perceptions on health and health-related well-being concerns are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

5.1 Self-rated Health, Functionality and Well-Being

5.1.1 Self-rated Health

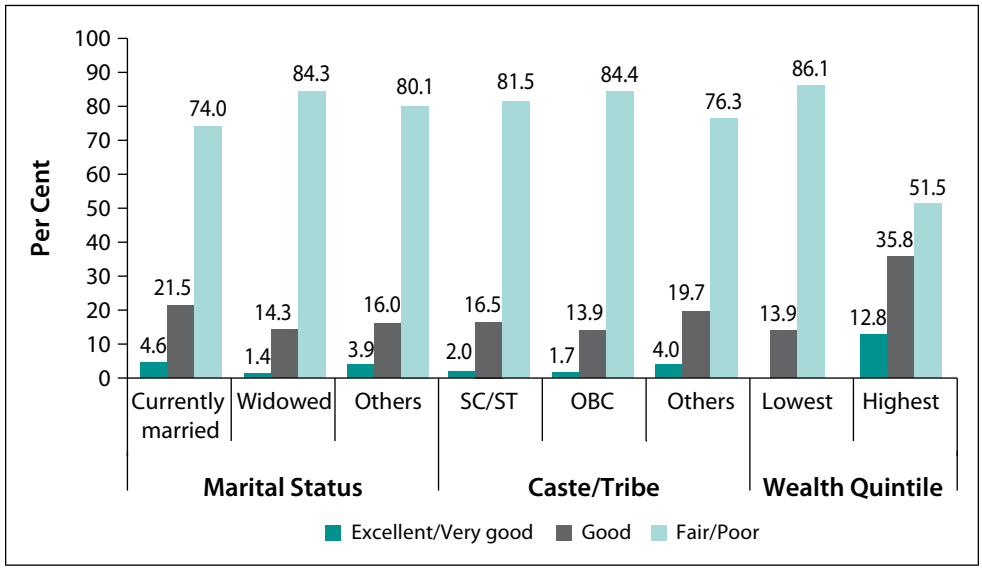
Self-rated health (SRH) status is a measure which provides a good account of functional ability, life satisfaction and familial factors and is also sensitive to variations in objective health.[1] As shown in Figure 5.1, the SRH ratings in West Bengal indicate better health perceptions among males than females, and in lower age groups than among the elderly. Based on current health status only (Appendix Table A 5.1), more than one-third (37%) of the elderly in rural West Bengal and

Figure 5.1: Self-rated current health status by age and sex, West Bengal 2011



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

Figure 5.2: Self-rated current health status by marital status, caste and highest and lowest wealth quintile, West Bengal 2011



28 per cent in urban areas have rated their health as poor. Notably, in terms of perceived health status, the elderly in West Bengal (on an equal footing with those in Kerala) on an average tend to have poor health perceptions, highlighting the need for further studies to identify their determinants (Alam et al 2012).

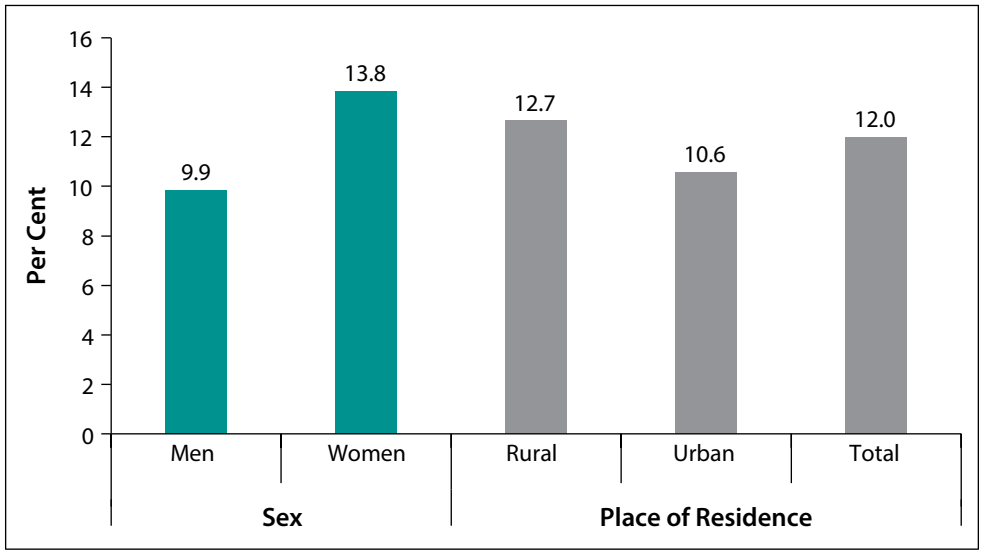
Figure 5.2 further highlights the socio-economic gradient in perceived health status: perceptions of being in very good or excellent health is nearly three times higher in the richest quintile than in the poorest, and is significantly higher among currently married individuals. This is clearly indicative of the positive effects of economic well-being and having surviving spouses that link subjective health valuations with feelings of emotional security as well as economic well-being.

5.1.2 Functionality

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

The ADLs are the basic tasks of everyday life. In the household survey, respondents were asked to assess their level of independence for six different types of ADLs covering physical domains of functionality viz., bathing, dressing, using the toilet, mobility, continence and feeding,

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



under categories of 'do not require assistance', 'require partial assistance' and 'require full assistance'. For summary indicators of ADL disability and analysing their observed variance across background attributes, the last two categories were combined as 'requires assistance (partial/full)'. As seen from Figure 5.3, females have worse ADL functionality (in terms of proportion requiring full/partial assistance in at least one ADL domain) than men, and the extent of such disability is found to be higher in rural areas.

With few institutional support mechanisms in the country to offer help to the elderly in need of such disability-friendly assistance, and with this study's finding of a progressive increase in the extent of the ADL disabilities with ageing (as indicated by the growing incidence of ADL functionality losses in higher age in Fig. 5.4), future programmes should be cognizant of such growing demand and need to respond effectively.

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

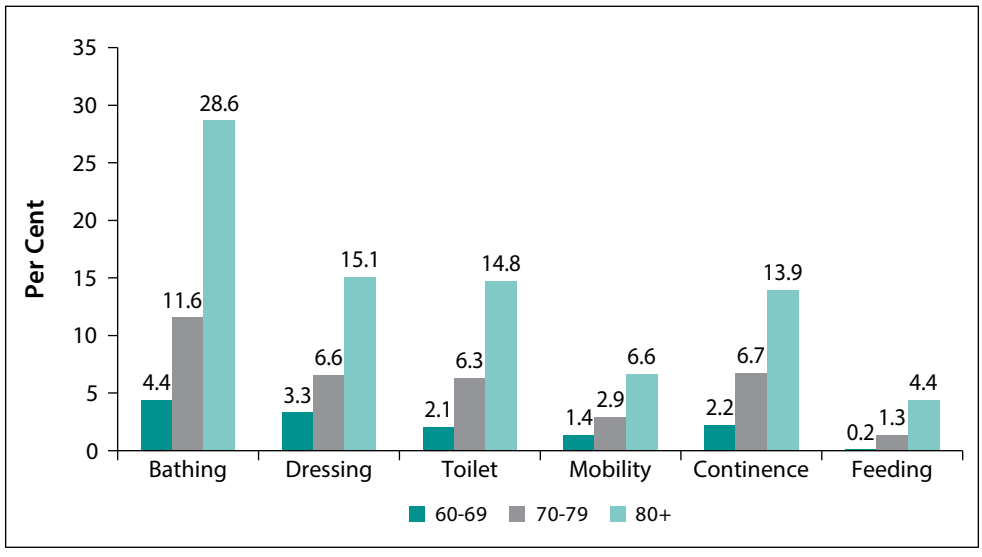
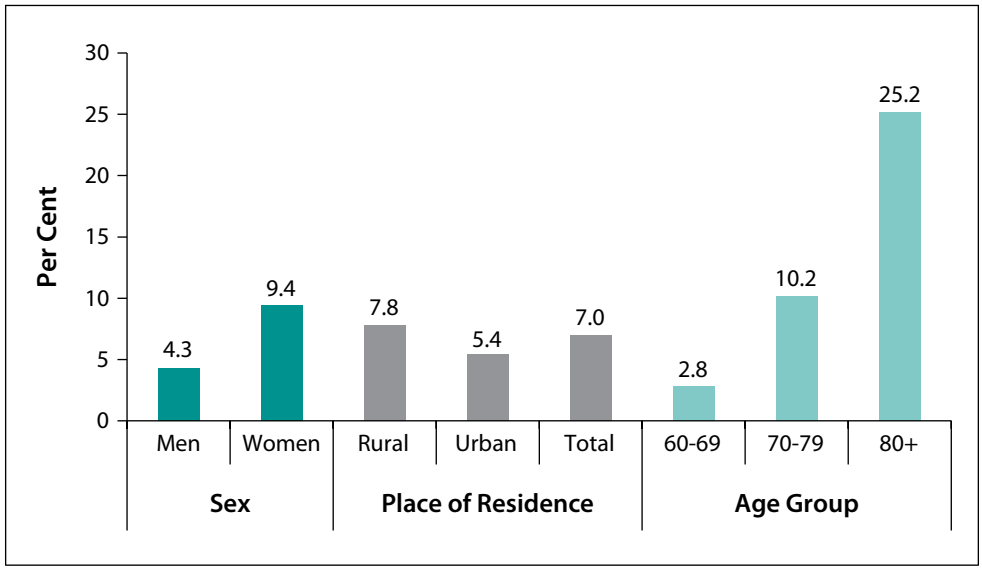


Figure 5.5: Elderly who cannot perform any IADL activity according to sex, place of residence and age, West Bengal 2011



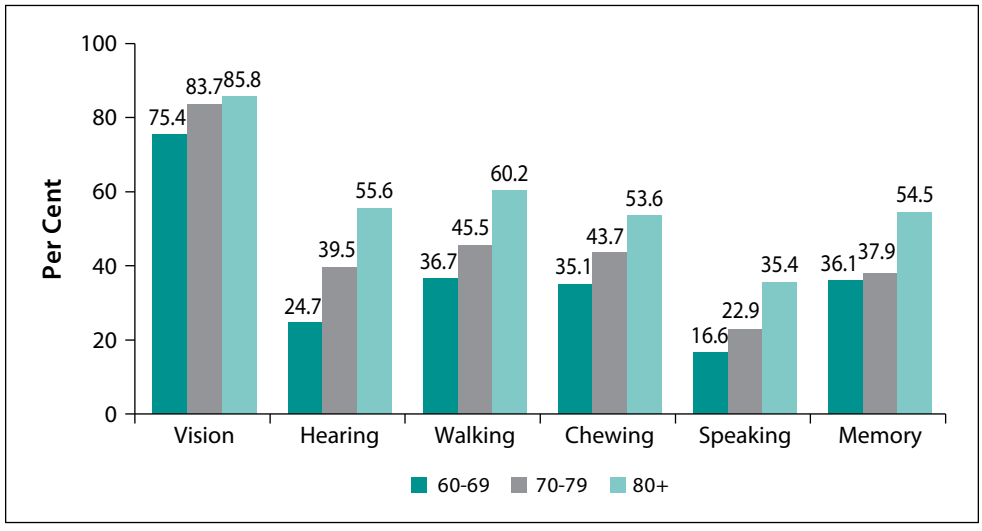
Apart from ADLs, IADLs constitute an important dimension of functional limitations or disability among the elderly. The origin of this measure lies in a seminal work by Lawton and Brody[2] and it is believed that IADL disability – in one or more dimensions – is more widely prevalent than ADL disabilities. The construction of the IADL scale used and reported here is explained in the seven state report (Alam et al 2012). Nearly a quarter of elderly in the 80+ age group cannot perform any IADL activity; prevalence is higher for rural elderly than their urban counterparts (Fig. 5.5).

Appendix Table A 5.4 shows that nearly half the elderly are unable to do their laundry, while more than three-quarters of them (78%) are unable to prepare their meals. Further, judging by the proportion of the elderly able to do at least half of the IADL tasks themselves, women have poorer functionality than men, with an indication of lower IADL functionality in the poorer wealth quintile (Appendix Table A 5.5). Hence, for IADL disabilities, the need for alternative support systems aided by formal institutional arrangements that can assist the elderly – particularly the vulnerable among them (those in poorer families) – in executing these common daily tasks, and thus making their daily lives more comfortable is higher.

Following functional limitations, we discuss another important aspect of physical health among the elderly – that of locomotor disability. The survey asked respondents about difficulty with vision, hearing, walking, chewing, speaking and memory (Fig. 5.6). Except for speaking and memory, they were asked about the use of aids, source of financing such aids and extent of help available through the use of such aids. The results indicate significant extent of locomotor disability in West Bengal – ranging from about 80 per cent for vision to nearly 20 per cent for speech (Appendix Table A 5.6), including both full and partial disability. In fact, for most of the domains the extent of disability, combining full and partial disability, is highest among the elderly in

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

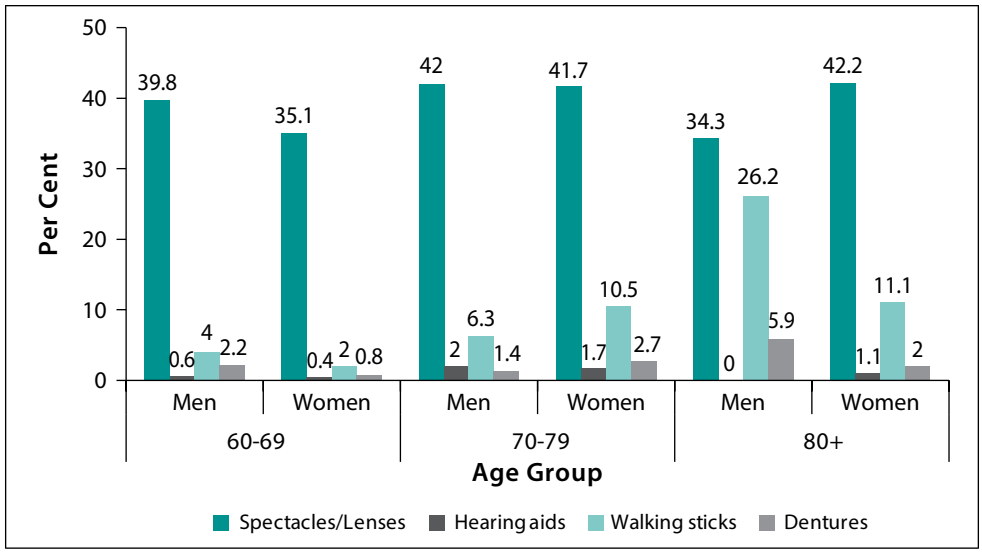
Figure 5.6: Elderly by type of disability and age, West Bengal 2011



West Bengal among the seven states included in the survey (Alam et al 2012). Differentials in the extent of these disabilities across sex or wealth quintile are irregular, and there appears some indication of a higher prevalence among widowed individuals.

However, what is of greater concern is the significant extent of unmet need – measured among those reporting any difficulty and using any aid – in the use of locomotor aids. As evident from Appendix Table A 5.8, less than half the urban elderly and two-thirds of those in rural areas with vision problems in West Bengal do not use spectacles or lenses; use of walking sticks is rare for other-than-oldest old ages, dentures and hearing aids are rarely used (Fig. 5.7). While poverty/ affordability could be a reason for not using the aids, lack of adequate awareness and ready availability – particularly dentures and hearing aids – in rural areas or small towns could be a major impediment, clearly requiring corrective action. Again, an integrated strategy for addressing the functionality needs of the elderly that allows for low-cost aids to be distributed among those unable to afford them is clearly the need of the hour in high-burden populations such as in West Bengal.

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



5.1.3 Mental Health and Cognitive Ability

In the present study, a number of standardized scales and questions were used to assess the general mental health conditions among the elderly respondents. These included the 12-item General Health Questionnaire (GHQ) and the 9-item Subjective Well-being Inventory (SUBI) scales. The next section presents the salient findings from the data collected through these instruments.

General Health Questionnaire

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

Subjective Well-being Inventory

The SUBI is designed to measure 'feelings of well-being or ill-being as experienced by an individual or a group of individuals in various day-to-day life concerns'. An important aspect of mental health and psychological well-being, empirical assessments of subjective well-being (SWB) involve evaluations of one's life in terms of judgments of overall life satisfaction as well as one's experience of pleasant and unpleasant emotions. In the present study, a 9-item SUBI has been used: (i) life – whether interesting; (ii) life – compared with the past; (iii) things one has been doing in recent years; (iv) fulfilment of expectations – standard of living; (v) congruence success – desserts, (vi) congruence accomplishments – efforts; (vii) confidence of managing unexpected situations; (viii) confidence in facing crisis situations and (ix) confidence in coping with future challenges. Details of the SUBI methodology are laid out in the seven state report (Alam et al 2012). The results for both GHQ and SUBI-based measure are summarized in Table 5.1.

In terms of the 9-item SUBI score as followed in the study, overall nearly 7 per cent of elderly females and 3 per cent of elderly males fall under subjective 'ill-being' category in West Bengal (Table 5.1). Further diversification of subjective ill-being across rural and urban areas shows proportionally higher prevalence in elderly from rural areas (5%) as against those in urban areas (4%). With age, the proportion of elderly scoring high on ill-being increases. Noticeably, a much higher proportion of the elderly who are not currently married recorded ill-being (i.e., currently married 3%, widowed/ divorced 8%, others 8%). Similarly, compared to the elderly from the highest wealth quintile (1%), subjective ill-being is among the elderly belonging to lowest wealth quintile is almost

Table 5.1: Percentage of elderly classified based on GHQ-12 and SUBI according to select background characteristics, West Bengal 2011

Background Characteristics	GHQ Score Below Threshold Level (≤12)	SUBI (All Negative)
Age Group		
60–69	68.1	4.9
70–79	76.3	5.5
80+	85.1	5.1
Sex		
Men	70.5	2.8
Women	73.3	7.1
Place of Residence		
Rural	75.2	5.4
Urban	65.5	4.4
Marital Status		
Currently married	70.0	2.9
Widowed	74.5	7.6
Others	72.2	8.3
Wealth Quintile		
Lowest	78.3	7.6
Highest	47.5	1.4
Total	72.0	5.1

7 per cent higher. These findings are along expected lines and establish susceptibility to poor life satisfaction and subjective well-being among socio-economically weaker elderly populations.

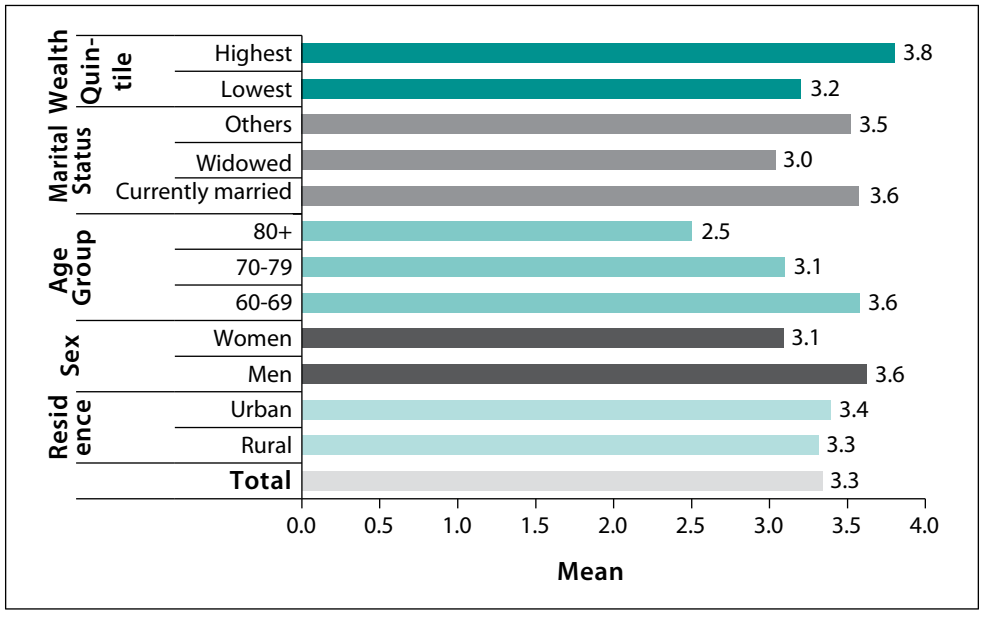
To complement the findings on the extent of ill-being among the elderly in the state considering SUBI scores, psychological stress suffered by them is assessed on the basis of the 12-item GHQ responses. Comparing the seven states based on GHQ scale, presence of psychological distress among the elderly is highest in West Bengal (72%), closely followed by Odisha (67%) (Alam et al 2012). In West Bengal, 29 per cent men and about 27 per cent women demonstrated satisfactory psychological conditions if a cut-off reference is set on a 12-point score in the GHQ scale. The burden of mental distress is more among the rural elderly than among their urban counterparts, as is demonstrated by proportion of the elderly recording scores above cut-off point (viz., 75% for rural and 66% for urban). Comparatively better psychological health is noted among the elderly who are currently married (30%, scoring below 12-point cut-off for GHQ), compared to the widowed (25%) and other groups (28%). The phenomenon of psychological distress seems more congruent with increasing age, as shown by the increasing proportion of the elderly scoring GHQ score above the 12-point cut-off in West Bengal (viz., 60–69 years; 68%, 70–79 years; 76%, and 80+ years; 85%). The difference in reported GHQ score above the 12-point threshold is indeed striking when compared across the highest and lowest wealth quintiles – while nearly 50 per cent of the elderly belonging to the highest quintile recorded better psychological well-being compared to only 22 per cent in the lowest quintile (Table 5.1). While SUBI all negative implies serious health conditions, GHQ is indicative of first screening of mental health for the individuals.

In a nutshell, West Bengal demonstrates presence of higher amount of psychological stress among the elderly as compared to the other states under study, which further increases with age, rural background, poor economic status and not being married currently. This trend perfectly matches the SUBI scale, establishing deteriorating subjective well-being among those with the above characteristics.

To assess the degree of cognitive ability among the elderly respondents in addition to the GHQ and SUBI scale-based assessments of mental health conditions and subjective well-being, a brief exercise was conducted during the survey. A list of 10 commonly used words (bus, house, chair, banana, sun, bird, cat, sari, rice and monkey) was read out to the respondents and they were asked to recall the words. The order of the words recalled was kept flexible. The number of words recalled as well as the time taken for the recall was recorded. The combined results for all the seven states under study indicate that 40 per cent of the respondents could recall five or more words, with the average respondent being able to recall about four words (mean = 4.1, SD 1.7) (Alam et al 2012).

On an average, the elderly from West Bengal were found to recall fewer words (mean = 3.3) (Appendix Table A 5.11) than the average number recalled by the elderly across the seven states (mean = 4.1). The methodology of assessing cognitive ability through this exercise indicated that the elderly who are found to have better mental health conditions and better subjective well-being are able to recall higher average number of words. The gradient is thus found enhanced for the elderly from urban areas (mean = 3.4). The mean number of words recalled decreased with age, if currently not married and if belonging to economically weaker sections (Fig. 5.8).

Figure 5.8: Mean number of words immediately recalled by the elderly according to select background characteristics, West Bengal 2011



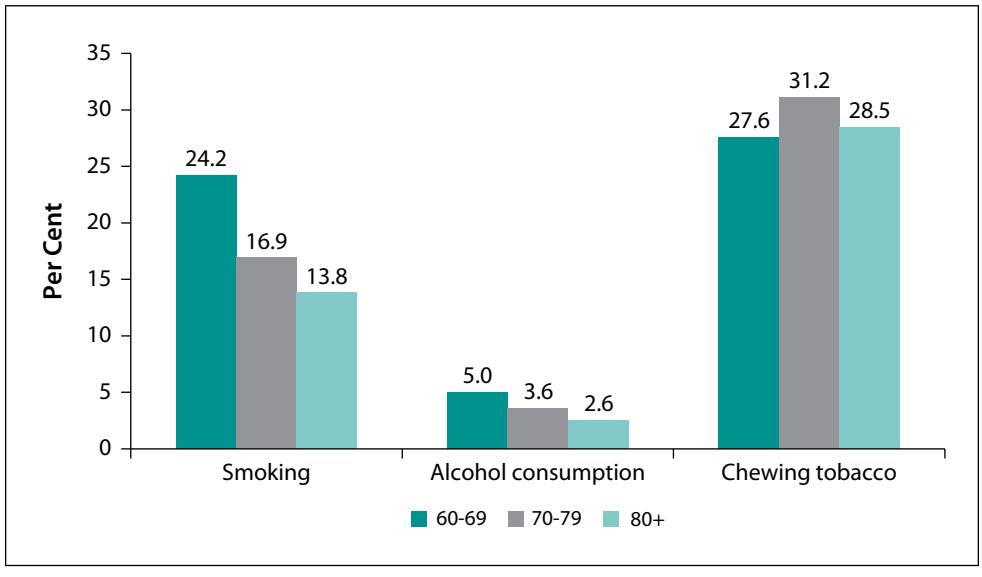
5.1.4 Risky Health Behaviour

Non-smoking tobacco consumption is the most common current substance abuse (25%) among the elderly in West Bengal compared to other forms i.e., smoking and alcohol consumption. The phenomenon is persistent across age groups. Non-smoking tobacco consumption shows higher prevalence among females overall (viz., 32% among females compared to 18% among males, as shown in Appendix Table A 5.12).

In case of both smoking and alcohol consumption, a declining gradient with age can be noted (Fig. 5.9). However, smoking is found to be more prevalent among males (36%) compared to their female counterparts (1%). The prevalence rate of any of these three risky behaviours among the elderly in West Bengal is found to be greater among rural respondents (47%) compared to the urban ones (29%). The trend is consistent across males and females. Talking about ever-use of harmful substances, the trend seems similar for current substance abusers (Appendix Table A 5.12). However, higher reported prevalence for ever-use in case of all three substances indicates that some of the elderly might be successful quitters of earlier risky behaviours at the present point of time.

The BKPAI survey tried to assess the general health status of the elderly by questioning them about the frequency of undergoing medical check-ups. Nearly one-fourth of elderly males (24%) and a slightly higher percentage (30%) of elderly females undergo routine medical check-up in the state; however only one-fifth (18%) of the total elderly goes for weekly or fortnightly medical check-ups (Appendix Table A 5.13).

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



5.2 Morbidity, Health Care Access and Financing

Health of an individual can also be ascertained through the presence of acute and chronic morbidity, which is likely to impact his overall well-being. Prevalence and incidence of morbidity increases with age and therefore access to adequate health care facilities is a pre-requisite for the elderly. This section describes the incidence of morbidities – acute and chronic – in the elderly and availability, access and utilization of health care services in West Bengal.

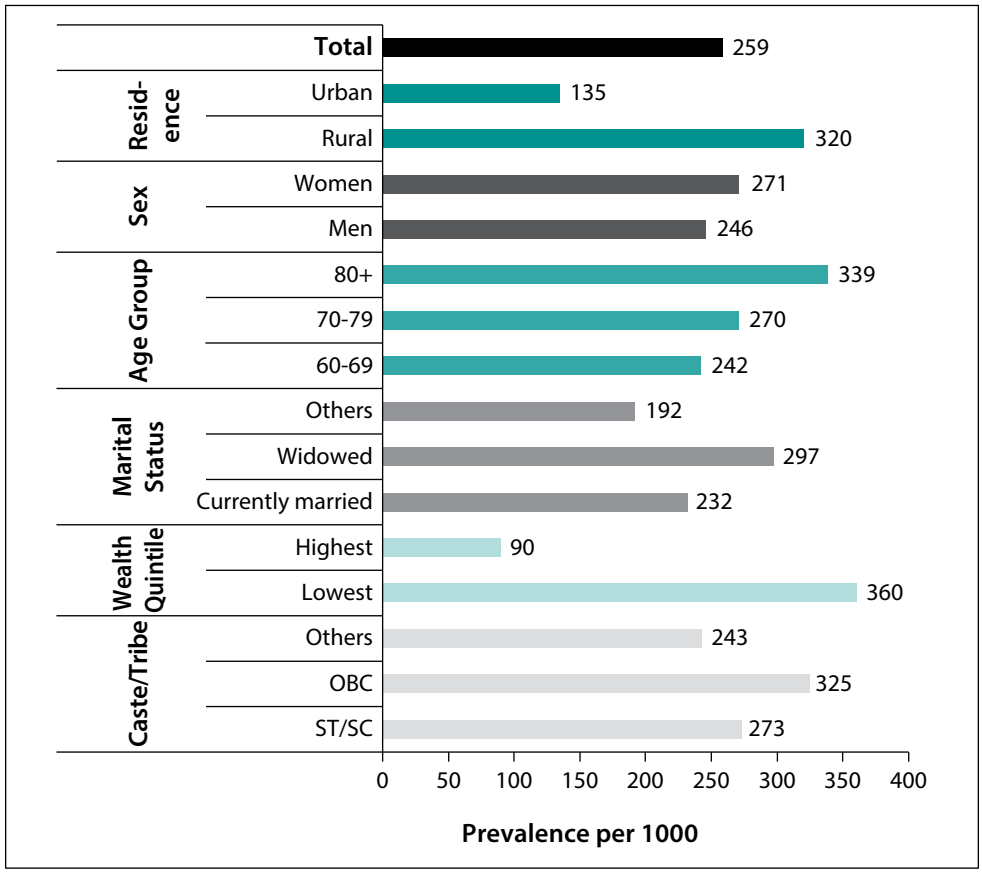
5.2.1 Acute Morbidity

Under the BKPAI survey, respondents were asked a set of questions regarding recent, acute ailments suffered during the 15 days prior to survey; about 13 per cent of the respondents reported falling ill during this time (Alam et al 2012). However, differing from the general pattern in prevalence of common or acute illnesses among the elderly as found from the 60th Round of the National Sample Survey Organisation (NSSO) survey on Condition of the Aged (2004–05) (as reported in Alam and Karan, 2012), self-reported acute ailments are more common among the elderly in rural areas. Such a rural–urban differential is evident across most of the study states, apart from Punjab and Tamil Nadu.

The burden of acute morbidities among the elderly is found to be the highest in West Bengal (26%). Although the urban morbidity levels in the state are comparable to the seven state average (13%), nearly one-third (32%) of the rural elderly in West Bengal has reported suffering from ailments during the reference period as shown in Appendix Table A 5.14. The rate of acute disease prevalence is higher for women both from rural (33%) and urban areas (15%) compared to their male counterparts (rural 31%, urban 11%). The mean number of illness episodes was more than 1 across location and gender during the reference period of 15 days preceding the survey. Over the preceding 15-day reference period, as reported, the elderly mostly suffered from fever (prevalence rate 24% among males and 26% among females), followed by cold and cough and problems related to blood pressure. However, the rate of prevalence of fever was radically higher in case of rural areas (27%) than urban areas (19%). Similar drastic difference in prevalence is also found for the other two ailments mentioned above (Appendix Table A 5.16).

If acute disease prevalence rate among the elderly in the state is checked across certain other important background characteristics (Fig. 5.10), the rate increases with age (339/1000 in 80+ age group compared to 242/1000 in the 60–69 age group). Compared to the general caste (243/1000), both SC and ST elderly reportedly show higher prevalence of acute morbidity. Reconfirming the

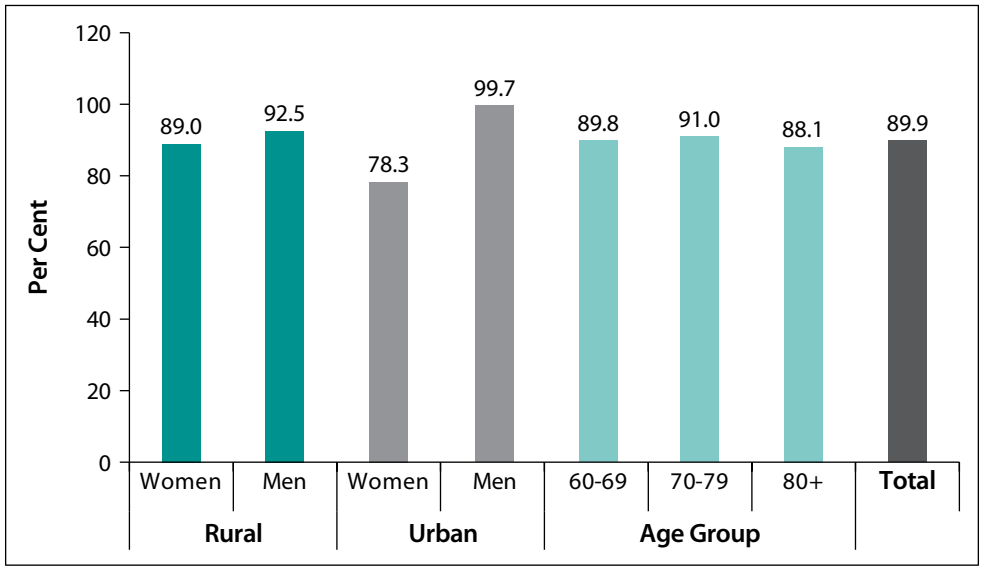
Figure 5.10: Prevalence rate of acute morbidity per 1000 elderly according to select background characteristics, West Bengal 2011



positive association between better standard of living and better health status, reported prevalence of acute morbidity among the elderly belonging to the highest wealth quintile (90/1000) is found to be one-fourth the rate among the lowest wealth quintile (360/1000). Across marital status, highest prevalence rate of acute morbidity is found among the elderly who are widowed (297/1000). However, it is observed that the elderly who live with their spouse only reported a comparatively lower prevalence of acute illnesses (231/1000) than those living with their children (257/1000) or living alone (330/1000) (Appendix Table A 5.15).

It is satisfactory that 90 per cent of the elderly suffering from acute morbidity over the 15-day reference period sought treatment for their conditions. Seeking treatment was higher in rural areas (91%) than in urban areas (87%), and proportionally higher among males than among females in both rural and urban areas (Appendix Table A 5.17). Not much variation is noted across age groups (Fig. 5.11).

Figure 5.11: Acute morbidity episode (last episode) for which treatment was sought according to place of residence, sex and age, West Bengal 2011

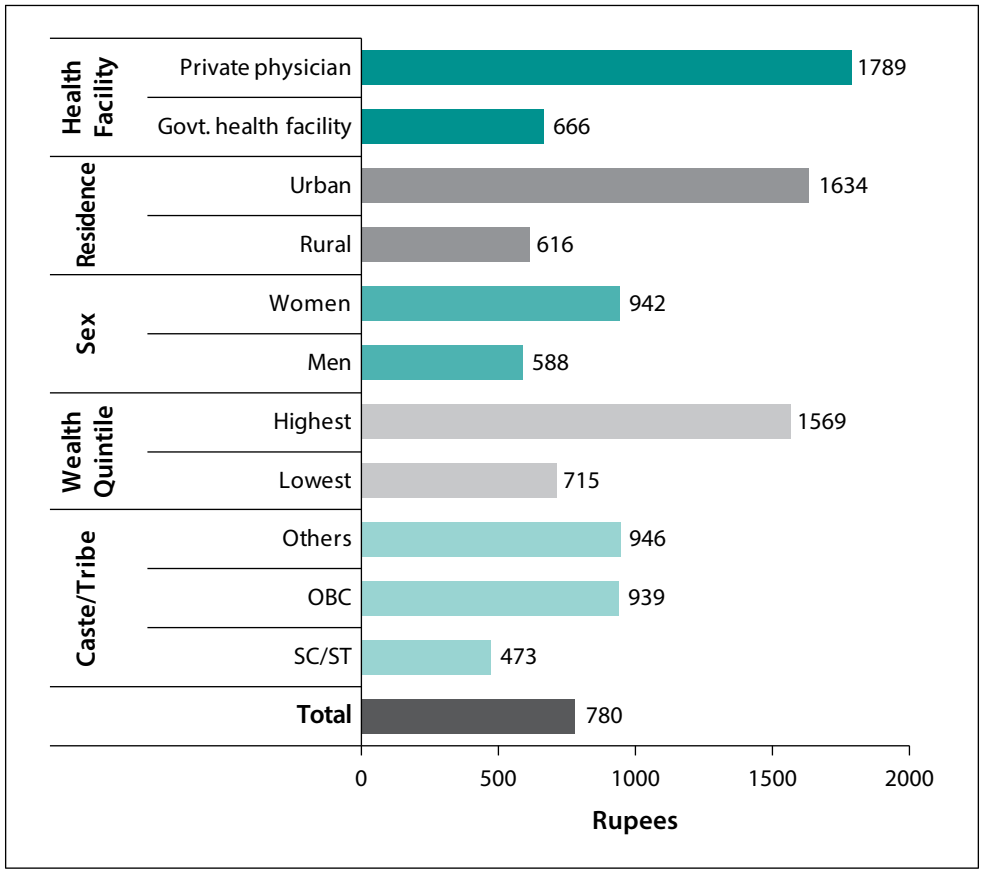


In terms of sources of treatment seeking, more than half the elderly from rural background sought help from 'other sources', which may indicate their preference for over-the-counter medication or other informal treatment sources. Private dispensaries are preferred over government sources in both the locations (urban: government 25%, private 45%; rural: government 17%, private 23%) (Appendix Table A 5.18). Half the urban female elderly are found to have visited private physicians for treatment, showing higher preference even over the 'other sources'. With higher wealth quintiles, seeking treatment from 'other sources' is found reduced to a considerable extent, which may mean with higher affordability, the elderly preferred more formal options. However, this requires further analysis to reach a coherent conclusion.

Regarding cost of treatment, average expenditure was found to be much higher for private sources (Rs. 1,789), compared to government sources (Rs. 666). Similarly, a higher mean expenditure is observed in urban areas (Rs. 1,634) than in rural ones (Rs. 616). It is interesting to observe that mean expenditure incurred for treatment of acute ailments was much higher for females (Rs. 942) than for males (Rs. 588). This may be due to the fact that a considerably higher proportion of females sought treatment from private physicians. A similar explanation probably holds true for the elderly belonging to the highest wealth quintile, who actually incurred double the cost (Rs. 1,569) towards treatment than their counterparts belonging to the lowest wealth quintile (Rs. 715).

Expenditure incurred towards medicines is found maximum across all sources, accounting for over one-third of the total expenditure. Cost incurred towards medicines is the maximum when treatment was sought from 'other sources' (60% of total expenditure) (Appendix Table A 5.20). For elderly males, a majority bore their own expenses towards treatment of acute diseases (44%), while for nearly 60 per cent of the elderly females, the cost was met by their children, which was significantly higher than the cost incurred by elderly males (Appendix Table A 5.21 and Fig. 5.12).

Figure 5.12: Average expenditure on treatment of last episode of acute morbidities by type of facility and select background characteristics, West Bengal 2011



5.2.2 Chronic Morbidity

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

The survey elicited responses from the elderly regarding 20 different types of chronic ailments. Instead of following a self-reporting approach as in the case of acute morbidities, respondents were asked whether any doctor or nurse had told him/her that he/she has the respective ailment. However such reports were not cross-checked with prescriptions or any other clinical records. The results show chronic ailments are widely prevalent across all the states – overall nearly two-thirds of the respondents (66%) have reported suffering from any chronic ailment in West Bengal (Appendix Table A 5.22).

Among the seven common ailments prevalent in West Bengal (e.g., high blood pressure, arthritis, cataract, loss of all natural teeth, heart disease, diabetes and injury due to fall), the elderly mostly suffer from high blood pressure (239/1000), followed by arthritis (213/1000), cataract (162/1000) and problems due to loss of teeth (160/1,000). Overall prevalence of all the four chronic complaints was higher among females compared to males, and a higher prevalence was noted in rural locales than in urban areas except for high blood pressure. The elderly aged over 80 years demonstrated maximum prevalence of high blood pressure (333/1000) (Fig. 5.13).

Nearly 91 per cent of those suffering from high blood pressure sought treatment, while 82 per cent, 49 per cent and 37 per cent sought treatment for arthritis, cataract and loss of all natural teeth, respectively (Appendix Table A 5.24). Except for diabetes (which is found to be the sixth major chronic ailment suffered by the elderly in West Bengal), in all other cases, a higher proportion of males is found seeking treatment for chronic ailments than their female counterparts.

Earlier it was observed that the children of elderly females more often took major responsibility for escorting them to the doctor when they suffered from acute ailments. If this could be considered a practice, it might establish dependence among elderly females on their immediate relatives. Hence, seeking treatment in the case of females may in turn be determined by whether they feel the need for escorts or not. Since chronic diseases are often low intensity and do not show sudden worsening status of overall health, need for immediate treatment may also appear unnecessary to their escorts, thus indicating a lower proportion of elderly female treatment seekers across different chronic ailments. The assumption is further strengthened by the observation that for

Figure 5.13: Prevalence of seven common chronic ailments among per 1,000 elderly by sex, age and place of residence, West Bengal 2011

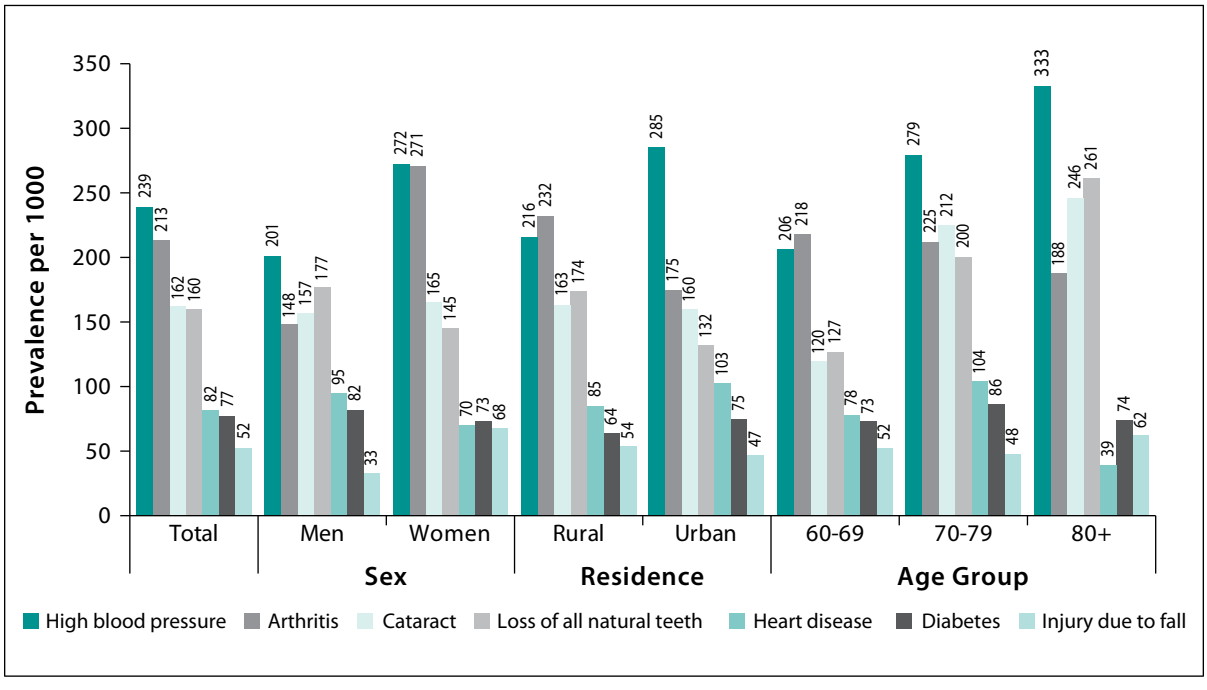
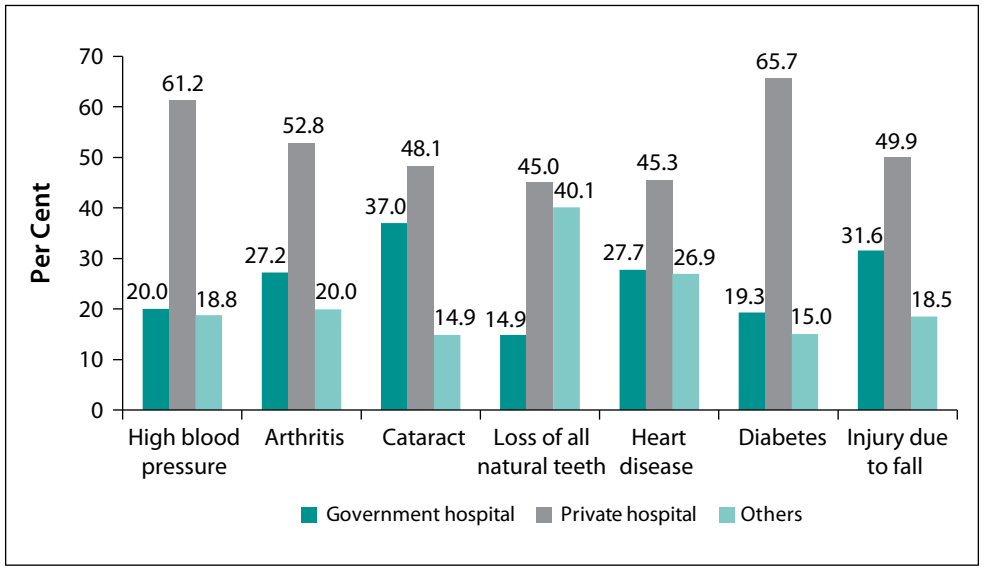


Figure 5.14: Elderly by source of treatment of common chronic morbidities, West Bengal 2011

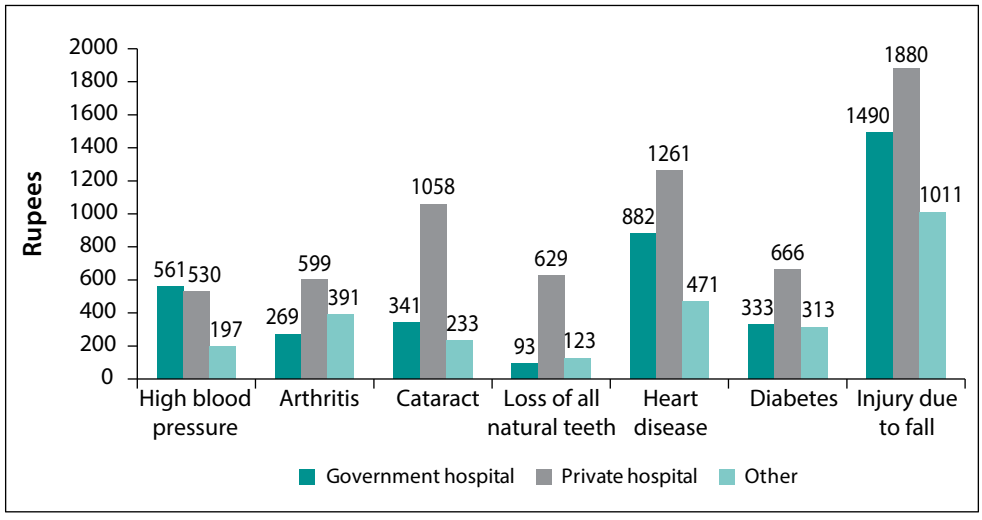


the most low-intensity chronic ailment, i.e., loss of teeth, only 30 per cent of the females reportedly seeks treatment, compared to nearly 43 per cent of elderly males. A similar trend is observed even in the case of certain comparatively high-intensity chronic problems, such as injury due to fall. While 100 per cent of the elderly males sought treatment, only 82 per cent among the elderly females who got hurt by falling were reported seeking any sort of medical help. The elderly commonly cited reasons like financial crunch or ailments not being considered serious enough for not seeking treatment (Appendix Table A 5.25).

Treatment for chronic ailments (Fig. 5.14) had almost universally been sought from private hospitals, followed by a considerable share from government sources, while limited dependence on other sources could be noted. A comparatively higher proportion of treatment was sought from government hospitals in case of cataract (37%) and fall (32%) than for any other. Towards cost of treatment for chronic ailments, highest average expenditure is observed in case of injury due to fall.

In case of all the seven common chronic ailments, average costs incurred monthly for services from private hospitals are much higher. Unfortunately, as observed earlier, a majority of the elderly are found seeking care from private hospitals for chronic morbidities, incurring large monthly expenditure. A comparison drawn for cost of treatment of cataract or loss of tooth from private and public sources shows a large difference. While the average monthly cost for cataract treatment from a government hospital is only Rs. 341 and loss of teeth costs on an average Rs. 93, treatment on an average costs Rs. 1,058 for cataract and Rs. 629 for loss of natural teeth in private hospitals (Fig. 5.15). The difference in the cost might be due to subsidies provided at the government hospitals for similar services; however, as evident from the study, the elderly in West Bengal prefer private sources for treatment of chronic ailments.

Figure 5.15: Average monthly expenditure on treatment of common chronic morbidities by source of treatment, West Bengal 2011

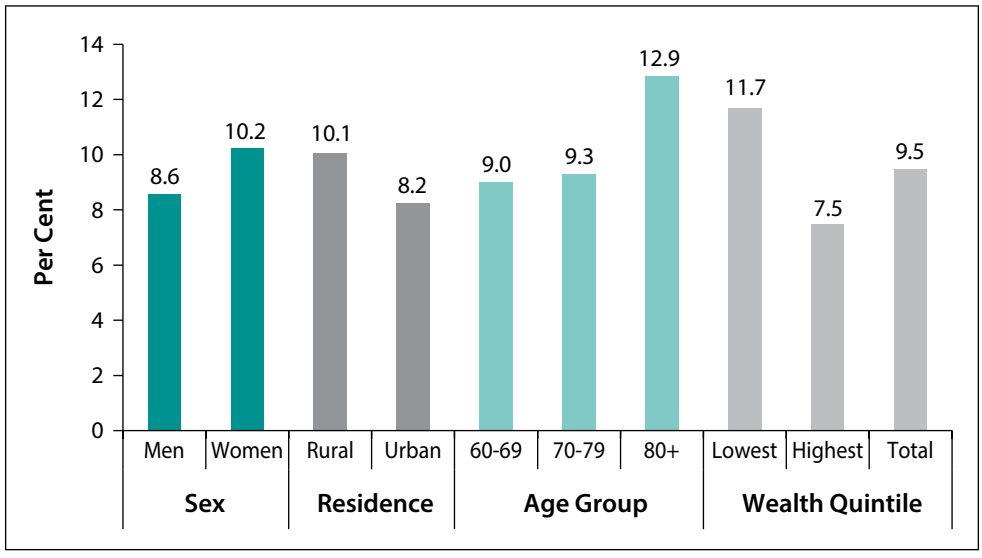


Similar to the observation on acute ailments, while much more than half the elderly males funded themselves, costs towards treatment for chronic ailments among elderly females were borne by their children (Appendix Table A 5.26).

5.2.3 Hospitalization

A possible approach of ascertaining the severity of ailments – either self-reported based on symptoms, or based on the respondents' reports on being informed about such ailments by medical personnel – is to examine the extent of hospitalization or in-patient stays in health facilities. Overall, about 10 per cent of the respondents reported 'major health problems requiring hospitalization' during the past one year. The proportion of females admitted for hospitalized treatment in the past one year was slightly higher (10%) compared to the proportion of males (9%) (Fig. 5.16).

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



The trend across wealth quintiles shows that while 12 per cent of respondents from the poorest quintile sought hospitalized care during the preceding one year, a lower proportion from the richest quintile (7.5%) sought similar care. The rate of hospitalization shows an increase with age and in case of rural residence. Among elderly males, a majority (20%) sought hospitalized treatment for accident/injury, followed by treatment for heart disease (12%), while among females, the major cause of hospitalized treatment was for diarrhoea (17%) and cataract and other eye surgery (14%) (Appendix Table A 5.27). Mostly overall hospitalized treatment (63%) was sought from government sources, compared to 32 per cent from private sources (Appendix Table A 5.28).

For a majority of both elderly males and females, their children accompanied them during hospital stay (males 49% and females 72%), followed by spouse in case of males (34%) and other relatives (8%) in case of females (Fig. 5.17).

As seen in Table 5.2, average expenditure for hospitalization (calculated based on 120 valid cases) showed a huge difference, for treatment sought from government hospitals (Rs. 2,593) as compared to treatment from private hospitals (Rs. 15,983). Apart from the 'other' unspecified head which forms the largest share across all sources (i.e., government, private and others), a major part of the expenditure was incurred on hospitalization (Rs. 4,092) in private hospitals and towards medicines (Rs. 902) in government hospitals. This large difference in incurred costs towards hospitalized treatment across private and government hospitals indeed raises concerns for the elderly and will need further investigation as to why the respondents did not seek in-patient services from government sources which would have reduced their financial burden to a large extent.

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

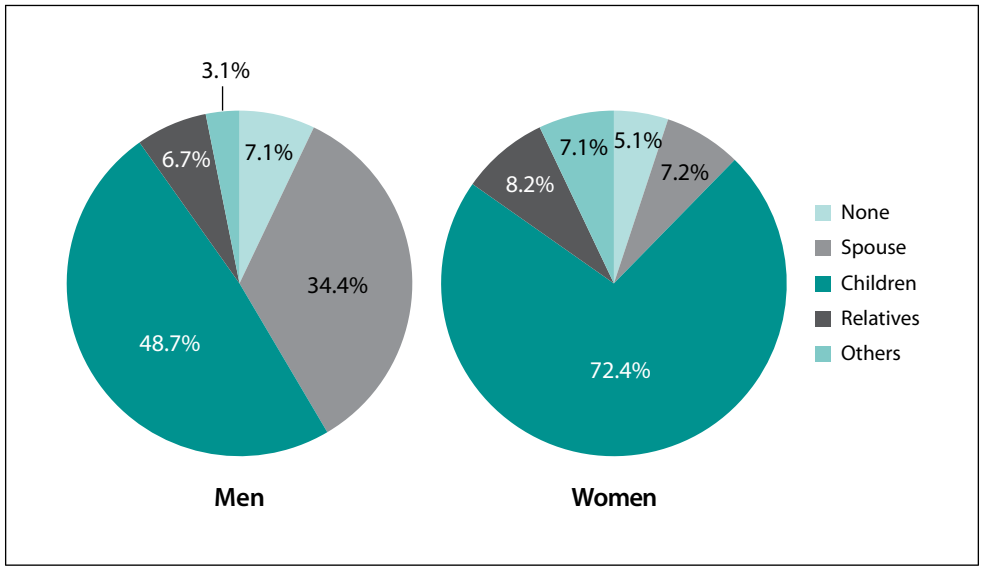


Table 5.2: Average expenditure (in last episode) on hospitalization by type of hospitals according to major heads, West Bengal 2011

Average Expenditure by Major Heads	Government Hospitals	Private Hospitals	Others	Total
Total	2593	15983	3576	6966
Consultation	58	1407	340	507
Medicines	902	2959	2191	1619
Diagnostic tests	195	2820	187	1048
Hospitalization	295	4092	350	1526
Transportation	170	534	187	287
Food	298	581	322	391
Others	1252	4827	0	2353
Others (indirect cost)	674	3591	0	1589

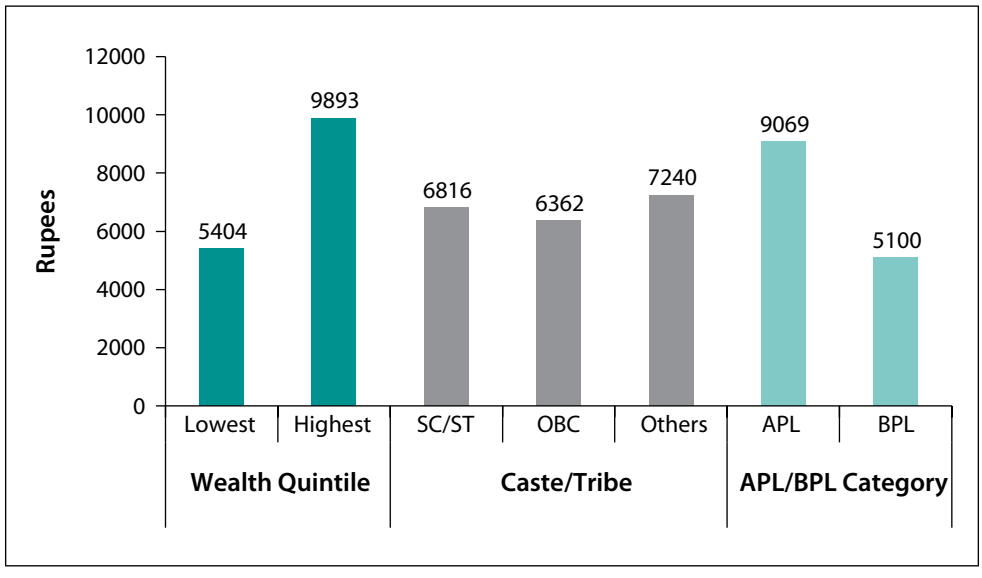
Note: Item-wise expenses were provided for 120 spells of hospitalization and average expenditure has been worked out accordingly.

Average expenditure towards hospitalized expenditure was higher for the richest quintile compared to that for the poorest quintile among general castes and the elderly from above poverty line (APL) households. This probably indicates their preference for private hospitals, which increased the expenditure that they had to incur (Fig. 5.18).

It is seen that for slightly over two-thirds of the elderly females who needed hospitalized services, the costs were borne by their children, followed by their spouses (13%). Nearly 40 per cent of the elderly males bore their costs themselves, and a nearly similar proportion (41%) was borne by their children. The trend appears similar across urban and rural areas (Appendix Table A 5.29).

To conclude, this section examined the self-rated health, functionality, cognitive ability, risky health-behaviour, levels of acute and chronic morbidity and its treatment in detail. A majority of

Figure 5.18: Average expenditure (in last episode) on hospitalization by wealth quintile, caste and BPL/APL category, West Bengal 2011



the elderly in West Bengal has reported their current health as poor and deteriorating health can be observed with increasing age. A significant proportion of elderly in the state faces strong functional limitations in performance of various daily activities (ADL and IADL) which requires suitable attention.

In West Bengal, high levels of psychological distress among the elderly as evident from the GHQ responses needs to be further studied from the perspective of social epidemiology to comprehensively study and understand the dimensions and determinants of mental health aspects among them. This area has been studied sporadically, and the BKPAI results indicate the need to study the issues in-depth. While better awareness and reporting 'thresholds' about health conditions may be responsible to an extent for the reported levels – as also noted for the acute and chronic morbidity levels – further evidence is required to comment and draw correct inferences. The indications however are less ambiguous that health-related well-being, covering all the relevant health dimensions, continues to be lower among the lower socio-economic status (SES) population groups, calling for more intensive, targeted interventions aimed at these groups.

Risky health behaviours are also found to be considerably higher compared to the national average, especially smoking and chewing tobacco. The burden of acute morbidity is found to be significantly high and fever is one of the most prevalent diseases in the state. High blood pressure is the most common chronic ailment present in both urban and rural locales. It is important to note that most of the health expenditure for treatment of acute ailments is on the private physicians and hospitals which are far more costly and often cause severe economic hardship. The major component of health expenditure is on the cost of medicines. The major source of financing the treatment expenditure for elderly women is their children, while a majority of elderly men finance their own health expenditure. These findings call for important initiatives to be taken by the Government of West Bengal to ensure better quality of services being offered in the government hospitals and regulation of drug prices.

6. Social Security

6.1 Introduction

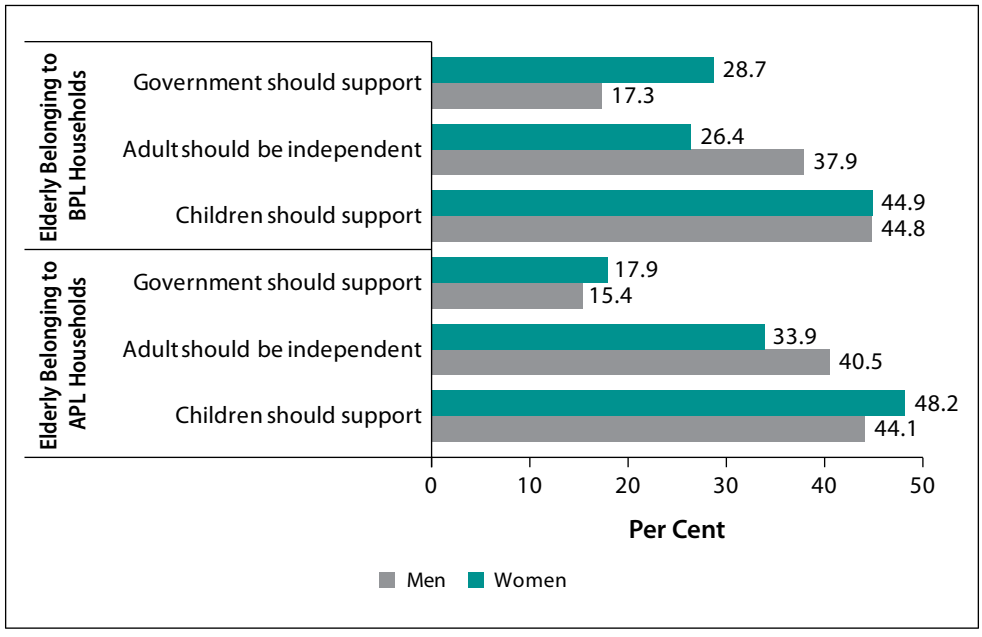
The concept of social security is traditional in the state. Providing care to seniors in Bengali families is often termed *seva*. The prevalent cultural model is that at the heart of the joint family, a system of intergenerational reciprocity exists. However, rise of the middle class and rapid disintegration of the family system augmented by complex reforms of economic liberalization in the 1990s caused severe erosion in the tradition of intergenerational reciprocity and elder care in Bengali families in both rural and urban settings. Dwindling family support, increasing number of economically dependent elderly and inadequate availability of resources are complex variables in the equation of social security support to the elderly in West Bengal. The labyrinthine governance system is also a hindrance to the optimal use of resources in the state.

The concept of 'social security' has different implications for APL and BPL families. The well-off elderly need care and service from the family and society whereas those from BPL families need income security for their survival. Therefore the majority of the elderly poor have to work as long as they are physically able (Alam et al 2012).

A survey by Calcutta Metropolitan Institute of Gerontology (CMIG) in 2012 shows that 80 per cent of senior citizens in Kolkata prefer to stay with their children and feel that the family is still the best place to live in. The study further reveals that dependence on kin has been the dominant way of living and a major source of support for the elderly. The BKPAI survey also gathered information regarding support system for the elderly in their old age. Over 44 per cent elderly across household status and gender opine that their children should provide support in their old age, followed by their preference for independence, while nearly one sixth of the elderly think that government should support them in their old age, the proportion of BPL elderly being higher (Fig. 6.1).

Socio-economic changes, along with demographic transition, necessitate that a specific social security policy be in place for the elderly to meet the multidimensional challenges of older persons.

Figure 6.1: Elderly by preferred support system in old age according to sex and BPL/APL household category, West Bengal 2011



Currently, a draft of the policy has been approved by the state administration to combat the unmet needs of the elderly in the society. In the present scenario, the framework of social protection programme is under the aegis of the central government, shared by the state and central governments, state-specific schemes and community-based programmes. Four primary areas of social security of older people in West Bengal are discussed: (i) Income security (ii) Health care (iii) Residential and day care services (iv) Physical security. There are two sources of data – survey data from BKPAI, 2011 and administrative data collected from the records of the state government. Administrative data are derived from the field reports of the District Magistrate's Office (DMO) in the various districts of West Bengal.

6.2 Overview of the Social Security Schemes

There are two types of social security schemes operational in the state: (i) Schemes exclusively for the elderly and (ii) Welfare schemes applicable for the entire population. This section will provide a brief discussion on both types of schemes, particularly the schemes relevant for the elderly. A list of all social security schemes with eligibility criteria, year of commencement, type and sponsors i.e., central, central/state, state-specific is given in Table 6.1.

Table 6.1 Major social security schemes for the elderly in West Bengal

	Type of Scheme	Name of the Scheme	Year of Commencement	Eligibility Criteria	State/Central Sponsored Scheme
Elderly Schemes	Income Security	IGNOAPS	2002-03	BPL persons aged 60–79 years and above, excluding widows and beneficiaries of Indira Gandhi National Disability Scheme (IGNDPS)	NSAP
		Annapurna Scheme	2002-03	BPL men and women aged 60+ who, though eligible, are not covered under any pension scheme	NSAP
		OAPS GoWB*	2009-10	BPL, Male-65 years, Female-60 years, resident of WB, non-beneficiary of IGNOAPS or any other programme	State Scheme
	Health care	NPHCE	2013	BPL/APL 60+ population	Central Scheme
		Mobile Medicare Unit (MMU)	2008	BPL 60+ infirm, destitute and widows	Central Scheme/IPOP
	Residential and Day Care Services (RDCS)	OAH	2008	BPL 60+ Population	Central Scheme/ IPOP
	Physical security	Pronam	NA	BPL/APL 60+ population	Kolkata Police
		Saanjhbaati	NA	BPL/APL 60+ population	West Bengal Police
Others	Income security	IGNWPS	2002–03	BPL widows in age group 40–59 or above	NSAP
	Health care	RSBY	2008	BPL population	Central Scheme
	Residential	IAY	1985–86	BPL families	Central Scheme
	and Day Care Services	Gitanjali Amar Thikana	2012	BPL families	State Scheme

*GoWB: Government of West Bengal

'Social protection' refers to a set of benefits available from the state, market, civil society and community response. This section will discuss the government run schemes and community response for the welfare of the elderly in West Bengal.

6.2.1 Income Security Schemes among the Elderly in West Bengal

As seen from Table 6.1, there are various income security schemes operational in West Bengal for providing financial support to the elderly. For instance, Indira Gandhi National Old Age Pension Scheme (IGNOAPS) provides Rs. 400 for people in the age group 60–79 years and Rs. 1,000 for people 80 years and above with equal shares contributed by central and state governments. The amount is payable through bank account and postal account. Payment on the basis of Aadhar has not yet been started in West Bengal. But Aadhar-based old age pension payment is prioritized in the e-governance action plan of the state. With features similar to IGNOAPS, the state government

also runs the Old Age Pension Scheme (OAPS) to cover sections of the elderly poor not covered by IGNOAPS. The pension amount is Rs. 750 per month. All payments are made through bank/postal account. In the financial year 2013–14, budget provision of the state is just adequate to support 10,000 beneficiaries under State-Specific Pension for Elderly.

Besides these two major schemes, Indira Gandhi National Widow Pension Scheme (IGNWPS) is implemented by the Ministry of Rural Development, Government of India. In West Bengal, the Gram Panchayats in rural areas and municipal bodies in urban areas monitor the list of widows in the age group of 40–59 years under BPL category in order to provide pension under IGNWPS at Rs. 500 per month. This amount is shared equally by the central and state governments. Pension is withdrawn in case of remarriage and once the widow crosses the BPL line. All beneficiaries of IGNWPS are automatically converted into IGNOAPS at the age of 60.

The Annapurna Scheme is another initiative taken by the state to provide food security to those older persons who, though eligible, have remained uncovered under any old age pension scheme. Under this scheme, 10 kg of food grains per month are provided free of cost to the beneficiaries through the public distribution system (PDS). There are more than 20,000 PDS units throughout the state, but the beneficiaries of Annapurna are mostly in some vulnerable rural segments located in the districts of Bankura, Purulia and some parts of South Parganas, the areas badly affected by natural calamities (Supreme Court Commissioner, 2010).

In the domain of income security, two important **community response initiatives** are stated below.

Elderly Self-Help Group (ESHG)

Over the past five years, HelpAge India has pioneered and successfully implemented a model of sustainable care for the rural elderly using a two-pronged approach to address vulnerability and preparedness encompassing welfare, development and rights. The two important elements are *self-help approach* (elders for elders) and access to elders' rights and entitlements, often referred to as the *rights-based approach*. There are 120 ESHGs in the state formed with financial assistance from HelpAge India and covering 1,996 beneficiaries (HelpAge India, 2012).

Reverse Mortgage

Reverse mortgage is, to a large extent, a solution for senior citizens who do not have a substantial source of liquid assets to depend on. Through reverse mortgage, their residences can be virtually transformed into a steady source of cash till the time of their death, giving them the financial independence to live a comfortable life with dignity. To tackle the growing financial insecurity faced by many senior citizens post-retirement, HelpAge India and the National Housing Bank (NHB, a housing finance regulator) joined hands to provide a solution for them through reverse mortgage, according to which the payment stream is 'reversed' as compared to conventional mortgage.

The maximum period for a reverse mortgage loan is 15 years. On the death of the senior citizen/s availing this or on permanent vacation of the residential property, the loan is repaid with the interest accumulated by selling the property or alternatively repayment of the loan by the heirs. The loan will be extended by primary lending institutions like scheduled banks or housing finance companies registered with NHB. The amount of loan will depend on the market value of the residential property, age and prevalent interest rate. In West Bengal, State Bank of India, Bank of Allahabad, ICICI, Union Bank of India, UCO Bank and Central Bank of India extend reverse mortgage to the elderly. However, overall awareness in the state about the scheme and response is extremely poor. The total number of elderly who have opted for reverse mortgage in West Bengal is 65 since 2009, with 142 more cases in the pipeline.[3]

6.2.2 Health Care for the Elderly (HCE)

Public health expenditure in West Bengal is reasonably low. The elderly here largely suffer from communicable diseases and impairment of special sensory functions like vision and hearing. Track records of the estimates of health burden of the BPL elderly are not in order. Geriatrics is not yet a popular specialty. As a result, there was no dedicated infrastructure for elderly health care particularly for the groups under the BPL category till the National Programme for the Health Care for the Elderly (NPHCE) commenced in 2013. This section discusses the currently operational government initiated health care schemes and community response initiatives for the elderly.

National Programme for Health Care of the Elderly (NPHCE)

The NPHCE scheme is financed in the ratio 80:20 by the central and state governments respectively. The purpose of this scheme is to provide acceptable, affordable and quality long-term comprehensive dedicated health care services to the ageing population of the country. For West Bengal 2013 is the maiden year. In the first phase of this programme, three districts are being covered – Darjeeling, Jalpaiguri and South Dinajpur (GoWB, 2013). All the three districts have commissioned 10-bed geriatric wards in the district hospitals and regular geriatric clinics. As per administrative data, 12 blocks have been covered where geriatric clinics are operational and work in another 33 blocks is in progress. NPHCE is open to all the elderly, irrespective of economic class.

In order to address human resource issues under the NPHCE, it has been proposed to develop 12 additional regional geriatric centres in select medical colleges of the country in addition to 8 regional geriatric centres being developed during the 11th Plan. One of the regional centres and medical colleges proposed is Kolkata Medical College (KMC).

[3] www.reversemortgage.org

Briddhashree Yojana (BY) of Government of West Bengal

The Government of West Bengal has announced Briddhashree Yojana for the health care of 17 lakh (approximately) BPL elderly beneficiaries on record receiving old age pension. This scheme would be operational during the current fiscal year. Three districts where trial runs are underway for NPHCE – Darjeeling, Jalpaiguri and South Dinajpur – have been selected in the first phase. In these districts, geriatric care infrastructure for geriatric medical care is growing with the initiatives of NPHCE. Under the Yojana, 1,000 health check-up camps are proposed in the three selected districts and 4,200 health check-up camps are proposed in the rest of the state for the assessment of the health burden and escalation of medical care at the district hospitals and medical colleges of the state absolutely free of cost. Budget provision for the first 1,000 camps is Rs. 30 lakh, while the total provision for 5,200 camps is Rs.166 lakh (Ananda Bazar Patrika, 19 October 2013).

Varistha Yojana for Senior Citizens (VYSC)

This programme has been launched by National Insurance and other major insurance companies and caters to multiple health needs of senior citizens in the age group 60–80 years. The policy covers hospitalization and domiciliary hospitalization expenses as well as expenses for treatment of critical illnesses. However, beneficiaries of this scheme in West Bengal constitute only 2 per cent in APL category (The Economic Times, 10 July 2004).

Mobile Medicare Unit (MMU)

The scheme framed by the Ministry of Social Justice and Empowerment (MOSJE) limits grants-in-aid for projects for older people living in slums, rural and inaccessible areas where proper health facilities are not available. Currently there are seven MMUs in the state. The total number of beneficiaries is 2,800 (Annual Report, GoWB, 2011).

Contemporary West Bengal is focused more on ageing and elderly care than child care. One notable community health service of the state is briefly described in Box 6.1.

BOX 6.1

Indian Medical Association, Behala

Indian Medical Association (IMA), Behala Chapter, has created an exemplary medical support system at the community level. This centre, managed by doctors, is located in the thickly populated Behala region of Kolkata metropolis and renders yeoman service to the parental generation. Services include: (i) home visit by professional doctors; (ii) subsidized rate for diagnostics; (iii) ambulance facilities; (iv) hospitalization in both public and private hospitals depending on the capacity of the beneficiary; (v) medical insurance and coverage against five fatal diseases (COPD, knee replacement, severe heart disease, eye, kidney transplant and cancer). Unlike many organizations promoting their profile in text or website, IMA, Behala is a genuine organization which believes in its commitments and actions.

6.2.3 Residential and Day Care Services for the Elderly

Subsidies and cash assistance are provided to people in villages for constructing their houses themselves under (i) Indira Awas Yojana (IAY) (ii) Gitanjali and Amar Thikana. The schemes are briefly described below.

Indira Awas Yojana (IAY)

IAY is a flagship scheme under the Ministry of Rural Development (MORD). It addresses rural housing needs by giving grants for construction of dwelling units of BPL families. IAY has been operational in the state since 1985–86. The funding of IAY is shared between the central and state governments in the ratio of 75:25 respectively. Under the scheme, financial assistance of Rs. 70,000 in plain areas and Rs. 75,000 in difficult areas (or hilly areas) is provided for construction of houses. The houses are allotted in the name of the woman or jointly to husband and wife. The construction of the house is the sole responsibility of the beneficiary and engagement of contractors is strictly prohibited. Sanitary latrines and smokeless chullahs are required to be constructed along with each IAY house for which additional financial assistance is provided from Total Sanitation Campaign (TSC) and Rajiv Gandhi Grameen Vidyutikaran Yojana (RGGVY) respectively. Manual scavengers, tribal groups and Maoist-affected areas are given preference in allotments. Funds are allotted under consolidated proposals from the state government and not district-level organizations. The number of IAY beneficiaries in the state till 2012–13 is 90,282. All beneficiaries are women, about 9,000 of whom have crossed 60 years of age (Appendix Table A 6.4).

Gitanjali and Amar Thikana

Apart from IAY, the Government of West Bengal runs two exclusive housing schemes for BPL category – Gitanjali and Amar Thikana. In the rural areas more than 34,000 houses have been constructed under these two schemes. As per the administrative records there are more than 4,000 elderly beneficiaries. In the budget provision for 2013–14 Rs. 570 crores have been set aside for the two schemes (Housing, GoWB, 2013).

Integrated Programme for Older Persons (IPOP)

In the list of sanctioned IPOP schemes recommended by the state government, the following programmes are incorporated for shelters and day care services for the elderly – day care centre for the elderly (DCC) and old age homes (OAH).

Day Care Centres (DCC)

Assistance is provided to non-governmental organizations (NGOs) for the maintenance of DCCs for the aged in urban, slum, rural and tribal areas. The programme aims to keep the aged integrated in their respective families and supplement the activities of the family by looking after their needs.

Its objective is improvement of quality of life and productive utilization of spare time. Each centre is able to accommodate at least 50 elderly persons. There are 33 DCCs in West Bengal and the total beneficiaries of DCC in the state are 2,700 (Annual Report, GoWB, 2011).

Old Age Homes (OAH)

The state has 23 OAHs which are run in collaboration with NGOs in different districts. The sanctioned strength is 735 (Annual Report, GoWB, 2011).

Less than 2 per cent of the BPL elderly are utilizing day care centres and a negligible proportion (0.3%) is utilizing old age homes provided in the state under IPOP grant-in-aid programme (Department of Women & Child Development and Social Welfare).

6.2.4 Physical Security

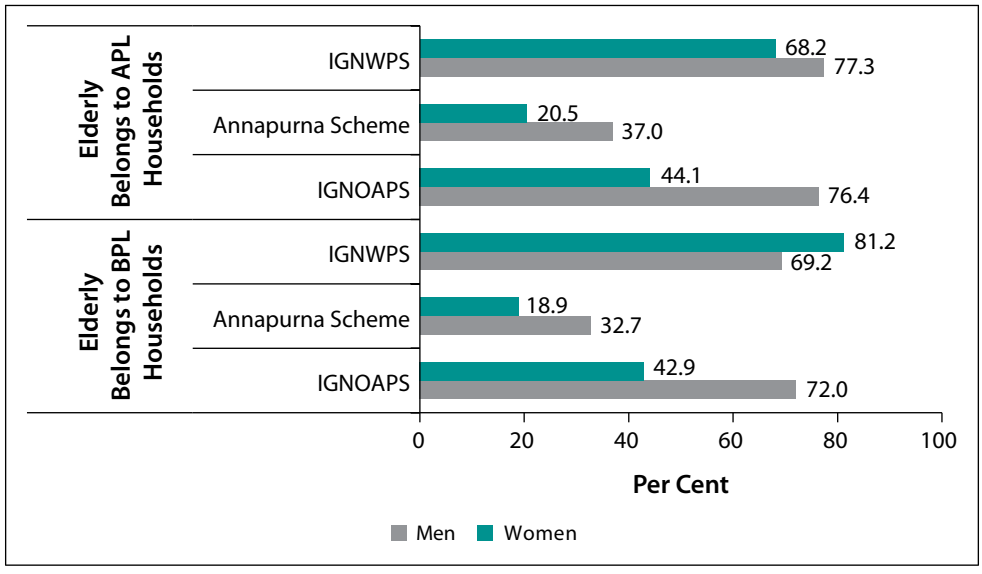
A 24-hour helpline through a joint venture of Kolkata Police and NGO 'The Bengal' is a unique support mechanism for the elderly. This service delivery model is named "Pronam" and is an attempt to reach out to the elderly in the city of Kolkata by providing them psychological support and physical security. Whenever there is an emergency call, an ambulance rushes to the caller, and ensures hospitalization as and when needed. Pronam also extends financial support to its members in a restricted way. If the patient is not able to bear the cost of private hospitals, he or she is shifted to a government hospital. The total number of persons under the security umbrella of Pronam is 8,671 (Dignity Foundation, 2011).

While Pronam is the initiative of the Kolkata Police, the West Bengal Police has initiated a similar programme called "Saanjhbaati" in Salt Lake City where a majority of the parents of NRIs lives alone. This group is often targeted by social miscreants. Saanjhbaati has 2,017 members (Hindustan Times, 10 September 2012).

6.3 Awareness of Major Social Security Schemes

The BKPAI survey tried to discern the awareness level of major social security schemes among the elderly namely, IGNOAPS, IGNWPS and Annapurna Scheme in addition to any other state run schemes. As can be seen from Figure 6.2, nearly three-quarters of men were aware of the IGNOAPS and IGNWPS across APL and BPL categories. Surprisingly, elderly women in the BPL categories are better aware about the widow pension scheme than their APL counterparts. Level of awareness regarding Annapurna Scheme is relatively low for BPL elderly households.

Figure 6.2: Elderly aware of national social security schemes according to sex and BPL/non-BPL household category, West Bengal 2011



Note: Only 4 elderly persons have reported awareness about any other state specific social security scheme – Indira Awas Yojana and Old Age Pension Scheme.

6.4 Coverage and Financing of Major Social Security Schemes

This section provides information on the penetration of social security schemes with respect to the beneficiaries covered, quantum of benefits (with the years of revision) and financing for financial years 2011–12 and 2012–13.

As can be seen from Table 6.2, the percentage of elderly benefitting from IGNOAPS has drastically declined from 75 per cent in 2011-12 to 53 per cent in 2012-13. On the other hand, elderly benefitting from IGNWPS has more than doubled during the same period. There is no major difference in the proportion of elderly benefitting from other schemes in the state. Another interesting thing to note here is that although the allocation of funds towards the scheme has increased by Rs. 306.61 crores (64%) in this one year, the annual expenditure on these schemes has drastically declined by Rs. 313.40 crores (53.7%) (Table 6.2). Such underutilization indicates a misappropriation of the government funds which has serious implications on the credibility and functioning of the state government. A total allotment of Rs. 1,049 crores was done for the health care and services provision in the state for the current fiscal year (2013-14), of which 40 per cent was allocated for the BPL citizens. However, total funds allocated for the elderly households is not yet clear (since it is the currently running FY) (Administrative data, GoWB).

Nearly one-fourth of the BPL women utilize IGNWPS while a slightly lower percentage of BPL men utilize IGNOAPS (Fig. 6.3). There is a fairly low utilization of Annapurna Scheme as well. The gap between awareness and utilization of the social security schemes by the BPL elderly (Fig. 6.2 and Fig. 6.3) needs to be bridged to ensure their effective implementation.

Table 6.2: Coverage of various social security schemes for elderly in West Bengal in recent years

Name of the Scheme	Year	No. of Beneficiaries	Percentage of Elderly Benefitted (Total Beneficiaries/ BPL elderly)	Budget Provision per year (Rs. in crores) under Additional Central Assistance		Total Expenditure per year (Rs. in crores)	
				2011-12	2012-13	2011-12	2012-13
IGNOAPS	2011-12	18,83,799	75.4			430.34	199.07
	2012-13	13,10,280	52.5				
OAPS (GoWB)	2011-12	75,465	3.0			NA	NA
	2012-13	75,465	3.0				
IGNWPS	2011-12	3,89,432	15.6	475.04	781.65	122.34	44.77
	2012-13	9,51,717	38.1				
IGNDPS	2011-12	36,306	1.5			6.31	3.76
	2012-13	47,540	1.9				
NFBS	2011-12	25,099	1.0			25.10	23.10
	2012-13	28,342	1.1				
Annapurna Scheme	2011-12	56,099	2.2			NA	NA
	2012-13	65,068	2.6				

Source: Compiled from various reports of Government of West Bengal

Figure 6.3: Elderly utilizing national social security schemes according to sex for BPL households, West Bengal 2011

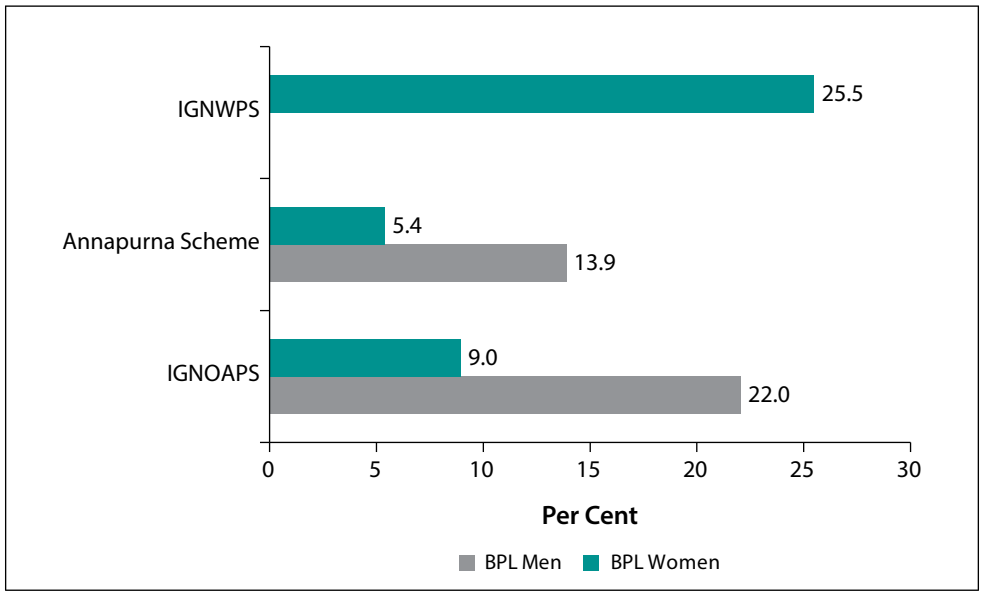
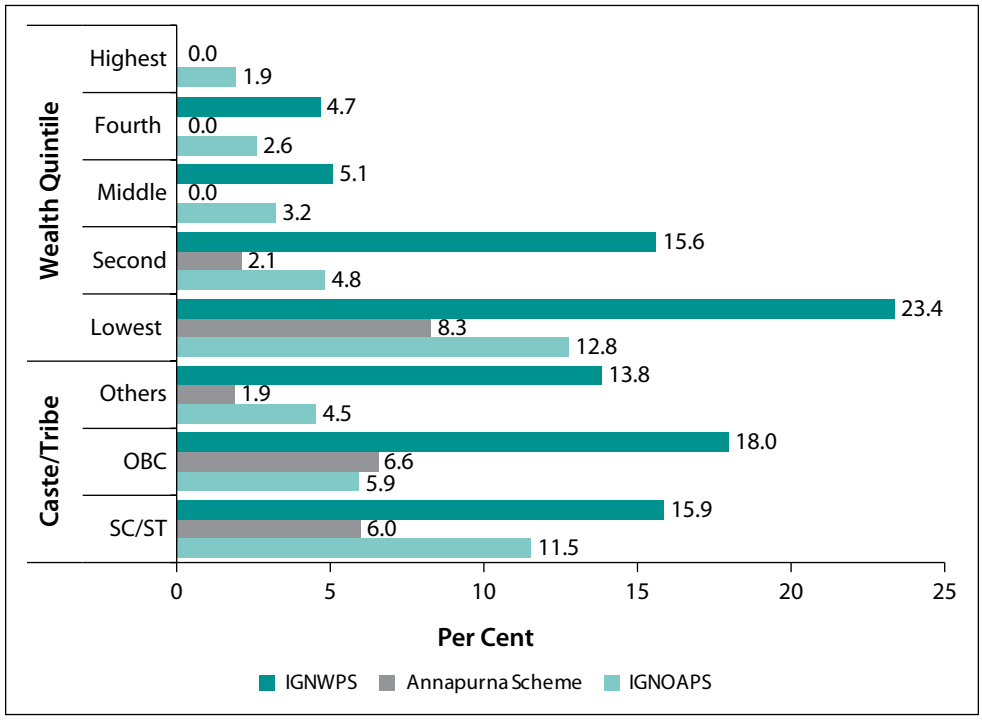


Figure 6.4 shows that elderly from the lowest wealth quintile obtain the maximum benefits from the social security schemes followed by the second lowest quintile. IGNWPS is the most utilized scheme across all the castes and wealth quintiles, followed by IGNOAPS. Nearly a quarter of the elderly belonging to lowest wealth quintile (23%) and marginally less OBC elderly (18%) utilize IGNWPS.

Figure 6.4: Elderly utilizing national social security schemes according to wealth quintile and caste/tribe, West Bengal 2011



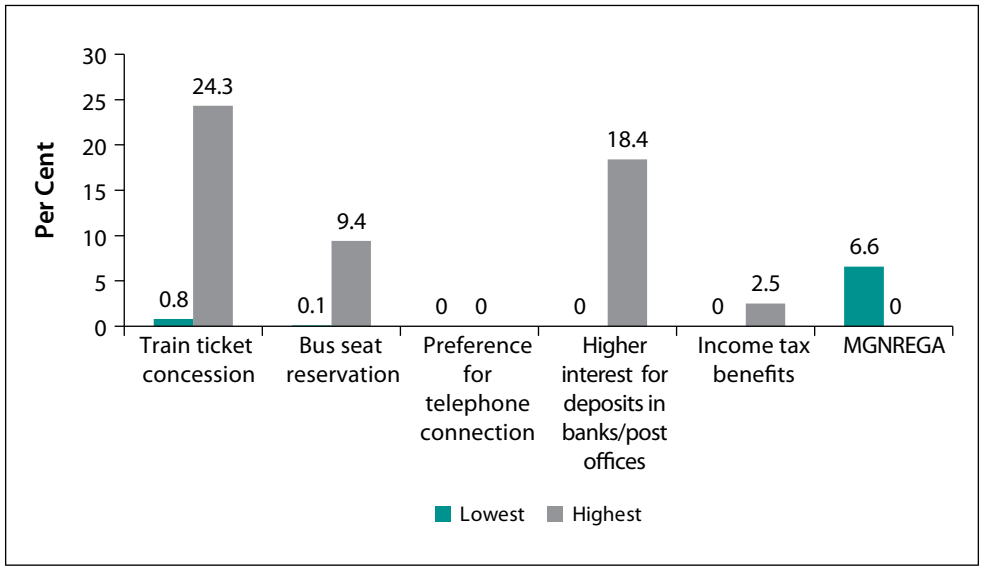
Similarly, SC/ST elderly also avail comparatively higher benefits (16%) from IGNOAPS. This pattern indicates the right direction in the targeting of beneficiaries for such welfare schemes. Annapurna Scheme has the least utilization among all the elderly across higher wealth status categories and social groups.

Other Schemes and Facilities

Besides the above mentioned major social security schemes, the Government of India and several state governments provide various other benefits in terms of travel concessions, deposit interest rates, MGNREGA benefits to the elderly etc. (Alam et al 2012). BKPAI survey respondents were questioned about their utilization of such facilities and schemes and their answers were recorded.

One-fourth of the elderly belonging to the highest wealth quintile (24%) enjoys train ticket concessions, followed by higher interest rate in bank deposits (18%) and bus seat reservation (9%). However, MGNREGA Scheme is utilized by the poor elderly (7%) (Fig. 6.5). This suggests that elderly are eager to engage in the less physically strenuous work activities to earn income for their sustenance. It also reaffirms the fact that elderly with financial constraints fail to take advantage of income benefits provided by the government due to poor availability of personal income. Moreover, this highlights the fact that the elderly in the lowest wealth quintile suffers from extreme poverty which requires concrete efforts from the government to provide them adequate financial assistance and food subsidies.

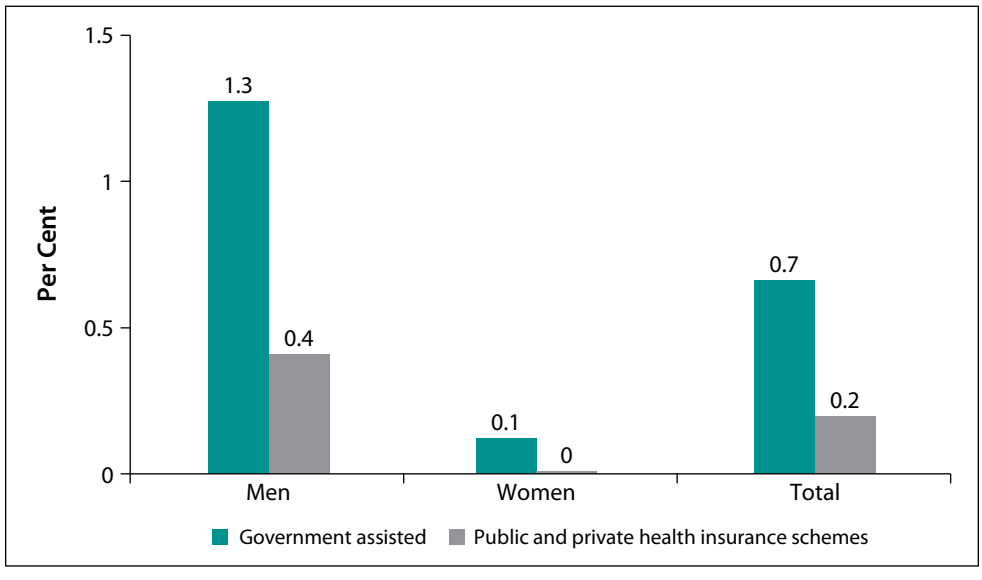
Figure 6.5: Elderly utilizing the facilities/schemes by lowest and highest wealth quintile, West Bengal 2011



Health Insurance Schemes

Health insurance schemes are not spread across the country because only less than 2 per cent of the total population is covered under such schemes and for the elderly, it is less than 1 per cent (NSSO 60th round), despite the fact that a large number of the elderly suffers from acute or chronic morbidities and requires hospitalization as seen in the previous section. The survey respondents were asked if they are covered by health insurance – government, public, private or any other type – and it was observed that health insurance coverage is abysmally low in the state with only 1 per cent of elderly men covered under the government-assisted schemes. An almost negligible proportion of elderly are covered under public and private health insurance schemes (Fig. 6.6).

Figure 6.6: Elderly covered under health insurance and other policies by sex, West Bengal 2011



Rashtriya Swasthya Bima Yojana (RSBY)

This IT-enabled health insurance programme provides cashless insurance for hospitalization in government as well as private hospitals. The scheme started enrolling in April 2008. Every BPL family pays Rs. 30 as registration fee to get a biometric-enabled smart card containing their fingerprints and photographs. This enables them to receive patient medical care up to Rs. 30,000 per family per year in any of the empanelled hospitals. Pre-existing illness is covered for the head of the household, spouse and up to three dependent children or parents. This is a shared financial scheme of central government (75%) and state government (25%). RSBY is bringing health care investment in Public-Private Partnership (PPP) model in semi-urban and rural areas for setting up state-of-the-art hospitals. According to the latest updates of the administrative records 55,39,688 citizens in West Bengal are served under RSBY (Health & Family Welfare, GoWB, 2013).

BKPAI respondents were questioned about their awareness and utilization of the RSBY scheme. Nearly one-tenth of the elderly in BPL households is aware of the scheme with 7 per cent registered under the scheme. However, awareness and registration is less in the case of APL households. Men are more likely to be aware about the scheme than the women across rural and urban areas (Table 6.3).

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

Awareness and Coverage of RSBY	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Elderly Belonging to BPL Households									
Awareness of RSBY	12.7	10.0	11.2	11.3	1.5	5.4	12.4	8.2	10.1
Registered under RSBY	7.9	8.6	8.3	0.4	0.1	0.2	6.5	6.9	6.7
Number of elderly	122	164	286	69	89	158	191	253	444
Elderly Belonging to APL Households									
Awareness of RSBY	15.0	2.8	8.8	7.6	1.7	4.5	12.0	2.4	7.0
Registered under RSBY	0.0	0.3	0.1	0.6	0.0	0.3	0.3	0.2	0.2
Number of elderly	168	176	344	226	237	463	394	413	807
All									
Awareness of RSBY	14.2	6.1	9.9	8.8	2.0	5.2	12.4	4.7	8.3
Registered under RSBY	3.8	4.1	3.9	0.6	0.4	0.5	2.7	2.9	2.8
Number of elderly	296	347	643	302	330	632	598	677	1,275

6.5 Emerging Issues of Social Security Schemes for the Elderly

The provision of social security schemes as explained in this section is not efficiently and universally utilized and even availed of by the non-targeted population in certain instances (i.e. the APL elderly) hence, identification of existing bottlenecks in the implementation of these welfare schemes is of

utmost importance. The prime domains of the problem areas in the effective implementation of the social security schemes for the elderly are listed below:

(i) IGNWPS: Exclusion and inclusion errors, lack of transparency, no grievance redressal mechanism.

(ii) IGNOAPS: Timeliness – delayed pension payment. Only 21 per cent of beneficiaries receive monthly payment. No grievance redressal mechanism.

(iii) Annapurna Scheme: Inept social marketing.

(iv) Government of West Bengal Pension Plan for the Elderly: Fund Crunch.

6.6 Summary of Findings and Policy Direction

This section has described the various social security schemes currently operational in the state and their coverage across the length and breadth of the state. Several pertinent issues have emerged in this study which require immediate attention from the government and civil society.

- Overall, financial securities are considered inadequate by the beneficiaries, because of the gap between the cost index of the commodity market and the amount of the benefits. It is disheartening to notice some political protectionism also deprives older people of their genuine share in the social security schemes. There are complaints that some benefits were often based on the discretion of the Panchayat administration.
- Maintenance and Welfare of Parents and Senior Citizens Act, 2007 came into force in West Bengal from 12 January 2009. In the present scenario, 66 Maintenance Tribunals are operational in 20 districts of West Bengal. One Appellate Tribunal has been set up in every district. On record there are 82 claims for maintenance filed in the Maintenance Tribunals, of which 34 have been settled. In the Appellate Tribunals, 51 cases have been filed and 2 have been rejected (GoWB, 2013).
- It is observed that the health-based programme, NPHCE, is yet to achieve its maturity. There is a huge shortage of professional doctors in the rural areas.
- Social marketing is inadequate to generate awareness of the benefits of the common services for the elderly.
- Veracity of the data on the BPL elderly beneficiaries on record for payment of old age pension ought to be ratified during the proposed 5,200 medical check-up camps under the Briddhashree Yojana (BY).
- As Aadhar is gaining momentum in the state, it is expected that complexities of identification will be reduced in the coming years.
- Social security supports for the elderly are unsafe without a government to citizen-centric grievance redressal mechanism. This tool should be put in place for the elderly beneficiaries under national as well as state-specific schemes on priority basis.

7. The Way Forward

This report describes the status of the elderly in West Bengal by analyzing five key dimensions of their life encompassing: (i) livelihood and employment, (ii) income and assets, (iii) living arrangements and family relationships, (iv) health status, health seeking behaviour and health care payments, and (v) knowledge and utilization of social welfare schemes. Barring the last – knowledge of and access to welfare schemes – many of these issues were examined by using the data obtained from the BKPAI survey as described at the beginning of the report. The section on state specific welfare schemes for the elderly drew inputs from several states reports, one-on-one discussions with officials of the concerned departments, state based NGOs and other knowledgeable persons. All this has provided some important areas for consideration by the state welfare mandarins in terms of the way ahead to further improve the quality of elderly population in the state over the coming years.

Improving the Economic and Social Welfare of Senior Citizens

As seen from the discussion in Section 3 on work, income and asset ownership among the elderly in West Bengal, it is evident that economic compulsions driven by poverty are the major reason for the elderly persons to continue to work even at older ages. Although the results indicate that a majority of the elderly earn some income, it is clear that such earnings fall short of their economic needs. For females, and particularly for the widows and those belonging to no or low asset poor households, income earned from all sources including pensions is mostly inadequate. Therefore, improving the economic lives of the elderly and extending the benefits of social protection through well-designed safety nets lie at the core of social welfare programmes for the elderly.

Due to factors like economic compulsions, low asset bases and overall poverty, a significant proportion of the elderly from the poorer socio-economic groups continue to work in less remunerative, informal occupations. Hence, the need for a well-targeted social security scheme – primarily through old-age pensions – or engaging physically able elderly workers with appropriately rewarding jobs such as under the MGNREGA or in alternative vocations through the NLM (National Literacy Mission) is almost essential.

Appropriate measures need to be considered for late-life economic returns for the elderly by linking them with suitable economic activity such as through self-help groups (SHGs), while simultaneously addressing their special needs such as health and disability through integrated programmes. As a priority measure, the elderly from BPL families or those without any familial support should be

accorded highest importance and catered to. Full coverage of all eligible persons on the BPL list must be immediately ensured. Wide publicity of criteria to become eligible for BPL households must be given by various means including local newspapers and FM channels to enhance awareness and ensure more and more people can apply. Alongside, a strict monitoring mechanism may be laid down to ensure timely payment. As a number of vulnerable people remain uncovered at present, schemes that deal with socially vulnerable groups like the aged should be extended beyond the BPL list to cover all families except those that are excluded as per the criteria adopted by the Expert Group Report on BPL Identification Methodology during the 11th Five Year Plan. The Central Government should make funds available for this purpose. All IT initiatives should also be made available as means to redress grievances. Recent efforts by the IT Department, Government of West Bengal, in electronic/mobile-governance are laudable.

Vrindavan Widows: An Epitome of Whammy and Vulnerability

An important illustration demonstrating the vulnerability of elderly is the "Vrindavan widows". A survey of 255 widows in and around Vrindavan (Uttar Pradesh) was conducted by the Guild of Service (2007) and it was observed on the basis of the survey that a large majority of these women (80%) were from West Bengal. The survey has also observed that these women were compelled to leave their house after the death of their husband and they moved to Vrindavan not only to seek spirituality but also to escape filial abuse, poverty and ill treatment. They lived in pathetic conditions and were denied access to health, shelter and financial services from the various stakeholders. Only 25 per cent of them received some paltry pension, and the rest lived in penury as they were unaware of the pension scheme operational in West Bengal. Moreover, they were also denied pension due to absence of a legal identity or residential proof. They do not have a state domicile in Uttar Pradesh and hence remain economically vulnerable. It is therefore imperative for the West Bengal government to identify the widows from the state and issue them an identity card stating their domiciliary status so that they can avail state sponsored benefits.

Interestingly, every district in West Bengal has a widow's pension quota, but it is insufficient to cover all the widowed. The survey of the Vrindavan widows mentioned above has also found out that the district magistrate and officials were not even aware of widows leaving West Bengal for Vrindavan to evade injustice. In order to resolve the challenges faced by these elderly women, it is essential to establish rehabilitation homes in the state with food, shelter and medical facilities. Information on the pension schemes applicable to the widows should be well advertised and registration of death certificate should be efficiently tracked in the districts.

Creation of Supportive Environment and Improvement in Provisions for Physical Security

Supporting the persistence of strong social norms in the state, the survey further emphasises the major role played by the elderly in both familial and social matters. These range from grandparenting

to resolving various family disputes and conflicts. These roles and elderly contributions need to be effectively communicated to the younger generation and society at large through short stories, various media portals, local drama clubs, religious gatherings, video games where elderly may be shown as arbitrators in a brawl or dispute, etc. Social media may have a role by displaying sentiments against elderly abuse and age linked discrimination. Initiatives like Pronam and Saanjhbaati should be given wider coverage to ensure safety against physical and/or mental abuse of the elderly.

Improving the Health Status of Elderly

The elderly in West Bengal are seen to have one of the worst health conditions – both in terms of acute illnesses or chronic health conditions as well as functional limitations – as compared to their peers in almost all other states, Kerala being an exception. Functional limitations, both involving ADL and IADL activities, have been observed to be increasing in rural areas. This calls for a special attention to the health system to gear up to respond to this largely unmet need and the growing demand for geriatric services. Further studies are also required to understand the reasons explaining the subjective health assessments or its correlates so that interventions can be broad-based by integrating curative as well as preventive or health promotion aspects. This study clearly reveals the urgent need to integrate geriatric health services as a part of the primary health care system with adequate infrastructure (such as creation of age friendly healthcare facilities in hospitals, nursing homes and other places, viz. ramps, sheds, etc.) and train the health workforce in the specific aspects of elderly care.

Regarding mental health services, as noted earlier, the need of the hour is to undertake comprehensive studies on the social epidemiology of mental health as well as explore possible policy interventions integrated with the primary health care system – such as geriatric counsellors – to address the issues of psychological health and related conditions among the elderly.

Measures for Improvement in RSBY

Response to RSBY in West Bengal is encouraging. Therefore, there should be proper tools to improve the scheme to meet the needs of the beneficiaries. There are inbuilt mechanisms in RSBY with room for improvement. These are:

- The inclusion provision of intermediaries such as NGOs in assisting BPL households. The intermediaries will be paid for the services they render in reaching out to the beneficiaries.
- RSBY envisages a robust monitoring and evaluation system. An elaborate backend data management system is proposed.
- The basic design of the scheme may be modified to include the elderly member/s of the household as an insured member under the scheme.

Districts with Faster Ageing Need to Concentrate on Geriatric Planning

West Bengal has specific districts and regions with very high, almost double digit, share of elderly populations. These districts include Kolkata, North 24 Parganas, Nadia and Hugli. The state government may consider identifying such other fast greying districts for more focused and elaborate planning for elderly care.

Public and Private Services Targeting the Elderly

With accelerating growth of 60+ cohorts across the country in general and West Bengal in particular, services targeting the elderly such as health, income security, and measures against physical and other forms of abuse require serious attention by most political parties in the state. With the emerging realization that the elderly constitute a large vote bank, there may be a growing assertion from pro-elderly NGOs and organizations seeking favour for older adults from the future governments. Similarly, in the coming years, the elderly may act as economic power to boost demand for various businesses including manufacturers, service providers, bankers, insurers and retailers. Businesses therefore need to plan for age friendly services to tap the potential of this important and growing market segment. Future elderly may be many times better off economically than their current counterparts with considerably more purchasing power.

Appendices

Appendix Tables

Table A 2.1: Per cent distribution of elderly households by select household and housing characteristics according to place of residence, BKPAI survey and census, West Bengal 2011

Housing Characteristics	BKPAI			Census 2011
	Rural	Urban	Total	Total
Number of Usual Members				
1	7.9	5.6	7.1	3.4
2	12.4	10.9	11.9	9.4
3-5	49.1	56.0	51.5	64.2
6+	30.7	27.7	29.6	22.9
Total	100.0	100.0	100.0	
Mean HH size	4.8	4.8	4.8	
Head of the Household				
Elderly men headed HHs	51.5	54.8	52.7	
Elderly women headed HHs	22.7	28.0	24.6	NA
Non-elderly headed HHs	25.8	17.3	22.8	
Age Group				
<15	19.4	14.0	17.5	
15-59	56.8	60.3	58.0	NA
60+	23.8	25.7	24.5	
Sex Ratio (Females per 1,000 Males)				
<15	964	1,043	986	NA
15-59	1,037	1,057	1,044	
60+	1,137	1,131	1,135	
Total	995	1,035	1,009	950
Religion of the HHs				
Hindu	77.6	90.1	82.0	
Muslim	22.3	9.9	17.9	NA
Others	0.2	0.1	0.1	
Caste/Tribe				
SC	41.1	23.9	34.8	
ST	5.1	0.9	3.6	NA
OBC	9.8	6.7	8.7	
Others	44.0	68.6	53.0	
Type of House				
Kachha	57.1	7.6	39.7	
Semi-*pucca*	20.6	25.7	22.4	NA
Pucca	22.3	66.7	37.9	
No. of Rooms				
1	24.3	11.5	19.8	52.2
2	30.1	19.8	26.5	29.2
3	24.7	34.4	28.1	8.4
4+	20.9	34.4	25.6	6.6

Contd...

Housing Characteristics	BKPAI			Census 2011
	Rural	Urban	Total	Total
Source of Drinking Water				
Own piped water	4.4	27.4	12.5	50.8
Public piped water	18.5	44.6	27.7	
Own well/borewell	14.0	7.6	11.8	28.8
Public well/borewell	36.6	9.1	26.9	
Others	26.4	11.3	21.1	20.4
Toilet Facility				
Public latrine	4.0	6.5	4.9	2.5
Septic tank/Flush system	31.8	55.3	40.1	20.7
Pit latrine	27.4	31.9	29.0	25.6
No facility/Uses open	36.7	6.3	26.1	38.6
Cooking Fuel				
Electricity	NA	NA	NA	0.1
LPG/natural gas	5.9	57.5	24.1	18.0
Biogas	1.3	7.9	3.6	10.3
Kerosene	0.7	4.0	1.9	2.1
Coal/lignite	3.2	9.8	5.5	7.9
Charcoal	6.2	10.6	7.7	
Wood	37.9	9.0	27.7	33.1
Straw/shrubs/grass	29.8	0.7	19.6	NA
Agricultural crop waste	5.0	0.0	3.3	
Dung cakes	9.2	0.2	6.1	10.0
Others	0.6	0.3	0.5	2.7
Total	100.0	100.0	100.0	
No. of Elderly HH	**597**	**560**	**1,157**	

NA: Data not available.

Table A 2.2: Percentage of elderly households with various possessions, loan and support system according to place of residence, BKPAI survey and census, West Bengal 2011

Household Possessions	BKPAI			Census 2011
	Rural	Urban	Total	Total
Households Goods				
Electricity	71.5	94.6	79.6	54.5
Mattress	20.5	52.2	31.6	
Pressure cooker	23.7	76.1	42.1	
Chair	54.1	86.0	65.3	NA
Cot or bed	87.5	94.9	90.1	
Table	40.2	72.8	51.6	
Electric fan	62.8	91.3	72.8	
Radio or transistor	8.4	14.6	10.6	18.3
Black and white television	9.8	8.7	9.4	35.3
Colour television	30.8	78.9	47.7	
Sewing machine	2.6	12.7	6.1	NA
Mobile phone	58.2	83.7	67.1	42.9

Contd...

Household Possessions	BKPAI			Census 2011
	Rural	Urban	Total	Total
Any landline phone	3.4	21.2	9.6	2.3
Computer	0.8	13.4	5.3	6.1
Internet facility	0.4	9.9	3.7	2.2
Refrigerator	6.2	45.9	20.1	
Watch or wall/Alarm clock	68.2	89.3	75.6	
Water pump	5.1	19.5	10.2	NA
Thresher	4.0	0.0	2.6	
Tractor	0.4	0.0	0.3	
Bicycle	65.1	64.8	65.0	27.2
Motorcycle or scooter	8.8	21.9	13.4	8.5
Animal-drawn cart	3.9	0.2	2.6	NA
Car/Jeep	0.5	3.4	1.5	2.2
Account in bank/Post office	52.1	81.3	62.4	48.8
Households Possessing Cards				
APL	52.8	76.1	61.0	
BPL	40.3	19.6	33.0	
Antyodaya	4.8	2.2	3.9	NA
Not in possession of any card	1.9	1.9	1.9	
Don't know/No response	2.1	2.2	2.1	
Own Any Agriculture Land				
No land	52.0	94.8	67.0	
Only irrigated land	31.3	3.2	21.4	
Only non-irrigated land	14.6	2.0	10.2	NA
Both	2.1	0.0	1.4	
Don't know/No answer	52.0	94.8	67.0	
Monthly Per Capita Consumption Expenditure (MPCE)				
≤1000	47.5	20.2	37.9	
1001-1500	29.1	21.4	26.4	
1501-2500	13.8	26.2	18.2	NA
2500+	9.6	32.3	17.6	
Don't Know	NA	NA	NA	
Wealth Quintile				
Lowest	54.0	10.1	38.6	
Second	27.7	16.7	23.9	
Middle	10.8	24.7	15.7	NA
Fourth	5.3	23.7	11.7	
Highest	2.3	24.8	10.2	

Contd...

Household Possessions	BKPAI			Census 2011
	Rural	Urban	Total	Total
Amount of Outstanding Loan (Rs.)				
None	53.1	81.9	63.2	
<15000	25.8	7.0	19.2	
15000-30000	9.0	3.3	7.0	
30000-60000	6.0	1.8	4.6	
60000-100000	3.7	1.6	3.0	NA
100000 – 150000	0.9	0.8	0.9	
150000 – 200000	0.0	1.4	0.5	
200000 +	0.8	1.9	1.2	
DK/No answer	0.7	0.2	0.6	
No. of Elderly HH	**597**	**560**	**1,157**	
Purpose of Loan				
Expenditure on health of elderly	16.8	28.2	18.8	
Expenditure on health of others	12.5	14.3	12.8	
Agriculture	31.2	1.1	25.9	
Business	7.9	20.4	10.1	NA
Education	2.4	9.4	3.6	
Marriage	10.4	11.4	10.6	
Home/Vehicle loan	12.6	21.7	14.2	
Others	24.4	15.1	22.8	
No. of Elderly HH	**278**	**108**	**386**	

Table A 2.3: Per cent distribution of elderly by select background characteristics, West Bengal 2011

Elderly Characteristics	BKPAI		
	Men	Women	Total
Age Groups (Years)			
60-64	36.0	34.1	35.0
65-69	28.8	25.9	27.3
70-74	18.3	19.0	18.7
75-79	8.5	10.8	9.7
80-84	5.5	5.9	5.7
85-89	2.0	2.4	2.2
90+	0.9	1.8	1.4
Education Categories			
No formal education	28.8	65.9	48.5
<5 years completed	16.1	11.4	13.6
5-7 years completed	11.4	9.7	10.5
8 years and above	42.9	12.2	26.5
Don't know/No response	0.9	1.0	0.9

Contd...

Elderly Characteristics	BKPAI		
	Men	Women	Total
Marital Status			
Currently married	83.6	26.2	53.1
Widowed	11.8	71.7	43.7
Others	4.6	2.1	3.3
Mean children ever born	3.9	4.6	4.3
Re-marriage among Ever Married			
Rural	7.0	1.3	4.0
Urban	2.5	0.0	1.2
Total	5.5	0.9	3.0
Migration Status			
Migrated after 60 years of age	2.8	3.8	3.3
Migrated before 60 years of age	35.8	81.9	60.3
Did not migrate	60.6	10.6	34.0
Don't know/No response	0.8	3.8	2.4
Number of Elderly	**598**	**677**	**1,275**

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

Work Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Currently working	49.9	7.5	27.3	25.7	8.5	16.6	41.9	7.8	23.8
Ever worked	98.5	18.2	55.8	98.9	17.9	55.9	98.6	18.1	55.8
Number of elderly	296	347	643	302	330	632	598	677	1,275

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

Background Characteristics	Currently Working	Number of Elderly	Main Worker (More Than 6 Months Per Year)	More than Four Hours a Day	Number of Currently Working Elderly
Age Group					
60-69	30.0	794	77.7	96.1	239
70-79	16.0	359	79.0	91.8	58
80+	6.3	122	*	*	6
Sex					
Men	41.9	598	78.1	97.4	242
Women	7.8	677	75.3	82.7	61
Residence					
Rural	27.3	643	74.0	97.2	172
Urban	16.6	632	89.7	86.8	131

Contd...

Background Characteristics	Currently Working	Number of Elderly	Main Worker (More Than 6 Months Per Year)	More than Four Hours a Day	Number of Currently Working Elderly
Marital Status					
Currently married	34.1	669	78.5	97.1	225
Widowed	11.2	560	72.3	87.8	66
Others	(23.9)	46	*	*	12
Education					
None	21.3	604	78.1	94.8	131
1-4 years	31.9	172	69.3	93.1	55
5-7 years	24.4	153	(85.9)	(95.8)	38
8+ years	24.2	346	79.1	95.6	79
Religion					
Hindu	23.6	1,037	76.0	94.3	247
Muslim	25.0	235	84.9	97.1	56
Others	*	3	NA	NA	NA
Caste/Tribe					
SC/ST	31.7	377	71.6	94.5	117
OBC	18.8	97	*	*	18
Others	19.9	801	82.9	94.5	168
Wealth Quintile					
Lowest	32.2	418	70.6	94.6	141
Second	23.3	299	82.5	94.0	73
Middle	20.1	231	(93.6)	(96.7)	49
Fourth	12.4	171	*	*	23
Highest	12.6	153	*	*	17
Living Arrangement					
Living alone	31.6	86	(86.6)	(85.1)	30
Living with spouse	38.9	122	(63.8)	(96.8)	43
Living with all others	21.5	1,067	79.5	95.5	230
Total	**23.8**	**1,275**	**77.6**	**94.8**	**303**

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

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

Employment Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Type of Occupation									
Technicians/ professionals	4.2	(0.0)	3.6	11.9	(0.5)	8.8	5.7	0.2	4.8
Office/clerical	1.7	(0.0)	1.5	10.2	(14.6)	11.4	3.5	5.2	3.8
Cultivators	18.6	(2.1)	16.2	0.1	(0.0)	0.1	14.9	1.3	12.5
Petty traders/ workers	5.7	(12.3)	6.7	5.8	(4.4)	5.4	5.7	9.5	6.4
Agricultural labourer	35.6	(17.0)	32.9	2.9	(0.3)	2.2	29.0	11.0	25.9
Other work	30.7	(30.5)	30.6	47.8	(33.4)	43.9	34.1	31.5	33.7
Don't know/ No answer	3.5	(38.3)	8.6	21.4	(46.8)	28.3	7.1	41.3	13.1
Sector of Employment									
Public sector	4.3	(2.9)	4.1	5.9	(16.0)	8.6	4.6	7.6	5.2
Private organised	2.1	(3.3)	2.3	23.0	(0.0)	16.8	6.4	2.1	5.6
Self-employed	27.4	(10.3)	24.9	30.7	(12.9)	25.9	28.0	11.2	25.1
Informal employment	65.0	(79.7)	67.1	31.4	(70.8)	42.1	58.2	76.5	61.4
Others	1.2	(3.8)	1.6	9.0	(0.3)	6.7	2.8	2.6	2.7
Total	100.0	(100.0)	100.0	100.0	(100.0)	100.0	100.0	100.0	100.0
Number of elderly currently working	146	26	172	96	35	131	242	61	303

Note: () Based on 25-49 unweighted cases

Table A 3.4: Per cent distribution of currently working elderly by the need to work according to background characteristics, West Bengal 2011

Background Characteristics	By Choice	By Economic/Other Compulsion	Total	No. of Elderly
Age Group				
60-69	9.3	90.7	100.0	239
70-79	9.2	90.8	100.0	58
80+	*	*	100.0	6
Sex				
Men	12.0	88.0	100.0	242
Women	0.0	100.0	100.0	61
Residence				
Rural	8.3	91.7	100.0	172
Urban	15.4	84.6	100.0	131
Marital Status				
Currently married	11.8	88.2	100.0	225
Widowed	4.3	95.7	100.0	66
Others	*	*	*	12
Education				
None	2.0	98.0	100.0	131
1-4 years	2.0	98.0	100.0	55
5-7 years	(0.3)	(99.7)	100.0	38
8+ years	32.0	68.0	100.0	79
Religion				
Hindu	11.7	88.3	100.0	247
Muslim	2.0	98.0	100.0	56
Others	*	*	*	0
Caste/Tribe				
ST/SC	4.9	95.1	100.0	117
OBC	*	*	100.0	18
Others	13.6	86.4	100.0	168
Wealth Quintile				
Lowest	0.7	99.3	100.0	141
Second	6.4	93.6	100.0	73
Middle	(14.8)	(85.2)	100.0	49
Fourth	*	*	100.0	23
Highest	*	*	100.0	17
Total	9.9	90.1	100.0	303
Living Arrangement				
Living alone	(4.5)	(95.5)	100.0	30
With spouse	(8.9)	(91.1)	100.0	43
Others	10.7	89.3	100.0	230

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

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

Background Characteristics	Retirement	Pension	Both Retirement and Pension	None	Number of Elderly
Age Group					
60-69	9.9	10.0	7.8	88.0	794
70-79	8.1	7.3	6.1	90.8	359
80+	7.8	9.1	6.1	90.2	122
Sex					
Men	17.8	17.2	13.9	78.9	598
Women	1.5	1.9	1.3	97.9	677
Residence					
Rural	4.7	4.0	3.6	95.0	643
Urban	18.6	19.4	14.5	76.7	632
Marital Status					
Currently married	13.7	14.0	10.9	83.2	669
Widowed	2.3	2.3	1.8	97.2	560
Others	(26.7)	(19.2)	(19.2)	(73.3)	46
Education					
None	1.3	1.1	0.9	98.5	604
1-4 years	3.2	3.2	1.9	95.4	172
5-7 years	6.3	5.2	5.2	93.7	153
8+ years	28.1	28.2	22.5	66.1	346
Religion					
Hindu	10.3	10.2	8.0	87.6	1,037
Muslim	3.4	3.0	2.7	96.3	235
Others	*	*	*	*	3
Caste/Tribe					
SC/ST	4.0	3.9	3.3	95.4	377
OBC	10.7	10.2	8.7	87.8	97
Others	11.9	11.8	9.2	85.5	801
Wealth Quintile					
Lowest	0.0	0.0	0.0	100.0	418
Second	3.3	3.7	2.5	95.6	299
Middle	11.7	11.4	7.8	84.7	231
Fourth	23.5	22.2	17.4	71.7	171
Highest	38.7	38.2	33.9	57.0	153
Living Arrangement					
Living alone	3.4	3.0	2.0	95.6	86
With spouse	12.6	14.6	11.9	84.6	122
Others	9.2	8.9	7.1	89.0	1,067
Total	9.2	9.0	7.2	89.0	1,275

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

Income (in Rupees)	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
No income*	28.6	68.3	49.7	23.9	59.1	42.6	27.1	65.3	47.4
≤12,000	17.5	24.4	21.2	10.0	19.6	15.1	15.1	22.8	19.2
12,001–24,000	18.5	2.5	10.0	8.7	4.4	6.4	15.3	3.1	8.8
24,001–50,000	20.5	3.1	11.3	13.6	5.8	9.5	18.2	4.0	10.7
50,001+	14.2	1.7	7.5	42.5	11.1	25.8	23.5	4.8	13.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean	31,371	4,535	17,048	57,333	13,296	33,818	39,897	7,414	22,558
Number of elderly	294	347	641	300	330	630	598	677	1,275

*No income includes don't know/no response

Table A 3.7: Percentage of elderly by sources of current personal income according to place of residence and sex, West Bengal 2011

Sources of Income*	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Salary/Wages	28.7	5.8	16.5	17.6	6.9	11.9	25.0	6.2	15.0
Employer's pension (government or other)	5.8	2.8	4.2	35.8	6.8	20.4	15.7	4.1	9.5
Social pension (old age/widow)	9.7	20.9	15.7	6.8	14.6	10.9	8.8	18.8	14.1
Agricultural/Farm income	26.5	1.2	13.0	0.0	0.0	0.0	17.8	0.8	8.8
Other sources of income	11.8	4.9	8.1	24.1	15.5	19.5	15.8	8.4	11.9
No income	28.6	68.3	49.7	23.9	59.1	42.6	27.1	65.3	47.4
Number of elderly	296	347	643	302	330	632	598	677	1,275

* Multiple sources of income

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

Proportion of Contribution	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
No income/ No contribution	28.6	68.3	49.7	23.9	59.1	42.6	27.1	65.3	47.4
<40%	12.8	14.9	13.9	14.7	17.5	16.2	13.4	15.7	14.7
40-60%	14.2	5.0	9.3	12.0	6.4	9.0	13.5	5.5	9.2
60-80%	11.1	3.2	6.9	9.8	2.7	6.0	10.7	3.0	6.6
80+	31.6	7.7	18.9	38.3	10.5	23.5	33.8	8.6	20.4
Don't know/ No answer	0.0	0.2	0.1	0.0	0.9	0.5	0.0	0.5	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	296	347	643	302	330	632	598	677	1,275

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

	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Financial Dependence									
Fully dependent	46.0	77.7	62.9	34.3	70.3	53.4	42.1	75.3	59.7
Partially dependent	36.0	16.2	25.5	36.2	21.7	28.5	36.0	18.0	26.5
Not dependent	18.1	6.1	11.7	29.5	8.0	18.1	21.9	6.7	13.8
Don't know/ No answer	NA	NA	NA	NA	NA	NA	NA	NA	NA
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Source of Economic Support									
Son	64.8	67.0	66.0	54.8	61.6	58.4	61.5	65.3	63.5
Spouse	3.5	4.5	4.1	1.5	8.0	5.0	2.8	5.7	4.4
Daughter	1.4	2.5	2.0	4.2	1.7	2.9	2.3	2.3	2.3
Others	12.2	19.8	16.3	10.0	20.7	15.7	11.5	20.1	16.1
Not dependent on anyone	18.1	6.1	11.7	29.5	8.0	18.1	21.9	6.7	13.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	296	347	643	302	330	632	598	677	1,275

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

Background Characteristic	Alone	Spouse Only	Spouse, Children and Grandchildren	Children and Grandchildren	Others	Total	Number of Elderly
Age Group							
60-69	6.2	9.7	44.2	25.6	14.3	100.0	794
70-79	6.7	8.8	31.0	42.1	11.4	100.0	359
80+	6.2	5.5	23.2	46.3	18.8	100.0	122
Sex							
Men	1.6	13.7	61.6	9.9	13.3	100.0	598
Women	10.5	5.0	18.1	51.9	14.4	100.0	677
Residence							
Rural	7.3	10.2	37.4	31.9	13.3	100.0	643
Urban	4.4	6.8	40.8	32.9	15.1	100.0	632
Marital Status							
Currently married	0.1	16.5	72.5	0.0	10.9	100.0	669
Widowed	13.5	0.0	0.0	71.6	14.9	100.0	560
Others	(11.3)	(9.9)	(0.0)	(29.7)	(49.1)	(100.0)	46
Education							
None	8.8	7.1	25.9	46.1	12.2	100.0	604
1-4 years	4.0	15.2	42.3	23.9	14.6	100.0	172
5-7 years	4.9	4.1	45.4	29.3	16.4	100.0	153
8+ years	3.5	11.6	57.5	11.7	15.7	100.0	346

Contd...

Background Characteristic	Alone	Spouse Only	Spouse, Children and Grandchildren	Children and Grandchildren	Others	Total	Number of Elderly
Employment							
Never worked	7.8	5.6	19.7	51.9	15.0	100.0	563
Previously worked	2.5	8.9	52.0	21.9	14.7	100.0	409
Currently working	8.7	15.8	55.2	9.7	10.7	100.0	303
Religion							
Hindu	5.5	8.8	40.1	31.5	14.2	100.0	1,037
Muslim	10.4	9.6	31.4	36.0	12.6	100.0	235
Others	*	*	*	*	*	100.0	3
Caste/Tribe							
SC/ST	6.4	11.5	35.5	33.7	12.9	100.0	377
OBC	0.8	5.2	46.3	31.2	16.6	100.0	97
Others	7.0	8.2	39.2	31.5	14.1	100.0	801
Wealth Quintile							
Lowest	12.9	10.6	29.7	34.6	12.3	100.0	418
Second	2.4	11.1	37.7	34.9	13.9	100.0	299
Middle	1.2	6.0	47.2	27.4	18.2	100.0	231
Fourth	2.2	6.8	53.3	26.1	11.6	100.0	171
Highest	4.5	6.2	42.9	30.8	15.5	100.0	153
Total	6.3	9.1	38.6	32.1	13.9	100.0	1,275

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

		Preferred Living Arrangement			
		Alone	Spouse Only	Children and Others	Total
Present Living Arrangement	**Men**				
	Alone	36.4	0.0	0.9	1.6
	Spouse only	17.0	35.3	4.1	13.7
	Children and others	46.7	64.7	94.9	84.7
	Total	100.0	100.0	100.0	100.0
	Women				
	Alone	66.7	7.4	6.5	10.5
	Spouse only	5.6	26.0	1.9	5.0
	Children and others	27.7	66.6	91.7	84.5
	Total	100.0	100.0	100.0	100.0
	Total				
	Alone	58.8	2.3	4.1	6.3
	Spouse only	8.6	32.4	2.8	9.1
	Children and others	32.7	65.3	93.0	84.6
	Total	100.0	100.0	100.0	100.0

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

Background Characteristics	No Meeting	No Communication	No. of Elderly
Age Group			
60-69	9.3	24.4	593
70-79	13.0	42.7	302
80+	16.8	43.3	100
Sex			
Men	8.0	24.2	438
Women	13.6	37.8	557
Residence			
Rural	9.2	34.8	539
Urban	15.7	24.7	456
Marital Status			
Currently married	8.4	24.8	514
Widowed	14.4	39.4	469
Others	*	*	12
Education			
None	11.0	38.6	494
1-4 years	10.1	34.1	144
5-7 years	12.4	22	118
8+ years	11.5	2.0	239
Employment			
Never worked	13.7	40.0	462
Previously worked	12.3	31.2	313
Currently working	4.2	22.0	220
Religion			
Hindu	10.6	30.2	789
Muslim	13.7	38.4	205
Others	*	*	1
Caste/Tribe			
SC/ST	8.7	35.8	306
OBC	10.0	27.3	85
Others	12.8	30.0	604
Wealth Quintile			
Lowest	10.5	39.1	352
Second	8.0	36.2	237
Middle	10.0	24.2	184
Fourth	14.6	18.3	123
Highest	23.7	14.1	99
Total	11.2	31.8	995

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

	Age Group			
	60-69	70-79	80+	Total
Taking care of Grandchildren	46.9	45.6	40.0	45.9
Cooking/Cleaning	43.5	29.8	17.6	37.2
Shopping for Household	62.8	43.6	25.6	53.9
Payment of Bills	41.6	24.8	13.2	34.2
Advice to Children	70.3	59.6	49.0	65.3
Settling Disputes	67.8	53.2	33.2	60.4
No. of Elderly	794	359	122	1,275

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

Main Reason for Not Going Out More	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Health problems	*	*	(46.3)	*	*	*	(36.2)	(56.0)	44.8
Safety concerns	*	*	(3.3)	*	*	*	(4.5)	(2.5)	3.6
Financial problems	*	*	(39.8)	*	*	*	(42.9)	(39.5)	41.4
Not allowed by family	*	*	(5.6)	*	*	*	(9.3)	(2.0)	6.1
Nobody to accompany	*	*	(2.9)	*	*	*	(4.1)	(0.0)	2.3
Others	*	*	(2.2)	*	*	*	(3.0)	(0.0)	1.7
Don't know/No answer	*	*	(NA)	*	*	*	(NA)	(NA)	NA
Total	*	*	(100.0)	*	*	*	(100.0)	(100.0)	100.0
Number of elderly	28	22	50	10	11	21	38	33	71

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

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

Background Characteristics	After Age 60	Last One Month	Number of Elderly
Age Group			
60-69	7.6	3.5	794
70-79	7.9	2.8	359
80+	6.4	1.2	122
Sex			
Men	7.2	3.1	598
Women	7.9	3.0	677
Residence			
Rural	8.7	3.1	643
Urban	5.1	2.9	632

Contd...

Background Characteristics	After Age 60	Last One Month	Number of Elderly
Marital Status			
Currently married	5.6	3.0	669
Widowed	9.3	3.2	560
Others	(15.3)	(3.2)	46
Education			
None	9.5	3.8	604
1-4 years	10.2	4.7	172
5-7 years	6.0	2.3	153
8+ years	3.0	1.1	346
Employment			
Never worked	7.6	3.0	563
Previously worked	7.0	3.6	409
Currently working	8.2	2.4	303
Religion			
Hindu	7.3	3.0	1,037
Muslim	8.9	3.5	235
Others	0.0	0.0	3
Caste/Tribe			
SC/ST	6.1	2.6	377
OBC	5.5	1.4	97
Others	8.7	3.5	801
Wealth Quintile			
Lowest	11.8	4.7	418
Second	7.3	2.5	299
Middle	4.5	2.5	231
Fourth	3.7	0.9	171
Highest	1.7	1.7	153
Living Arrangement			
Alone	20.7	3.9	83
Spouse only	10.1	3.6	117
Spouse, children and grandchildren	5.2	3.1	479
Children and grand children	8.5	2.8	416
Others	4.1	2.6	180
Total	7.5	3.0	1,275

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

Self Rated Health	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Current Health									
Excellent	NA	NA	NA	NA	NA	NA	NA	NA	NA
Very good	2.6	1.0	1.7	7.8	4.5	6.0	4.3	2.2	3.2
Good	17.9	14.3	16.0	23.9	21.6	22.7	19.9	16.7	18.2
Fair	49.2	41.3	45.0	50.0	37.6	43.4	49.4	40.1	44.5
Poor	30.4	43.4	37.3	18.4	36.3	27.9	26.4	41.1	34.2
Don't know/No answer	NA	NA	NA	NA	NA	NA	NA	NA	NA
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Current Health Compared to One Year Before									
Better	2.1	1.3	1.7	3.1	2.1	2.5	2.4	1.6	2.0
Same	49.9	42.5	46.0	63.4	47.9	55.2	54.4	44.3	49.0
Worse	47.5	54.9	51.4	32.5	48.7	41.1	42.6	52.9	48.0
Don't know/No answer	0.5	1.3	0.9	1.0	1.4	1.2	0.7	1.3	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Current Health Compared to People of Same Age									
Better	12.2	8.1	10.0	12.0	11.5	11.7	12.1	9.2	10.6
Same	36.8	30.8	33.6	41.1	29.4	34.9	38.2	30.4	34.0
Worse	43.1	49.3	46.4	26.2	36.0	31.4	37.5	44.9	41.5
Don't know/No answer	8.0	11.8	10.0	20.7	23.1	22.0	12.2	15.5	14.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Elderly	296	347	643	302	330	632	598	677	1,275

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

Characteristics	Current Health: Excellent/Very Good	Current Health Compared to One Year Before: Better or Same	Current Health Compared to People of Same Age: Better or Same	Number of Elderly
Age Group				
60-69	3.8	55.8	49.1	794
70-79	2.7	45.2	37.1	359
80+	0.1	36.3	37.2	122
Sex				
Men	4.3	56.8	50.3	296
Women	2.2	45.8	39.6	347
Residence				
Rural	1.7	47.7	43.6	643
Urban	6.0	57.7	46.6	632
Marital Status				
Currently married	4.6	57.4	49.1	669
Widowed	1.4	42.5	39.7	560
Others	(3.9)	(59.6)	(35.4)	46

Contd...

Characteristics	Current Health: Excellent/Very Good	Current Health Compared to One Year Before: Better or Same	Current Health Compared to People of Same Age: Better or Same	Number of Elderly
Education				
None	1.6	43.6	37.9	604
1-4 years	0.9	44.4	50.5	172
5-7 years	1.8	59.1	46.2	153
8+ years	7.8	64.7	53.4	346
Employment				
Never	2.4	46.3	39.7	563
Previously worked	3.6	47.1	41.3	409
Currently working	4.0	64.8	58.0	303
Religion				
Hindu	3.8	53.1	46.2	1,037
Muslim	0.2	40.8	37.3	235
Others	*	*	*	3
Caste/Tribe				
SC/ST	2.0	45.8	41.8	377
OBC	1.7	48.3	47.3	97
Others	4.0	54.3	45.8	801
Wealth Quintile				
Lowest	0.0	43.8	37.8	418
Second	3.1	45.4	42.0	299
Middle	3.6	59.2	54.8	231
Fourth	4.7	59.0	52.5	171
Highest	12.8	69.8	50.8	153
Living Arrangement				
Living alone	0.0	39.2	35.1	86
Living with spouse	0.8	52.2	36.9	122
Living with all others	3.7	51.7	46.2	1,067
Total	3.2	51.0	44.6	1,275

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

Type of ADL	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Bathing	7.1	12.2	9.8	4.1	8.5	6.4	6.1	11.0	8.7
Dressing	5.3	4.0	4.6	2.6	10.5	6.8	4.4	6.1	5.3
Toilet	3.0	6.2	4.7	1.9	5.7	3.9	2.6	6.0	4.4
Mobility	1.7	2.2	2.0	1.9	4.0	3.0	1.7	2.8	2.3
Continence	4.3	3.9	4.1	3.4	7.5	5.6	4.0	5.1	4.6
Feeding	0.4	1.1	0.8	0.4	1.7	1.1	0.4	1.3	0.9
Needs at least one assistance	11.1	14.0	12.7	7.3	13.5	10.6	9.9	13.8	12.0
Needs full assistance	0.3	0.5	0.4	0.4	1.4	0.9	0.3	0.8	0.6
Number of elderly	296	347	643	302	330	632	598	677	1,275

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

Type of Activity	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Use of Phone	34.6	52.5	44.1	13.5	28.6	21.5	27.6	44.7	36.7
Shopping	65.1	91.5	79.1	49.8	88.0	70.1	60.1	90.3	76.2
Preparation of meals	96.0	66.7	80.4	87.3	63.0	74.4	93.1	65.5	78.4
Housekeeping tasks	21.2	23.2	22.2	16.7	21.8	19.4	19.7	22.7	21.3
Laundry	61.9	34.1	47.1	57.5	38.1	47.2	60.5	35.4	47.2
Travel independently	31.6	48.0	40.3	20.7	39.9	30.9	28.0	45.3	37.2
Dispensing own medicines	49.7	67.6	59.2	33.8	41.4	37.9	44.5	59.0	52.2
Handling finances	18.9	56.0	38.6	11.2	44.6	28.9	16.4	52.3	35.4
Can perform none	5.4	9.8	7.8	1.9	8.4	5.4	4.3	9.4	7.0
1-3	28.3	35.7	32.3	18.6	25.3	22.2	25.1	32.3	28.9
4-5	37.1	35.0	36.0	30.3	31.0	30.7	34.8	33.7	34.2
6-7	26.7	16.8	21.4	43.2	28.2	35.2	32.1	20.5	26.0
Can perform all	2.5	2.7	2.6	6.0	7.2	6.6	3.6	4.2	3.9
Number of elderly	296	347	643	302	330	632	598	677	1,275

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

Background Characteristics	ADL			IADL				
	Needs Assistance in at Least One Activity	Needs Assistance in at Least Three Activities	Need Assistance in All Activities	Can Perform No Activity	Can Perform All Activities	Can Perform 1-3 Activities	Can Perform 4-7 Activities	Number of Elderly
Age Group								
60-69	6.5	1.9	0.2	2.8	5.5	20.1	71.6	794
70-79	16.1	4.6	0.8	10.2	1.3	40.8	47.7	359
80+	36.2	13.0	2.7	25.2	1.3	51.9	21.6	122
Sex								
Men	9.9	2.4	0.3	4.3	3.6	25.1	67.0	598
Women	13.8	4.8	0.8	9.4	4.2	32.3	54.2	677
Residence								
Rural	12.7	3.6	0.4	7.8	2.6	32.3	57.4	643
Urban	10.6	3.9	0.9	5.4	6.6	22.2	65.9	632
Marital Status								
Currently married	9.4	2.6	0.3	4.7	3.8	21.6	69.9	669
Widowed	15.3	5.0	1.0	10.0	4.2	38.8	47.0	560
Others	(9.5)	(3.0)	(0.0)	(2.9)	(2.1)	(16.6)	(78.5)	46

Contd...

Background Characteristics	ADL			IADL				
	Needs Assistance in at Least One Activity	Needs Assistance in at Least Three Activities	Need Assistance in All Activities	Can Perform No Activity	Can Perform All Activities	Can Perform 1-3 Activities	Can Perform 4-7 Activities	Number of Elderly
Wealth Quintile								
Lowest	14.6	3.9	0.2	7.6	2.4	35.4	54.6	418
Second	12.5	3.0	0.8	8.2	2.7	29.7	59.4	299
Middle	10.6	4.5	0.0	6.3	4.2	22.3	67.2	231
Fourth	6.1	4.5	1.9	7.0	4.1	19.9	69.1	171
Highest	9.8	2.2	0.8	2.6	12.6	23.9	60.9	153
Living Arrangement								
Alone	10.0	0.9	0.0	0.7	12.0	19.4	67.9	86
Spouse only	9.8	5.1	0.6	1.2	5.7	20.0	73.1	122
Children and others	12.4	3.7	0.6	8.1	3.1	30.7	58.1	1,067
Total	12.0	3.7	0.6	7.0	3.9	28.9	60.2	1,275

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

Type of Disabilities	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Vision									
Full	12.9	15.2	14.1	17.2	22.7	20.2	14.4	17.7	16.1
Partial	65.0	65.5	65.3	61.8	53.2	57.3	64.0	61.5	62.6
Hearing									
Full	3.7	4.0	3.9	3.5	2.3	2.9	3.7	3.5	3.6
Partial	27.4	34.0	30.9	26.3	19.5	22.7	27.0	29.2	28.2
Walking									
Full	5.4	6.2	5.8	7.2	7.4	7.3	6.0	6.6	6.3
Partial	36.6	40.3	38.6	26.4	29.1	27.8	33.3	36.6	35.0
Chewing									
Full	5.1	6.8	6.0	9.2	8.7	8.9	6.4	7.4	7.0
Partial	39.6	34.6	36.9	26.3	20.0	23.0	35.2	29.8	32.3
Speaking									
Full	1.0	2.0	1.6	0.4	0.4	0.4	0.8	1.5	1.2
Partial	23.3	21.3	22.3	13.6	11.0	12.2	20.1	17.9	19.0
Memory									
Full	3.9	3.1	3.5	0.9	2.3	1.7	2.9	2.8	2.9
Partial	45.8	39.0	42.2	21.3	22.2	21.8	37.7	33.5	35.5
Number of elderly	296	347	643	302	330	632	598	677	1,275

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

Background Characteristics	Vision	Hearing	Walking	Chewing	Speaking	Memory	Number of Elderly
Age Group							
60-69	75.4	24.7	36.7	35.1	16.6	36.1	794
70-79	83.7	39.5	45.5	43.7	22.9	37.9	359
80+	85.8	55.6	60.2	53.6	35.4	54.5	122
Sex							
Men	78.3	30.7	39.3	41.6	21.0	40.7	598
Women	79.1	32.7	43.2	37.2	19.4	36.3	677
Residence							
Rural	79.4	34.8	44.4	42.9	23.8	45.7	643
Urban	77.4	25.6	35.1	31.9	12.6	23.5	632
Marital Status							
Currently married	77.1	27.4	39.6	38.2	19.8	36.7	669
Widowed	81.7	38.0	45.0	41.3	21.3	41.0	560
Others	(65.3)	(20.0)	(20.7)	(29.6)	(8.9)	(29.4)	46
Caste/Tribe							
SC/ST	79.9	35.0	43.8	40.7	21.3	36.8	377
OBC	84.6	48.6	48.3	36.3	19.8	39.8	97
Others	77.3	27.7	39.0	38.9	19.5	39.0	801
Wealth Quintile							
Lowest	78.6	31.3	43.9	40.1	21.3	43.3	418
Second	78.0	40.4	47.6	42.1	24.3	45.9	299
Middle	77.8	30.6	44.5	46.5	21.6	33.4	231
Fourth	79.8	30.0	32.2	33.0	16.1	28.3	171
Highest	81.9	16.2	21.3	24.0	7.3	20.4	153

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

Form of Assistance	Sex		Residence			Number of Elderly
	Men	Women	Rural	Urban	Total	
Spectacles/Lenses	39.9	37.8	33.0	50.7	38.8	1001
Hearing aids	0.9	0.8	0.6	1.4	0.9	390
Walking sticks	6.5	5.5	7.0	3.8	6.0	516
Denture	2.3	1.5	1.0	3.6	1.8	483

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

Mental Health Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
GHQ-12 (Score 0-36)									
Scores below the threshold level of ≤12	25.3	24.4	24.8	38.2	31.3	34.5	29.5	26.7	28.0
Mean score	15.7	16.6	16.2	14.5	15.5	15.0	15.3	16.2	15.8
Number of elderly	296	347	643	302	330	632	598	677	1,275
SUBI-9 (Score 9-27)									
Mean score	21.2	22.3	21.8	19.5	21.2	20.4	20.7	21.9	21.3
Number of elderly	296	347	643	302	330	632	598	677	1,275

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

SUBI-9 Items (Well Being/ Ill Being)	Age Group								
	60-69			70-79			80 Years and Above		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
At least one negative	73.9	82.6	78.3	83.8	84.1	84.0	(82.7)	93.7	89.1
All negative	2.7	7.0	4.9	2.0	8.3	5.5	(6.2)	4.2	5.1
All positive	0.3	0.3	0.3	0.0	0.0	0.0	(0.0)	0.0	0.0
Mean score	20.3	21.7	21.0	21.0	22.2	21.6	(22.0)	22.9	22.5
Number of elderly	386	408	794	164	195	359	48	74	122

Note: Category totals may not add up to entire sample of 1,275 elderly due to non-response.

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

Number of Words	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
None to 2	19.1	31.9	25.9	20.6	34.8	28.2	19.6	32.9	26.6
3 to 5	72.1	65.0	68.3	68.1	62.0	64.8	70.8	64.0	67.2
6 to 8	8.9	3.1	5.8	10.9	3.3	6.8	9.5	3.2	6.1
More than 8	NA	NA	NA	0.4	0.0	0.2	0.1	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean number of immediately recalled words	3.6	3.1	3.3	3.7	3.1	3.4	3.6	3.1	3.3
Number of elderly	296	347	643	302	330	632	598	677	1,275

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

Type of Substance	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Current Use									
Smoking	41.6	1.5	20.2	24.3	0.8	11.8	35.9	1.3	17.5
Alcohol consumption	1.7	0.0	0.8	1.9	0.0	0.9	1.8	0.0	0.8
Chewing tobacco	19.2	36.9	28.6	15.0	20.5	17.9	17.8	31.5	25.1
Any of the three risk behaviours	56.4	38.0	46.6	37.5	21.4	28.9	50.1	32.6	40.8
Ever Use									
Smoking	49.4	1.5	23.9	32.4	0.8	15.6	43.8	1.3	21.2
Alcohol consumption	10.8	0.2	5.2	6.2	0.0	2.9	9.3	0.1	4.4
Chewing tobacco	24.3	40.4	32.8	16.7	23.3	20.2	21.8	34.8	28.7
Number of Elderly	296	347	643	302	330	632	598	677	1,275

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

Health Check-Ups	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Undergoes Routine Check-Up	22.1	27.1	24.8	28.4	34.4	31.6	24.2	29.5	27.0
No. of elderly	296	347	643	302	330	632	598	677	1,275
Frequency for Medical Check-Ups									
Weekly/ Fortnightly	27.0	17.9	21.7	16.4	10.1	12.8	22.9	14.9	18.2
Monthly	47.5	65.6	58.0	49.0	63.5	57.4	48.1	64.8	57.8
Half-Yearly and more	22.6	16.6	19.1	34.6	26.3	29.8	27.3	20.3	23.2
DK/NA	2.9	0.0	1.2	0.0	0.1	0.1	1.8	0.1	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Elderly	67	87	154	78	106	184	145	193	338

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

Acute Morbidity	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Prevalence rate	31.2	32.8	32.0	11.3	15.4	13.5	24.6	27.1	25.9
Number of elderly	296	347	643	302	330	632	598	677	1,275
Mean number of episode per sick person	1.1	1.2	1.1	1.2	1.0	1.1	1.1	1.1	1.1
Number of elderly reporting acute morbidity	88	111	199	34	53	87	122	164	286

Table A 5.15: Prevalence rate (per 1000) of the elderly reporting any acute morbidity according to select background characteristics, West Bengal 2011

Background Characteristics	Prevalence Rate	Number of Elderly
Age Group		
60-69	242	794
70-79	270	359
80+	339	122
Sex		
Men	246	598
Women	271	677
Residence		
Rural	320	643
Urban	135	632
Marital Status		
Currently married	232	669
Widowed	297	560
Others	(192)	46
Caste/Tribe		
SC/ST	273	377
OBC	325	97
Others	243	801
Wealth Quintile		
Lowest	360	418
Second	289	299
Middle	159	231
Fourth	149	171
Highest	90	153
Living Arrangement		
Alone	330	86
Spouse only	231	122
Children and others	257	1,067
Total	259	1,275

Table A 5.16: Per cent distribution of last episode of acute morbidities pattern among elderly by sex and place of residence, West Bengal 2011

Morbidities	Sex		Place of Residence		Total
	Men	Women	Rural	Urban	
Fever	24.2	26.1	26.6	18.8	25.3
Cough & cold	12.8	9.7	2.3	5.1	11.1
Blood pressure	8.9	11.3	10.4	9.1	10.2
Diarrhoea	6.5	8.1	7.2	8.3	7.4
Sugar/Diabetes	5.9	2.8	4.6	2.1	4.2
Gastric	2.2	3.1	2.4	4.3	2.7
Headache	3.6	1.9	2.6	2.9	2.7
Arthritis	1.4	2.7	1.8	3.9	2.1
Asthma	2.5	1.8	2.2	1.5	2.1
Leg problem	0.8	1.2	1.2	0.1	1.0
Others	28.5	28.6	26.0	41.1	28.6
Don't know/ No response	2.7	2.8	2.7	2.8	2.7
Number of elderly	122	164	199	87	286

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

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

Place of Residence	Men	Women	Total	Number of Episodes
Rural	92.5	89.0	90.6	199
Urban	99.7	78.3	86.7	87
Total	93.6	87.0	89.9	286
Number of episodes	122	164	286	

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

Source of Treatment	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Government health facilities	19.1	15.6	17.2	(15.7)	(33.2)	25.3	18.6	18.5	18.5
Private physicians	19.5	25.1	22.5	(40.0)	(49.9)	45.4	22.7	29.3	26.2
AYUSH hospital/Clinic	0.6	0.0	0.3	(0.0)	(2.8)	1.6	0.5	0.5	0.5
Others	60.9	59.3	60.0	(44.4)	(14.1)	27.8	58.2	51.8	54.8
Total	100.0	100.0	100.0	(100.0)	(100.0)	100.0	100.0	100.0	100.0
Number of elderly who sought treatment	83	99	182	33	42	75	116	141	257

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

Background Characteristics	Source of Treatment					
	Government Health Facilities	Private Physicians	AYUSH Hospital/ Clinic	Others	Total	Number of Elderly
Age Group						
60-69	19.6	26.7	0.0	53.7	100.0	147
70-79	19.2	24.4	1.6	54.8	100.0	79
80+	(11.8)	(28.6)	(0.0)	(59.6)	(100.0)	31
Sex						
Men	18.6	22.7	0.5	58.2	100.0	116
Women	18.5	29.3	0.5	51.8	100.0	141
Residence						
Rural	17.2	22.5	0.3	60.0	100.0	182
Urban	25.3	45.4	1.6	27.8	100.0	75
Caste/Tribe						
SC/ST	31.2	21.8	0.0	47.1	100.0	84
OBC	(10.9)	(26.7)	(0.0)	(62.4)	(100.0)	28
Others	11.9	28.9	0.9	58.3	100.0	145
Wealth Quintile						
Lowest	19.6	23.8	0.4	56.1	100.0	123
Second	15.3	22.7	0.9	61.2	100.0	72
Middle	(16.9)	(32.1)	(0.0)	(51.0)	(100.0)	28
Fourth	*	*	*	*	*	20
Highest	*	*	*	*	*	13
No. of Elderly	18.6	26.1	0.5	54.9	100.0	257

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

Table A 5.20: Average expenditure made for treatment of acute morbidities according to major heads and source of treatment, West Bengal 2011

Average Expenditure by Major Heads:	For Last 15 Days Expenditure				
	Govt. Health Facility	Private Physicians	Others	Total	No. of Episodes
Total Average Expenses	666	1,789	360	780	257
% Distribution by item of expenses (based on the valid cases for which component wise details were available)					
Consultation	7.2	12.3	10.7	11.1	243
Medicines	45.0	38.5	59.9	44.3	243
Diagnostic tests	30.9	30.4	20.7	28.4	243
Transportation	11.4	9.2	6.1	8.9	243
Others	5.4	9.5	2.5	7.3	243

Note: Out of 286 episodes of acute morbidity, treatment was sought only for 257 cases. For item wise expenses, there were 243 valid cases, hence percentages have been worked only for these valid cases.

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

Source of Payment	Men	Women	Total
Self	43.9	15.4	28.4
Spouse	3.3	5.7	4.6
Children	38.2	59.3	49.7
Relatives/Friends/Insurance/Others	14.6	19.7	17.4
Total	100.0	100.0	100.0
Number of elderly who sought treatment	116	141	257

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

Chronic Ailments	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
High blood pressure	175	252	216	255	311	285	201	272	239
Arthritis	149	305	232	146	201	175	148	271	213
Cataract	162	163	163	148	170	160	157	165	162
Loss of all natural teeth	174	174	174	184	86	132	177	145	160
Heart disease	96	76	85	93	59	75	95	70	82
Diabetes	62	66	64	123	85	103	82	73	77
Injury due to fall	41	65	54	16	74	47	33	68	52
Asthma	61	12	35	58	38	47	60	21	39
Cerebral stroke	48	17	32	20	29	25	38	21	29
Liver diseases	32	19	25	35	38	37	33	25	29
Alzheimer's disease	25	39	33	4	13	8	18	30	25
Accidental injury	31	23	27	10	6	8	24	18	21
Depression	9	11	10	19	27	24	13	17	15
Paralysis	15	15	15	6	20	13	12	17	14
Osteoporosis	11	14	13	0	9	5	7	12	10
Skin disease	15	9	12	4	7	6	12	8	10
Renal diseases	2	11	7	4	3	4	3	9	6
Chronic lung disease	4	0	2	4	9	7	4	3	3
Dementia	3	1	2	0	10	6	2	4	3
Cancer	0	3	1	0	0	0	0	2	1
No chronic ailments	387	274	327	400	367	382	391	305	345
One or more chronic ailments	613	726	673	600	633	618	609	695	655
Average number of chronic ailments per elderly	1.1	1.3	1.2	1.1	1.2	1.2	1.1	1.3	1.2
Number of elderly	296	347	643	302	330	632	598	677	1,275

Table A 5.23: Prevalence rate (per 1,000) of common chronic morbidities among the elderly according to selected background characteristics, West Bengal 2011

Background Characteristics	High Blood Pressure	Arthritis	Cataract	Loss of All Natural Teeth	Heart Disease	Diabetes	Injury Due to Fall	At Least One	Number of Elderly
Age Group									
60-69	206	218	120	127	78	73	52	609	794
70-79	279	212	225	200	104	86	48	730	359
80+	333	188	246	261	39	74	62	732	122
Sex									
Men	201	148	157	177	95	82	33	609	598
Women	272	271	165	145	70	73	68	695	677
Residence									
Rural	216	232	163	174	85	64	54	673	643
Urban	285	175	160	132	75	103	47	618	632
Marital Status									
Currently married	207	171	139	173	91	79	44	626	669
Widowed	284	270	187	150	71	76	62	702	560
Others	(156)	(157)	(189)	(79)	(81)	(64)	(30)	(490)	46
No. of Elderly	239	213	162	160	82	77	52	290	1,275

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

Chronic Morbidities	Sex		Residence		Total	Number of Elderly
	Men	Women	Rural	Urban		
High blood pressure	92.2	90.1	90.1	92.2	90.9	300
Arthritis	88.0	78.4	79.9	86.0	81.5	253
Cataract	52.7	45.8	45.7	55.6	48.9	198
Loss of all natural teeth	43.1	29.8	36.3	37.6	36.7	183
Heart disease	89.3	88.2	88.6	89.4	88.8	106
Diabetes	76.6	94.6	82.9	89.1	85.6	99
Injury due to fall	100.0	82.0	88.4	85.1	87.4	57

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

Chronic Morbidities	Reasons for Not Receiving Any Treatment								
	Condition Improved	No Medical Facility Available in Neighborhood	Facilities Available But Lack of Faith	Long Waiting Time	Financial Reasons	Ailment not Considered Serious	Others	Total	Number of Elderly
High blood pressure	(4.4)	(3.2)	(0.0)	(4.1)	(76.6)	(11.7)	(0.0)	(100.0)	26
Arthritis	(8.5)	(4.6)	(0.0)	(0.0)	(46.8)	(40.2)	(0.0)	(100.0)	43
Cataract	37.2	0.6	1.1	0.8	49.7	7.3	3.3	100.0	101
Loss of all natural teeth	9.8	1.2	0.0	0.0	23.5	64.8	0.8	100.0	114
Heart disease	*	*	*	*	*	*	*	*	15
Diabetes	*	*	*	*	*	*	*	*	10
Injury due to fall	*	*	*	*	*	*	*	*	7

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

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

Source of Payment	High Blood Pressure		Arthritis		Cataract		Loss of All Natural Teeth		Heart Disease		Diabetes		Injury Due to Fall	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Self	61.7	19.2	66.5	13.6	(46.5)	(1.8)	(58.2)	*	(51.3)	(6.4)	(80.7)	(19.6)	*	(10.9)
Spouse	0.0	10.4	1.0	12.1	(4.3)	(15.5)	(0.0)	*	(0.0)	(8.5)	(0.0)	(16.6)	*	(16.1)
Children	36.6	66.8	31.4	71.0	(48.0)	(80.4)	(39.0)	*	(46.4)	(85.1)	(17.9)	(61.7)	*	(70.5)
Relatives/ Friends/ Insurance/ Others	1.7	3.6	1.2	3.3	(1.3)	(2.3)	(2.8)	*	(2.3)	(0.0)	(1.5)	(2.2)	*	(2.6)
Total	100.0	100.0	100.0	100.0	(100.0)	(100.0)	(100.0)	*	(100.0)	(100.0)	(100.0)	(100.0)	*	(100.0)
Number of elderly	105	165	72	130	37	42	35	24	49	40	44	43	15	34

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

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

Morbidities	Sex		Place of Residence		Total
	Men	Women	Rural	Urban	
Diarrhoea	6.1	16.8	13.6	8.8	12.3
Cataract & other eye surgery	8.0	14.1	11.4	11.8	11.5
Accidental injury	19.7	4.8	13.7	4.6	11.1
Heart disease and chest pain	11.6	5.2	6.0	12.5	7.9
Typhoid, malaria and fever	6.3	8.3	9.4	2.4	7.4
Renal and kidney disease	9.3	4.1	4.9	9.8	6.3
Hypertension	1.6	7.5	4.4	6.5	5.0
Asthma	5.9	1.7	3.0	4.8	3.5
Hernia	4.5	1.3	0.0	9.2	2.6
Lung diseases	0.0	4.3	1.8	4.2	2.5
Liver disease	2.2	2.2	1.8	3.2	2.2
Paralysis, cerebral stroke and thrombus	0.0	3.8	3.0	0.2	2.2
Gastric	2.9	1.5	2.9	0.0	2.1
Cancer and tumour	2.1	1.6	2.5	0.0	1.8
Brain disease	0.0	3.1	0.0	6.1	1.8
Abdomen ailment	0.1	2.9	2.3	0.2	1.7
Arthritis	3.5	0.0	2.1	0.0	1.5
Spinal and neurological disorders	0.0	2.1	1.7	0.0	1.2
Piles	0.0	1.8	1.4	0.2	1.1
Diabetes	1.7	0.0	0.0	2.5	0.7
Others	7.8	5.7	7.6	4.1	6.6
Do not know/No response	7.0	7.3	6.5	8.9	7.2
Total	100.0	100.0	100.0	100.0	100.0
Number of elderly	53	67	63	57	120

Table A 5.28: Per cent distribution of elderly by source of hospitalization care (last episode) according to place of residence and sex, West Bengal 2011

Type of Hospitals	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Government	(60.3)	(63.0)	61.9	(64.0)	(67.0)	65.5	61.6	64.0	62.9
Private	(28.4)	(35.1)	32.5	(31.7)	(33.0)	32.4	29.5	34.6	32.4
AYUSH hospital/ Clinic	(0.0)	(1.9)	1.2	(0.0)	(0.0)	0.0	0.0	1.4	0.8
Others*	(11.3)	(0.0)	4.5	(4.4)	(0.0)	2.2	9.0	0.0	3.8
Total	(100.0)	(100.0)	100.0	(100.0)	(100.0)	100.0	100.0	100.0	100.0
Mean length of stay	(8.5)	(10.1)	9.5	(19.3)	(5.6)	12.4	12.1	9.0	10.3
Number of hospitalization cases	25	38	63	28	29	57	53	67	120

Note: () Based on 25-49 unweighted cases
*Others include charitable/missionary, NGO-run hospital, and other health facilities

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

Source of Payment	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Self	(41.9)	(9.3)	22.2	(36.6)	(8.2)	22.3	40.1	9.0	22.3
Spouse	(6.6)	(14.9)	11.6	(4.4)	(9.1)	6.8	5.9	13.4	10.2
Children	(37.6)	(67.8)	55.8	(46.3)	(69.9)	58.2	40.5	68.3	56.5
Relatives/Friends/ Insurance/Others	(13.9)	(8.1)	10.4	(12.7)	(12.9)	12.8	13.5	9.3	11.1
Total	(100.0)	(100.0)	100.0	(100.0)	(100.0)	100.0	100.0	100.0	100.0
Number of elderly	25	38	63	28	29	57	53	67	120

Table A 6.1: Per cent distribution of elderly aware of national social security schemes according to place of residence, sex and BPL and non-BPL households, West Bengal 2011

Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Elderly Belonging to BPL Households									
IGNOAPS	72.6	43.7	56.5	69.5	39.8	51.6	72.0	42.9	55.6
Annapurna scheme	31.9	20.2	25.4	36.2	13.9	22.8	32.7	18.9	24.9
IGNWPS	68.7	81.2	75.6	71.4	81.4	77.4	69.2	81.2	76.0
Number of Elderly	122	164	286	69	89	158	191	253	444
Elderly Belonging to APL Households									
IGNOAPS	78.9	45.6	61.8	72.9	41.9	56.9	76.4	44.1	59.8
Annapurna Scheme	41.7	21.1	31.1	30.2	19.7	24.8	37.0	20.5	28.5
IGNWPS	78.8	69.2	73.9	75.1	66.7	70.8	77.3	68.2	72.6
Number of elderly	168	176	344	226	237	463	394	413	807
All									
IGNOAPS	76.4	45.1	59.8	72.4	41.4	56.0	75.1	43.9	58.5
Annapurna scheme	37.8	21.1	29.0	32.1	18.5	24.9	35.9	20.3	27.6
IGNWPS	74.6	75.0	74.8	74.3	70.5	72.3	74.5	73.5	74.0
Number of elderly	296	347	643	302	330	632	598	677	1,275

Table A 6.2: Per cent distribution of elderly utilizing national social security schemes according to place of residence, sex and BPL and non-BPL status, West Bengal 2011

Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Elderly Belonging to BPL Households									
IGNOAPS	20.7	10.1	14.8	28.6	4.7	14.2	22.0	9.0	14.6
Annapurna Scheme	15.9	6.8	10.8	4.4	0.1	1.8	13.9	5.4	9.1
Number of elderly	122	164	286	69	89	158	191	253	444
IGNWPS	NA	25.6	25.6	NA	25.2	25.2	NA	25.5	25.5
Number of elderly	-	132	132	-	68	68	-	200	200
Elderly Belonging to APL Households									
IGNOAPS	4.0	0.3	2.1	2.1	2.9	2.5	3.2	1.3	2.3
Annapurna Scheme	0.0	1.7	0.9	0.0	0.0	0.0	0.0	1.0	0.5
Number of elderly	168	176	344	226	237	463	394	413	807
IGNWPS	NA	7.2	7.2	NA	8.7	8.7	NA	7.8	7.8
Number of elderly	-	122	122	-	161	161	-	283	283
All									
IGNOAPS	11.4	5.0	8.0	6.9	3.3	5.0	9.9	4.5	7.0
Annapurna Scheme	6.6	4.0	5.2	0.8	0.0	0.4	4.7	2.7	3.6
Number of elderly	296	347	643	302	330	632	598	677	1,275
IGNWPS	NA	15.9	15.9	NA	12.6	12.6	NA	14.8	14.8
Number of elderly	-	260	260	-	232	232	-	492	492

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

Special Government Facilities/Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Awareness of Facilities/Schemes									
Train ticket concession	26.4	14.1	19.9	55.8	34.7	44.6	36.1	20.9	28.0
Bus seat reservation	18.0	9.5	13.5	28.9	16.4	22.2	21.6	11.8	16.4
Preference for telephone connection	6.6	4.0	5.2	10.3	6.0	8.0	7.8	4.6	6.1
Higher interest for deposits in banks/Post offices	13.3	6.2	9.5	37.4	11.3	23.5	21.3	7.9	14.1
Income tax benefits	6.9	4.7	5.7	21.5	5.8	13.2	11.7	5.0	8.2
MGNREGA	16.0	6.8	11.1	9.4	6.2	7.7	13.8	6.6	10.0
Utilization of Facilities/Schemes									
Train ticket concession	4.7	0.5	2.5	17.6	8.1	12.6	9.0	3.0	5.8
Bus seat reservation	2.5	0.7	1.5	8.2	3.9	5.9	4.3	1.7	3.0
Preference for telephone connection	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Higher interest for deposits in banks/post offices	3.5	0.7	2.0	13.2	3.7	8.2	6.7	1.7	4.0
Income tax benefits	0.3	0.0	0.1	2.5	0.0	1.2	1.0	0.0	0.5
MGNREGA	8.8	1.5	4.9	0.0	0.0	0.0	5.9	1.0	3.3
Number of elderly	296	347	643	302	330	632	598	677	1,275

Table A 6.4: Performance of Indira Awas Yojana (IAY) in West Bengal

Financial	Rs. (Crore)
1. Central allocation	751.29
2. Total availability of fund	812.75
3. Fund utilized	333.41
4. Percentage of fund utilization	41.02
Physical	**Rs. (Crore)**
1. Target	2,19,553.00
2. Houses sanctioned	80,286.00
3. Percentage of houses completed	36.57

Source: Department of Panchayat and Rural Development, Government of West Bengal, 2013, Administrative Record

References

Alam, M., K.S. James, G. Gridhar, K.M. Sathyanarayana, S. Kumar, S. Siva Raju, T.S. Syamala, L. Subaiya, D.W. Bansod, 2012. *"Report on the Status of Elderly in Select States of India, 2011"*, United Nations Population Fund (India), http://india.unfpa.org/drive/AgeingReport_2012_F.pdf

Beteille Andre, 2007. *"The Middle Class"* FREEDOM, Sixty Years after Independence", Art & Heritage Foundationpp, pp 23–52.

Britanica Online Encyclopedia. *"Vanga – History of West Bengal",* downloaded on 06th February 2014. http://www.britanica.com

Chattopadhyay J., 2013. *"Garib Briddhader Chikitsar Sujog Dite 'Briddhashree"* in Bengali. Anandabazar Patrika (Bengali Daily News Paper), 19th October.

Calcutta Metropolitan Institute of Gerontology (CMIG), 2012. "*Status of the Aged in Kolkata – Animated through Interactive Reporting.*" Funded by National Institute of Social Defence, Ministry of Social Justice & Empowerment, Govt. of India, New Delhi.

_____, 2011-13. *"Dynamics of Elder Care"* Funded by Indian Council of Social Science Research, New Delhi.

_____, 2011. *"Consequence of Ageing in the District of Bankura and Burdwan, West Bengal".* Funded by CMIG, Kolkata.

Chakravarty S.K., 2011. *"Modelling of a Single Index to Measure the Well-being of the Elderly"*Ageing & Society; The Indian Journal of Gerontology, CMIG, Vol. XXI NO III & IV, pp. 59–65.

Chatterjee P., 2009. *"The Coming Crisis in West Bengal"*, Economic & Political Weekly, Vol. XLIV No. 09, pp 42-45.

Census 2011 C-Tables, electronic data. Downloaded from http://censusindia.gov.in/

Dignity Foundation, 2011. *"Kolkata based Dignity Foundation as Savior for Aged and Infirmed"* 8th May http://www.dignityfoundation.com/Dignity-News.aspx

Dror D., S. Vellakkal, 2012. *"Is RSBY India's Platform to Implementing Universal Hospital Insurance?"* The Indian Journal of Medical Research, Vol 135, pp.56–63

Gavrilova, N.S and L.A. Gavrilov, 2009. *"Rapidly Ageing Populations: Russia/Eastern Europe."* In Peter Uhlenberg (Ed.), International Handbook of Population Ageing, USA, Chapel Hill: Springer.

Gavrilov, L.A. and P. Heuveline, 2003. *"Ageing of Population."* In P. Demeny and G. McNnicoll, (Eds.). The Encyclopedia of Population, Macmillan Reference USA, New York, pp. 32-37.

Goldberg, D.P., & B. Blackwell, 1970. *"Psychiatric Illness in General Practice: A Detailed Study Using a New Method of Case Identification."* British Medical Journal, 1, pp. 439-443.

Government of India, 2008. *"Integrated Programme for Older Persons – A Central Sector Scheme to Improve the Quality of Life of the Older Persons."* Ministry of Social Justice & Empowerment, Govt. of India, New Delhi.

_____ 2013, National Programme for the Health Care of the Elderly (NPHCE) – An approach towards active and healthy ageing: Operational Guidelines. 2013. Directorate General of Health Services. Ministry of Health & Family Welfare, New Delhi.

Government of West Bengal, 2013. Housing Department, www.wbhousing.gov.in, 2013. Rashtriya Swastha Bima Yojana, Ministry of Labour and Department of Health & Family Welfare,. www.rsbywb.gov.in/statewise.aspx

_____, 2010. *"Status Implementation of Food Schemes in West Bengal – A Report Based on Field Survey in Four Districts".* Office of adviser to Supreme Court Commissioners, Kolkata, West Bengal.

_____, 2010. Annual Report 2010-11. Department of Women and Child Development and Social Welfare, Kolkata, West Bengal.

HelpAge India, 2012. *"Project activity report for West Bengal State."* New Delhi, India www.helpageindiaprogramme.

_____, 2010. *"Reverse mortgage – Opportunities: Social awareness programme"* IIFT, Delhi. www.reversemortgage.org

Hill K., W. Seltzer, J. Leaning, S.J. Malik, S.S. Rusell., 2004, *"The Demographic Impact of Partition: Bengal in 1947"* Andrew W. Mellon Foundation and the Weatherhead Center for International Affairs, Harvard University, USA, pp 1-25.

Kinsella K. and V.A. Velkoff, 2001. *"An Ageing World: 2001."* US Government Printing Office, Washington, DC.

Kolkata Police, 2011. *"PRONAM – A joint initiative of Kolkata Police, The Bengal & Dignity Foundation"*. www.kolkatapolice.gov.in .

Kumar A. and N. Anand, 2006. *"Poverty Target Programs for the Elderly in India with Special Reference to National Old Age Pension Scheme 1995"* Chronic Poverty Research Centre (CPRC) and Indian Institute of Public Administration (IIPA), New Delhi, pp 1-51.

Lamb S. 2009, *"Ageing & Indian Diaspora"*, Indiana University Press, Bloomberg, Indiana, USA.

Maulik S., A. Dasgupta, 2012. *"Depression and Its Determinants in the Rural Elderly of West Bengal: A Cross-Sectional Study,"* International Journal of Biological & Medical Research,3(1), pp. 1299–1302.

Mukherjee, M., 2004. *"A Situational Analysis of Women and Girls in West Bengal,"* National Commission for Women, New Delhi, pp. 144.

National Sample Survey Organisation (NSSO), 2003. *"Morbidity, Health Care and the Condition of the Aged"*: NSS 60th Round (January-June 2004), Report No. 507 (60/25.0/1), National Sample Survey Organisation, Department of Statistics, Ministry of Planning and Plan Implementation, Government of India.

Planning Commission, 2010. *"West Bengal Development Report,"* published on behalf of the Planning Commission (Government of India) by Academic foundation, New Delhi.

Rai U., 2007. *"Spirituality, Poverty, Charity Brings Widows to Vrindavan"* Survey conducted by Guild of Service; supported by UNIFEM, New Delhi, India

SRS Bulletin, 2012. *"Sample Registration System,"* Registrar General, Government of India, Vol. 47(2), October, 2012, New Delhi.

SRS Analytical Studies 2012. *"SRS based Abridged Life Tables 2003—07 to 2006-10"* Registrar General, Government of India New Delhi. http://www.censusindia.gov.in/vital_statistics/SRS_Based/Introduction.pdf

The Economic Times, Mumbai 2004. *"PM to launch Varishtha Pension Bima Yojana on July 14"* 10 July. http://articles.economictimes.indiatimes.com/2003-07-10/news/27543440_1_upper-age-limit-varishtha-pension-bima-yojana-lic-release

The Hindustan Times, Kolkata 2012. *"Time for new age policing"* 10th September http://www.hindustantimes.com/india-news/kolkata/time-for-new-age-policing/article1-927347.aspx

The Times of India, Kolkata 2008 *"Reverse mortgage finds few"* 24th November http://articles.timesofindia.indiatimes.com/2008-11-24/kolkata/27893126_1_loan-tenure-mortgage-income

The Tribune 2007. *"Why widows go to Vrindavan"* 9th September http://www.tribuneindia.com/2007/20070909/spectrum/main1.htm

Details of Contributors

Moneer Alam: Professor of Economics and Head, Population Research Centre, Institute of Economic Growth, University of Delhi, Delhi – 110 007

Sumit Mazumdar: Fellow, Institute for Human Development, IIPA Campus, New Delhi –110002

Indrani Chakravarty: Director, Calcutta Metropolitan Institute of Gerontology, Dr. S.C. Banerjee Road, Kolkata – 700 010

Pratima Yadav: Consultant, Population Research Centre, Institute of Economic Growth, University of Delhi, Delhi – 110 007

BKPAI Project Coordinators

Moneer Alam: Professor of Economics and Head, Population Research Centre, Institute of Economic Growth, University of Delhi, Delhi – 110 007

K.S. James: Professor and Head, Population Research Centre, Institute for Social and Economic Change, Nagarbhavi, Bangalore – 560 072

G. Giridhar: Former Director, Country Support Team, Thailand and Country Representative, Thailand, Bangkok, L&T South City, Arakare, Bangalore – 560 076

K.M. Sathyanarayana: Former National Programme Officer (Population and Development), United Nations Population Fund, Chanakyapuri, New Delhi – 110 021

Sanjay Kumar: National Programme Officer (Monitoring and Evaluation), United Nations Population Fund, Chanakyapuri, New Delhi – 110 021

S. Siva Raju: Professor and Dean, School of Development Studies, Tata Institute of Social Sciences, Deonar, Mumbai – 400 088

For further information, please contact:

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

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