

Report Submitted to
Economic Advisory Council to
the Prime Minister (EAC-PM)

INDEX ON QUALITY OF LIFE FOR ELDERLY



RESEARCH TEAM

Amit Kapoor

Honorary Chairman, Institute for Competitiveness

Disha Sharma

Researcher, Institute for Competitiveness

Harshula Sinha

Researcher, Institute for Competitiveness

Preksha Jain

Researcher, Institute for Competitiveness

Sheen Zutshi

Researcher, Institute for Competitiveness

Sreetama Basu

Researcher, Institute for Competitiveness

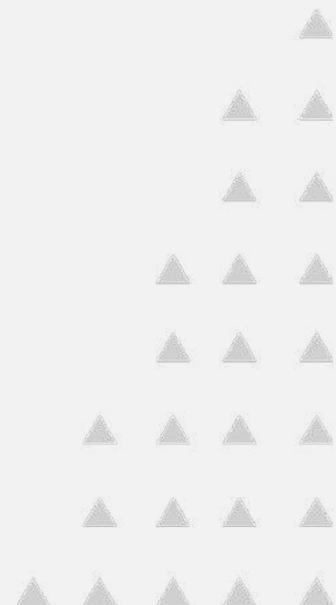


TABLE OF CONTENTS

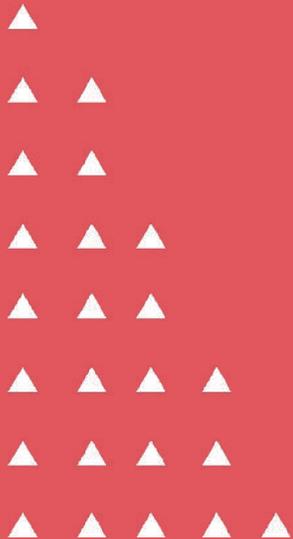
Executive Summary	10
Introduction	13
Demography of Ageing India	18
Challenges of Ageing India	28
Index on Quality of life for Elderly	35
Key Findings	44
Policy Recommendations	66
Conclusion	80
Appendix	81
Scorecards	88
References	125



MESSAGE BY

Dr. Bibek Debroy

Chairman
EAC-PM



विवेक देवराय
अध्यक्ष, ईएसी-पीएम
नीति आयोग
BIBEK DEBROY
Chairman, EAC-PM
NITI AAYOG
Tele. : 011-23096594
Fax : 011-23096724
E-mail : bibek.debroy@gov.in



सत्यमेव जयते

भारत सरकार
प्रधानमंत्री की आर्थिक सलाहकार परिषद
नीति आयोग, संसद मार्ग
नई दिल्ली-110 001
Government of India
Economic Advisory Council to the Prime Minister
NITI Aayog, Parliament Street
New Delhi-110 001

India is often portrayed as a young society, with a consequent demographic dividend. But as with every country that goes through a fast process of demographic transition, India also has a greying even aging problem.

EAC-PM requested Dr. Amit Kapoor and his team at the Institute for Competitiveness to do a report on an issue that is often not mentioned – the problems faced by the elderly. Using a diverse range of indicators, the study also documents the diversity among States, understandable because different States are in different stages of demographic transition. The report also flags various policy constraints that need to be addressed.

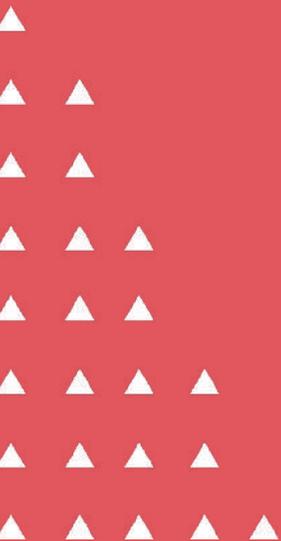
Bibek Debroy
1/08/2021



MESSAGE BY

Dr. Amit Kapoor

Honorary Chairman
Institute for Competitiveness



The phenomenon of population ageing is inevitable. According to Longitudinal Ageing Study in India (LASI), India will have approximately 319 million people of age 60 and above by 2050. This number is nearly three times the 104 million people we have at present, according to the 2011 census data. The statistics are clear indications that India needs to mitigate the challenges faced by our elderly to provide them the quality life they deserve. As lifespan increases, we have to find ways how the elderly can contribute to the development of the country. If the government, civil societies, families, and communities strive together, we can create opportunities for our older generation, enabling them to utilize their experience with flexibility. This will not only contribute to economic growth but will provide the elderly with a life of dignity and purpose.

Without a proper diagnostic tool to understand the implications of its ageing population, planning for the elderly can become a challenge for policymakers. The Index on Quality of life for Elderly has been developed with the idea to broaden the way we understand the needs and the opportunities of the elderly population in India. This index measures the core domains of economic, health, and social well-being of older people and provides an assessment of quality of life for elderly in India. The index can thus help the nation identify areas that need improvement and grab the current opportunity to start putting positive changes in motion for the next decades.

The results of our analysis indicate that the best way to improve the lives of the current and future generations of older people is by investing in health, education and employment for young people today.

I must state that it is an honour that Institute for Competitiveness was engaged by Economic Advisory Council to the Prime Minister for preparing the Quality of Life Index for Elderly. I would like to extend my gratitude to Dr. Bibek Debroy for his valuable feedback and support through the course of the study and development of the index. I would also like to thank the team members at Institute For Competitiveness - Sheen Zutshi, Preksha Jain, Disha Sharma, Sreetama Basu and Harshula Sinha for their tireless efforts in taking this study to fruition.

I hope that the report will be beneficial in developing appropriate policies and programmes required to ensure good quality of life for our elders.

EXECUTIVE SUMMARY



Population ageing is a critical yet overlooked development issue. The scale and pace of demographic change compel increased attention to ageing populations. It is happening in various countries at different levels of development. UN population projections (2019) have revealed that the number of people aged 60 and above will reach 2 billion in 2050 from 901 million today.

India is currently enjoying a “demographic dividend”, but will be growing older, with persons over the age of 65 becoming the fastest-growing age group by 2050. The old-age dependency ratio will be 20.3, up from 9.8 in 2020, and the child dependency ratio will fall below 30.

Greying is not very rapid in India as only 8.6% of India’s population are elderly. This varies across states due to drastic differences in their demographic transition. However, by 2050, India’s elderly population will increase by three times to reach 319 million, accounting for 19.5% of the total population. Further, the gender dimension of ageing will also be evident by 2050. There will be significantly more women than men in the higher age cohorts due to higher life expectancy, marking an increase of 21.07 years over 19.10 years in their male counterparts.

Policymakers will face the challenge to ensure active ageing in one of the fastest ageing societies in the world. The fiscal impact of ageing would be substantial, and, therefore, preemptive measures should be initiated in time to integrate the elderly into the economy.

India needs to grab the current opportunity to continuously evolve the systems, to start putting positive changes in motion for the next decades. It cannot postpone the reforms as it will be witnessing a rapid age-structural transition and change in the population's age composition, which raises concerns about the capacities of societies to address the challenges associated with this demographic shift by 2050. Therefore, planning for the elderly can become a massive challenge for policymakers without a diagnostic tool to understand the implications of an ageing population in 2050.

The Index on Quality of Life for Elderly 2021 represents a beginning. It takes the first step in establishing a complete understanding of the elderly population around India's States and Union territories. It observes 45 different indicators across four key domains identified as being of utmost importance for older people, namely Financial Well-being, Social Well-being, Health System, and Income Security. The domain-wise assessment can then help the nation identify areas of progress and areas that need attention, so that policies can be formulated accordingly. Moreover, the distinction created between Aged States (having more than five million Elderly) and Relatively Aged States (having less than five million elderly) establishes a fair comparison among states. Whereas Northeast States and Union Territories are two separate categories compared to other states, considering their geography and share of the elderly population. The scorecard and ranking system assign a numerical value to the progress made by each state and union territory, which can incentivise them to improve further as well as look to their well-performing peers to emulate their best practices. The index helps identify regional patterns observed across states and help assess the overall ageing situation in India. The mapping of the Index on Quality of life for Elderly with the relevant Sustainable Development Goals (SDGs) for active ageing will further help India follow the lead in realising the principle of leaving no one behind.

Some of the key highlights from the report are detailed below:

- The Health System pillar observes the highest national average, 66.97 at an all-India level, followed by 62.34 in Social Well-being. Financial Well-being observes a score of 44.7, which is lowered by the low performance of 21 states across the Education Attainment & Employment pillar, which showcases scope for improvement
- States have performed particularly worse in the Income Security pillar because over half of the states have a score below the national average, i.e., 33.03 in Income Security, which is the lowest across all pillars. These pillar-wise analyses help states assess the state of the elderly population and identify existing gaps that obstruct their growth
- Rajasthan and Himachal Pradesh are top-scoring regions in Aged and Relatively Aged states, respectively. Chandigarh and Mizoram are top-scoring regions in Union Territory and Northeast state category
- A state's demographic history plays a significant role in its ageing pattern. It is visible for various states but more evident in Kerala, which is ageing faster than the rest of the country. Moreover, the regions where ageing is more advanced, like Chandigarh, Haryana, Mizoram, Meghalaya, rank higher in the overall Quality of Life for Elderly scores
- The report has concluded that the Social Progress Index (SPI) does not capture the needs of older persons as the SPI indicators measure societal performance comprehensively and independently of economic indicators in a younger population. In contrast, indicators for Quality of Life for Elderly caters for the population group aged above 60.

We have further identified the areas where policy intervention in the form of any structural reform may improve the Quality of life for Elderly. The following recommendations can be undertaken at the national and sub-national level:

- **Increasing retirement ages backed by social action**
- **Improving digital literacy and food security programmes**
- **Increase in income security coverage of existing pension schemes**
- **Universal Pension Income for elderly in Aspirational District Programme (ADP) districts**
- **Subsidized health care and services**
- **Government-owned old-age homes with more than bare-minimum facilities is a must**
- **CSR for enhancing the quality of life of the elderly**
- **Reskilling the elderly workforce**

The recommended policy measures and other suggested actions are difficult to achieve without the collective efforts at the level of Governments, Local bodies, Civil Society, and other stakeholders.

As a young country, we need to seize the current opportunity to make appropriate choices for an ageing society to accommodate its younger and older populations simultaneously. The Index on Quality of life for Elderly is the first step in this direction; it will help states assess, review, and take timely steps concerning population ageing, thus further improving the Ease of living of regions. The report aims to raise awareness among key stakeholders about the implications of demographic transition for the future and look for opportunities to drive policy reforms. Notable learning from the report is that we need to capture high-quality, updated data on the critical areas of ageing. The availability of such data can significantly aid evidence-based policymaking and drive better governance outcomes.

We hope that the ability to compare the quality of life of older people in different states will stimulate further research and better data on the current state of the older population. Recommended policy actions can help set an agenda of active ageing, help reduce the vulnerabilities, and enhance the capabilities, rights, and resilience among the elderly, thus fulfilling the 2030 Agenda of Sustainable Development Goals to leave no one behind.

01

INTRODUCTION



CARING FOR GREYING ELDERLY

The world has been dealing with unpredictable challenges this decade, be it from the impact of climate change or the pandemic. Every age group suffers indirectly or directly due to it, but those aged sixty and above have been the most vulnerable due to frail health and morbidities.

Populations worldwide are ageing faster than in the past and can expect to live into their 60s and beyond. This demographic transition will affect virtually all countries globally over the next century, with far-reaching consequences for labour markets, social security, financial markets, goods markets, and macroeconomic performance in general.

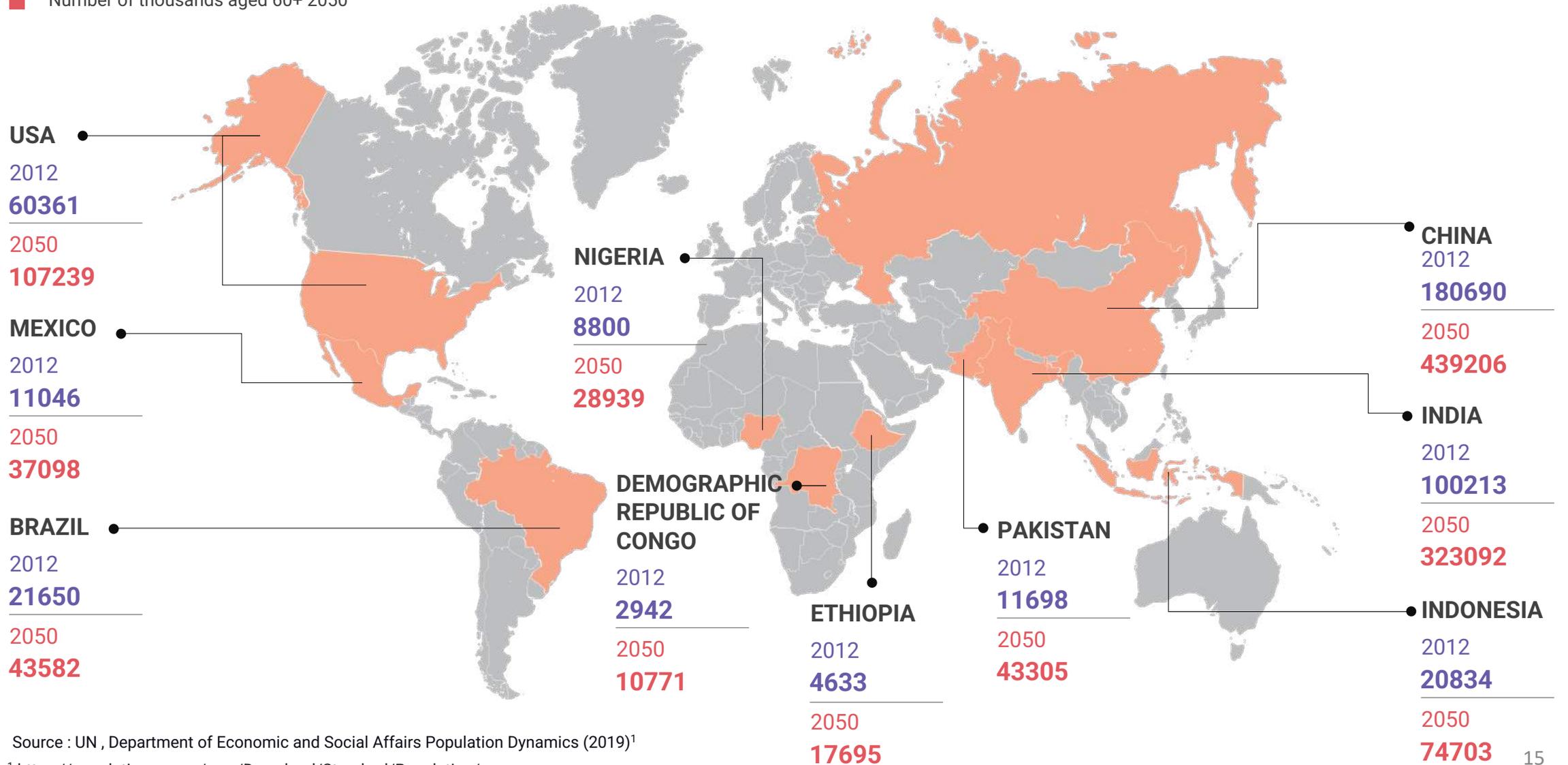
A striking feature of population ageing is the heterogeneity in ageing patterns across the world, which are likely to continue with improvements in health and life expectancy.

In some countries, the increased number of people entering old age will impose challenges on national infrastructures, particularly health systems. **Figure 1** glances over the top 10 countries with the highest population above the age of 60.



Figure 1 : Elderly Population in Populous Countries - 2012 vs 2050

- Number of thousands aged 60+ 2012
- Number of thousands aged 60+ 2050



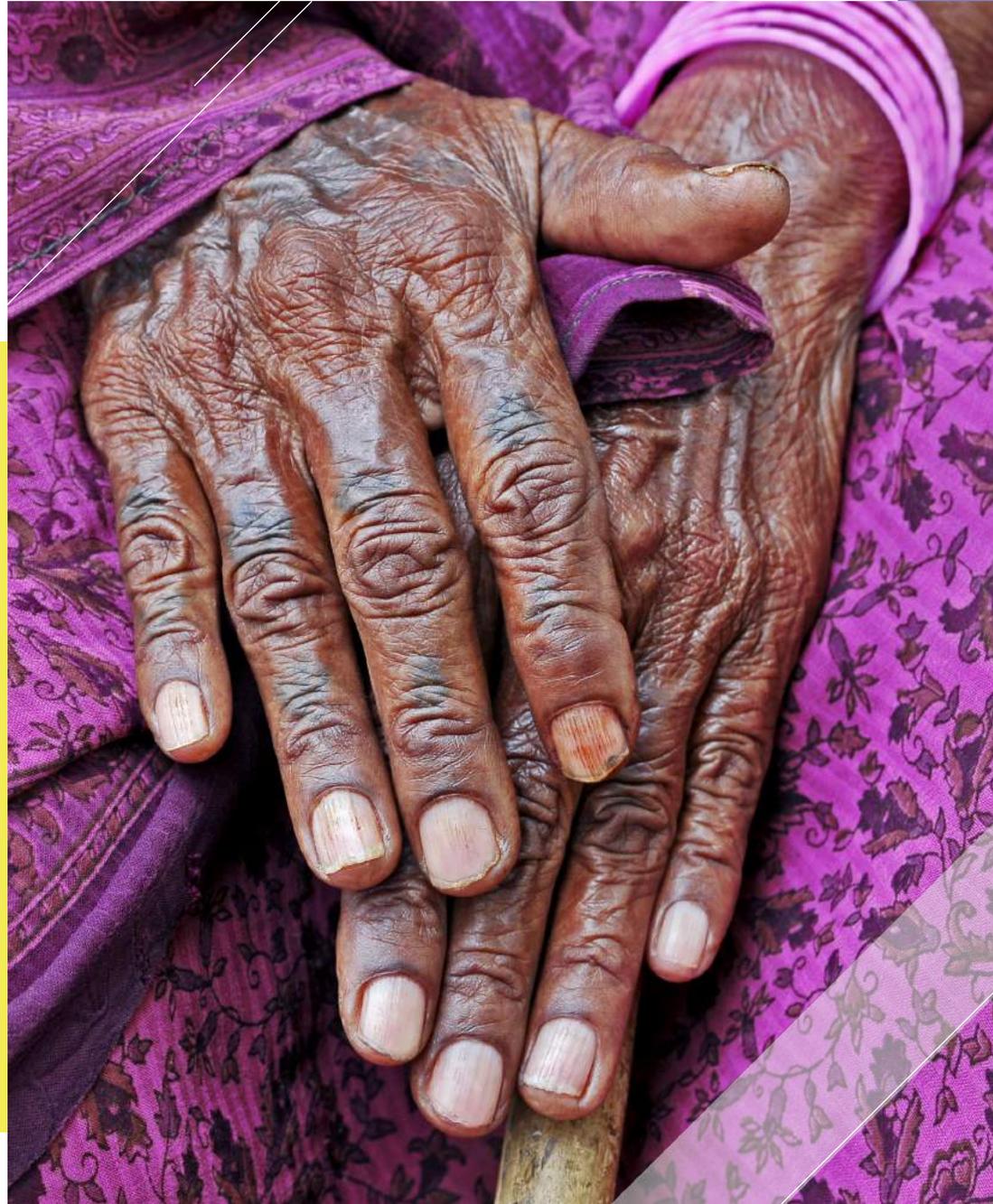
Source : UN , Department of Economic and Social Affairs Population Dynamics (2019)¹

¹ <https://population.un.org/wpp/Download/Standard/Population/>

AGEING POPULATION IN INDIA

Population ageing primarily was not a top concern in India as, in terms of demography, India is a young country. But this has been changing drastically in the last few decades as the country is greying rapidly. Unlike most developed countries that experienced these changes over a more extended period, we will experience them in the next two decades.

India, is currently experiencing a demographic dividend. This period is characterised by a minor total dependency ratio (ratio of dependents to the working-age population, including a child and aged persons). However, as demographic dividend will diminish there will be a rise in old age dependency ratio.



We need to discard the idea that the elderly are a burden, when in fact, longer lives are considered as a triumph of development. As an emerging economy, India's progress in improving the lives of its citizens, especially the older people, is considered crucial around the world.

However, a growing concern is that the rise in nuclear families, urbanization and migration of the younger population is altering the traditional family structure that has been instrumental in safeguarding older adults' social and economic security till now.

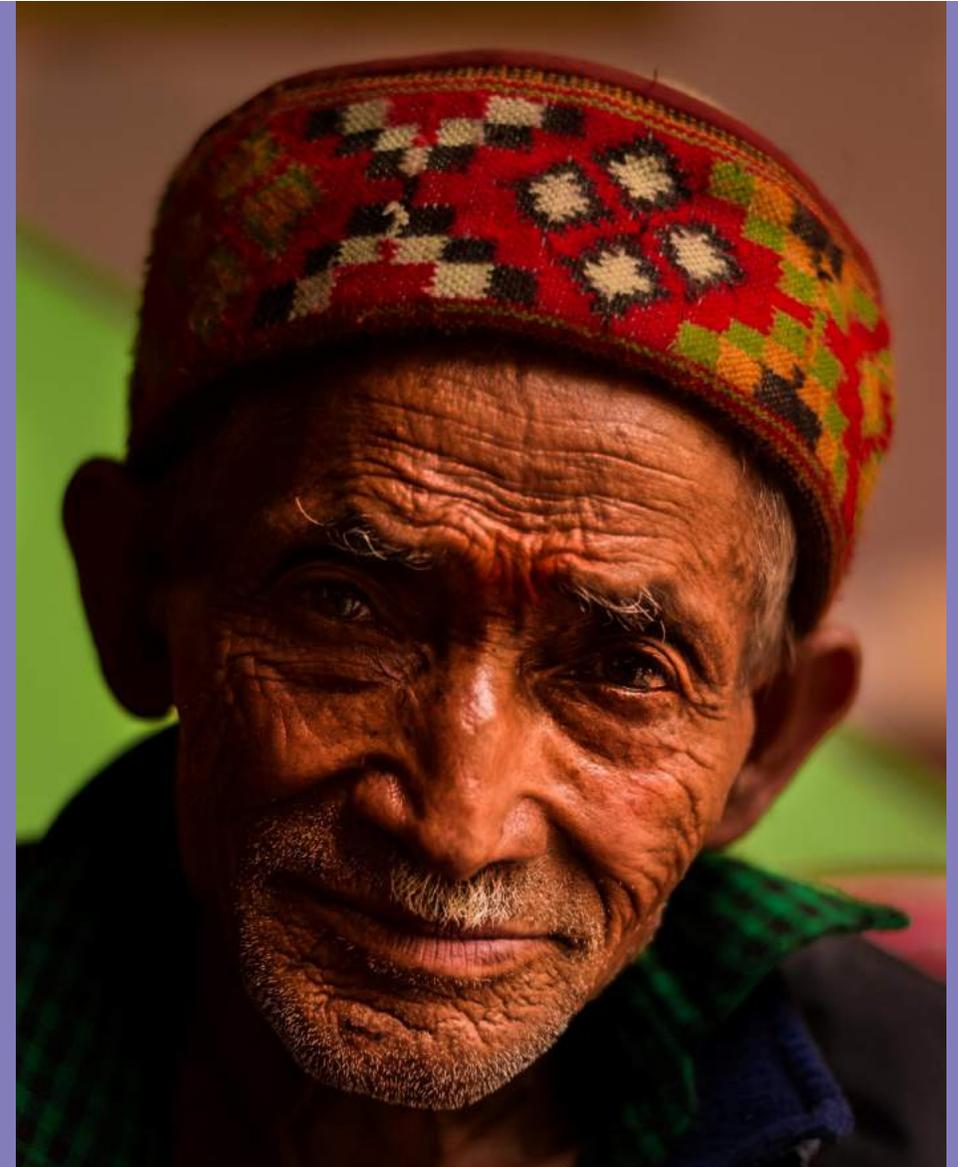
The United Nations has declared 2021-2030 as the Decade of Healthy Ageing, aligned with the last ten years of the Sustainable Development Goals, which brings together governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older people, their families, and the communities in which they live.²

To ensure action on healthy ageing, India urgently needs to account for the needs of older adults too, so that they can fulfil their potential in dignity and in a healthy environment. They continue to face discrimination in decisions on their access to health services, their jobs and their pensions ,and face barriers in the form of instances of elderly abuse, isolation from society and low participation in financial decisions. However, this trend needs to change, particularly now when the ageing of populations is rapidly accelerating worldwide, especially in India.

5

The elderly need to be part of digital inclusion, social security, employment, and social networks that give their ageing lives meaning and dignity, further ensuring their full participation in society. Therefore, reforms required to meet the needs of the elderly population cannot be postponed by India to the next decades, lest it should have a drastic effect on the ageing population's needs. It can be seen in a single statistic, namely, the increase in life expectancy at birth. An Increase in life expectancy over the years from 35.51 years in 1950 to 69.50 years in 2020 is a desirable outcome of economic and social progress. However, it also creates new challenges for a demographic dividend.

India will have 319 million Elderly population, i.e., 19.5% of the population) by 2050.³ As the share of the aged population increases, it will substantially impact Provisions for pensions and healthcare for the elderly. Therefore, we need to integrate the elderly into communities' lives.



² <https://www.who.int/initiatives/decade-of-healthy-ageing>

³ World Population Prospects 2019

02

DEMOGRAPHY OF AGEING INDIA



ELDERLY IN INDIA

Over 10% of India's total population is aged over 60,



which accounts for about **139 million people** as of 2019



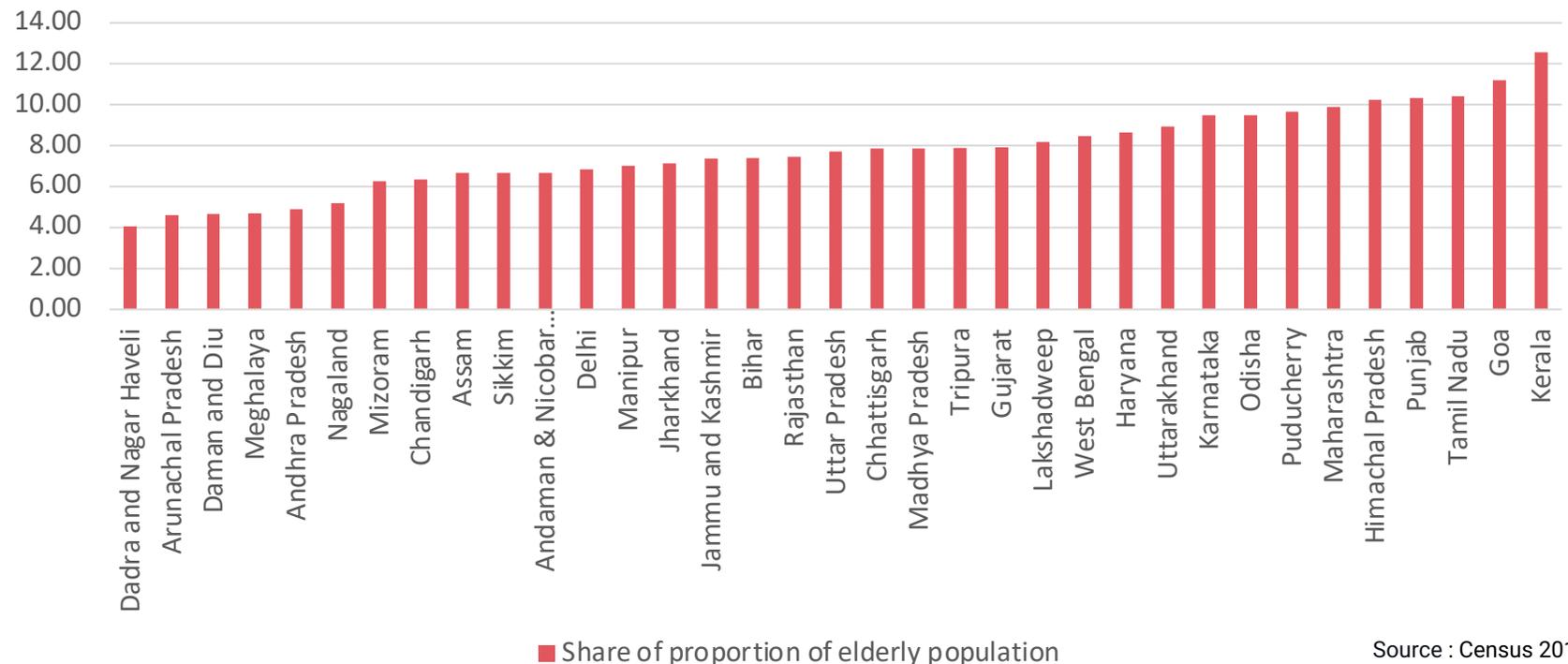
The proportion of elderly is expected to be doubled to **19.5% by 2050**

Leaving India to be in a situation where **1 in 5 people** is likely to be a senior citizen.⁴

State-wise data on the elderly population reveal that Kerala has a maximum proportion of older adults in its population, i.e., 12.5%, followed by Goa which has 11.20% of the people who were elderly and Tamil Nadu with 10.4% in **Figure 2**.

The higher proportion of elderly in the Southern part of India is a result of a reduced fertility rate and fewer children. Kerala and Tamil Nadu had fertility rates of 1.7, which is lower than the replacement levels (Tewari, 2016).

Figure 2 : Share of proportion of elderly population (%)



⁴ <https://ageingasia.org/ageing-population-india/>

Source : Census 2011



The larger proportion of poor people in these states also could be due to the lifestyle and better availability of medical facilities there.

The smallest proportion of the elderly is in Dadra & Nagar Haveli, i.e., 4.0%, followed by Arunachal Pradesh (4.6 %), Daman & Diu and Meghalaya (both 4.7%). According to the data, the northeastern states of India have the least proportion of elderly. Comparing 2001 and 2011 data shows that the average increase in the elderly population among states is 1%. The maximum increase observed was 3%, which was for Goa, and Daman and Diu observed a fall in the proportion of elderly by 0.4% (Elderly In India, 2016).

DEMOGRAPHIC TRANSITION IN INDIA

During the 1950s in India, both the birth and death rates declined over seven decades. The birth and death rates per thousand population were 43.6 and 26.4 respectively, during 1950-55, and 18 and 7.2 respectively during 2015-20. The decline in birth rate and death rate varied at different rates over the decades, which can be seen from **Figure 3**.

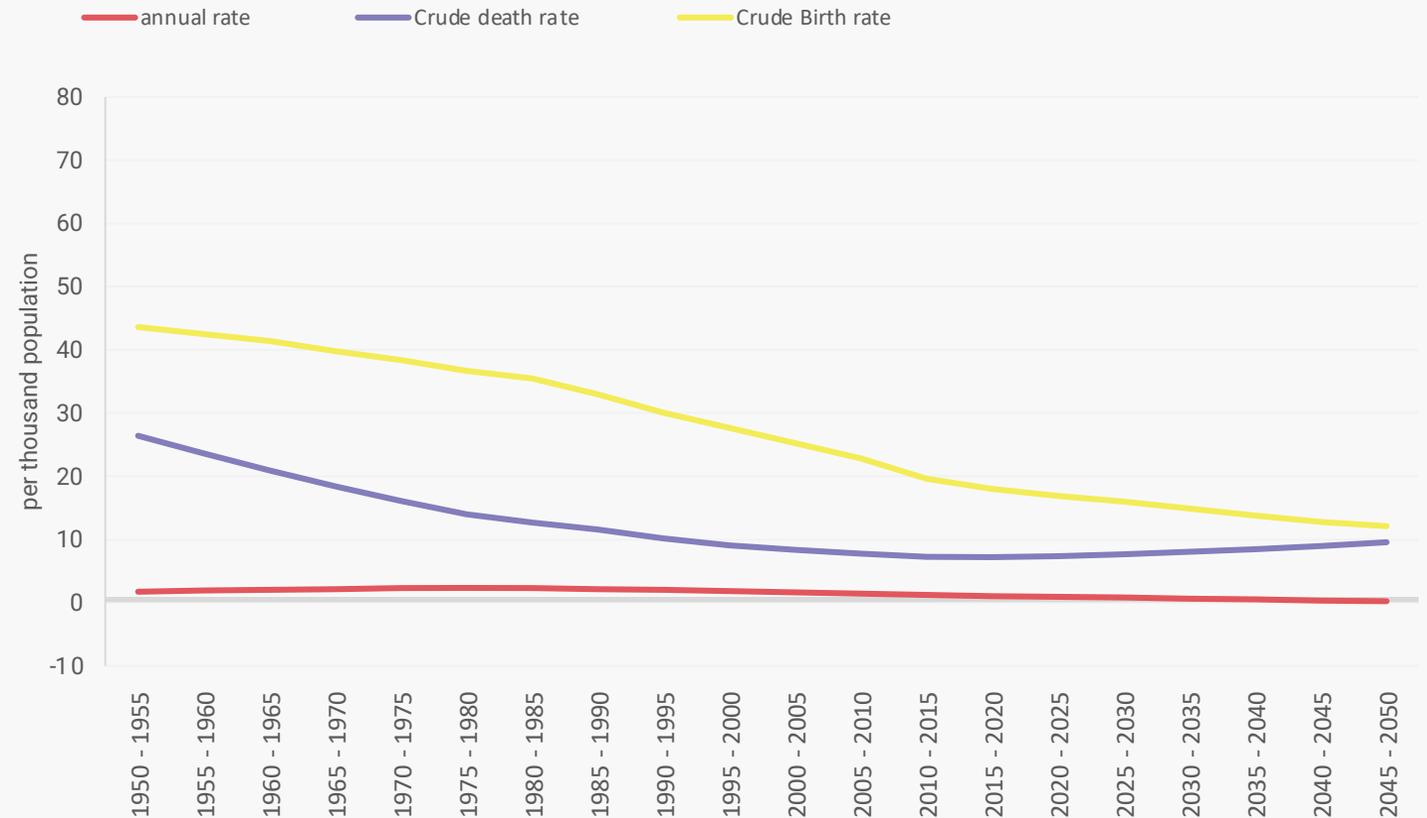
In 1950-55, the average annual population growth rate was 1.71%, which peaked at 2.31% in 1980-85 and has declined since then, to become 1.04% in 2015-20.

This decline started from the 1980s, when the birth rate peaked at 2.31 in 1985 but started falling post this year. On the other hand, the death rate continued to decline at a lower rate. As the decline in birth rate outpaced the decline in death rate, this led the average growth rate of the population to decline steadily.

Moreover, the changes in the population age structure associated with the demographic transition and a projected sustained decline in fertility for the next 30 years predict an increasingly smaller population growth rate of 0.23, which may turn negative after 2050. There are dramatic effects on the population age structure due to the onset of demographic transition as it generates large birth cohorts.

First, this increases the share of the working-age population; then, as years go on, they start increasing the share of the population above 60 years. The continued decline in death rates reinforces the decline in fertility as the gains in survival become increasingly concentrated at older ages.

Figure 3 : Demographic Transition in India



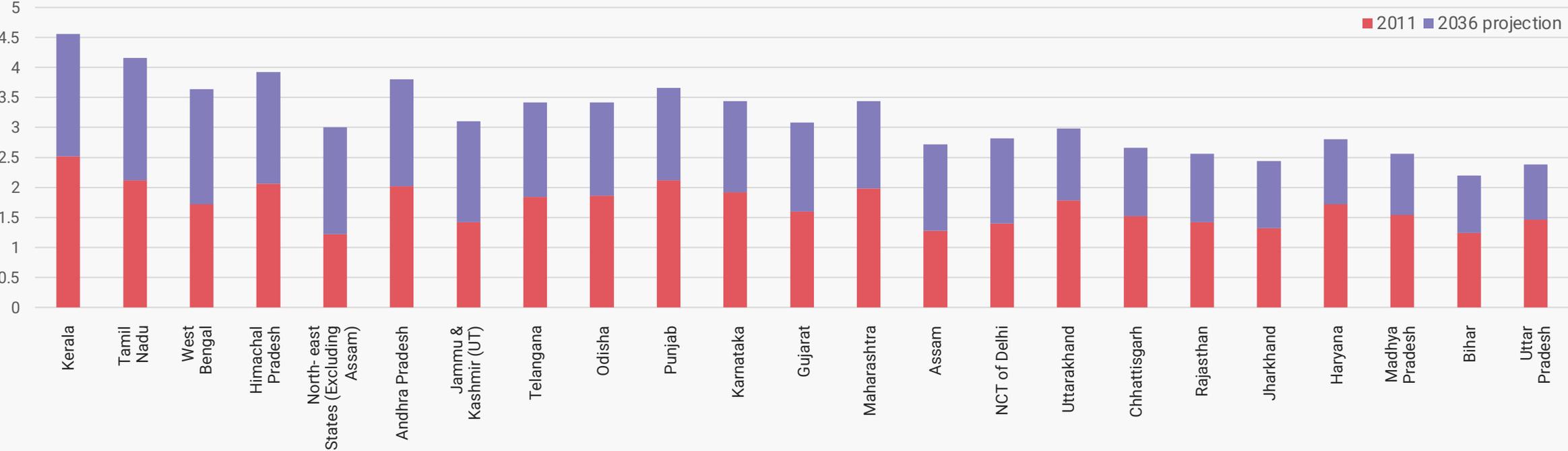
Source : UN , Department of Economic and Social Affairs Population Dynamics (2019)

DIFFERENCES IN DEMOGRAPHIC TRENDS ACROSS INDIAN STATES

This section examines variations in the demographic transition across all states and union territories in India. We observed that states such as Kerala, Tamil Nadu and West Bengal are ageing faster; on the other hand, states such as Bihar, Uttar Pradesh and Madhya Pradesh are relatively young .

In **Figure 5**, we have shown that the pace of demographic transition varies across all states. It's clear that these differences are likely to be exacerbated over the period 2011-2036 . We have looked at Kerala and Bihar to illustrate the significant regional difference in demographic trends.

Figure 5 : Percentage Distribution of Projected Population aged above 60 years : 2011-2036



Source : Populations projections for India and states 2011-2036

For example, the Crude Birth Rate (CBR) is expected to decline in Kerala from 14.5 in 2011-2015 to 11.7 in 2031-2035; and from 27.9 in 2011-2015 to 19.6 in Bihar in 2031-2035.

The Crude Death Rate for Bihar is projected to rise marginally by 0.1, from 5.9 in 2011-2015 to 6.0 in 2031-2036, whereas in Kerala, it is expected to increase from 7 in 2011-2015 to 9.7 in 2031-2036.

This significantly high increase in the Crude Death Rate in Kerala is not from any inadequacy in its health provisions but rather due to the increased proportion of the elderly population, as older persons are vulnerable to illnesses and morbidities.

Similarly, the TFR is projected to decline in Bihar from 3.1 in 2011-2015 to 2.0 in 2021-2025, whereas in Kerala, it is expected to remain around 1.8 during the entire period 2011-36.

Life Expectancy in Bihar is expected to increase from 68 years in 2011-2015 to 73.7 years in 2031-2036, whereas in Kerala, it is projected to increase from 75.17 years in 2011-2015 to 77.32 years in 2031-2036.

These differences in Crude Birth Rates, Crude Death Rates, Total Fertility Rates, and Life Expectancy differ across all the states and union territories.



DIFFERENCES IN OLD AGE DEPENDENCY RATIO ACROSS STATES

In India, the old age dependency ratio is defined as the number of persons in the age group 60 or more to the age group 15-59 years. It measures the burden of the elderly on the working generation.

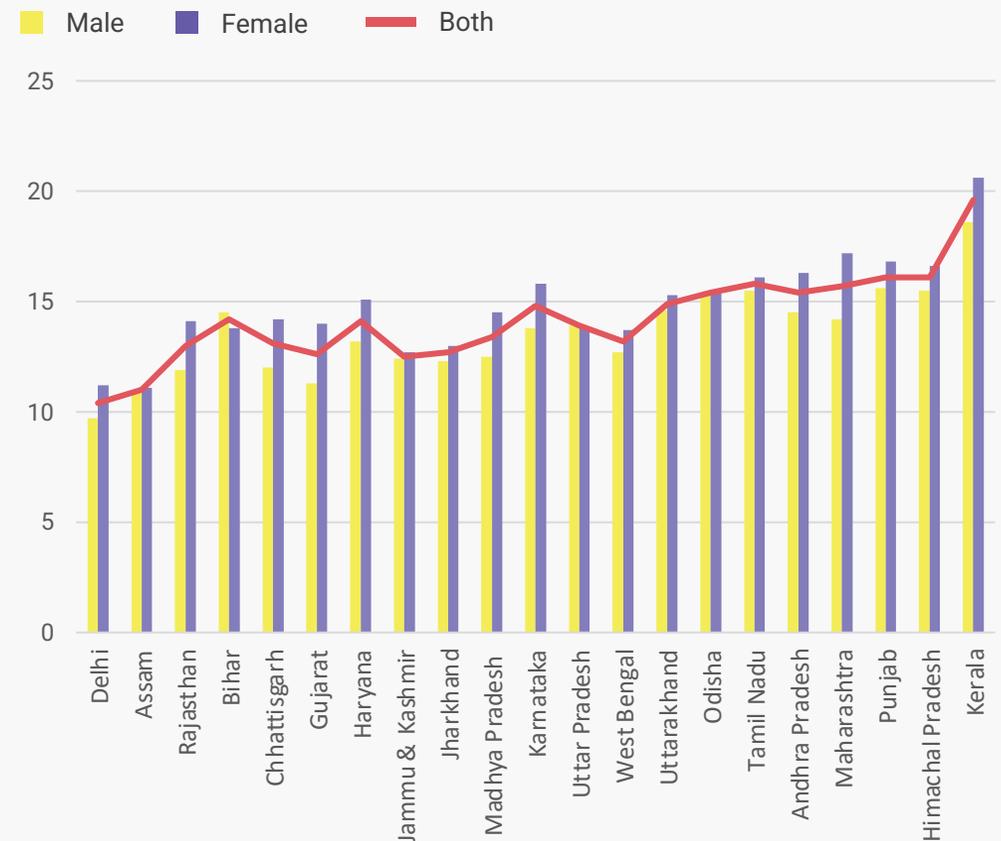
The ageing process was slow in India during 1961–2001 but gathered pace between 2001 and 2011. This trend of increasing ratio has risen from 10.9% in 1961 to 14.2% in 2011. The Old age dependency ratio in states varies from 10.4% in Delhi to 19.6 % in Kerala (MOSPI, 2011).

Based on the 2011 census, the overall old-age dependency ratio is below the national average of 14.18 for only ten states and Union territories,

namely Uttar Pradesh, Madhya Pradesh, West Bengal, Chhattisgarh, Rajasthan, Jharkhand, Gujarat, Jammu & Kashmir, Assam and Delhi. Only Kerala has a high overall old-age dependency ratio, across both genders.

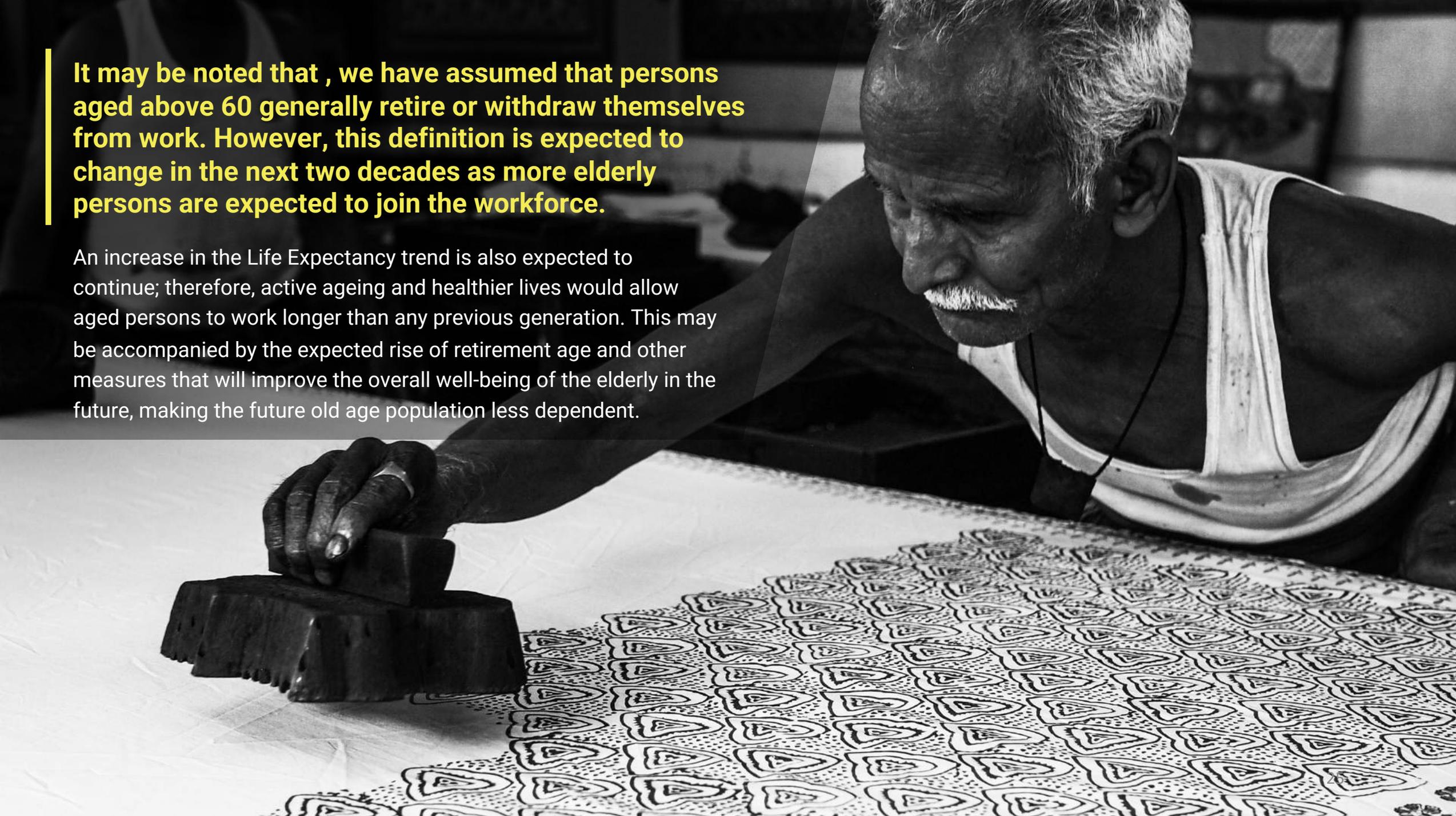
It can be observed from Figure 6 that the Old-Age Dependency ratio differs across genders. The Old Age Dependency ratio for females is more than their male counterparts, with the former increasing at a higher rate for most states and union territories.

Figure 6 : Old age dependency ratio of selected State /UT



It may be noted that , we have assumed that persons aged above 60 generally retire or withdraw themselves from work. However, this definition is expected to change in the next two decades as more elderly persons are expected to join the workforce.

An increase in the Life Expectancy trend is also expected to continue; therefore, active ageing and healthier lives would allow aged persons to work longer than any previous generation. This may be accompanied by the expected rise of retirement age and other measures that will improve the overall well-being of the elderly in the future, making the future old age population less dependent.



INDIA'S POLICY RESPONSE TO AGEING

India is a signatory to all the global conferences and initiatives on ageing and the Regional Plans of Action. Secondly, the **National Policy on Older Persons (NPOP)** was formulated in 1999, 3 years ahead of the **Madrid International Plan of Action on Ageing (MIPAA)**, the United Nations (UN) sponsored International Plan of Action. These two actions evince India's commitment to population ageing concerns (India Ageing Report, 2017).

01

The National Policy on Older Persons (NPOP), formulated in 1999, was the first-ever document announced by the Government of India on ageing. Later, the lack of attention for the ageing population in Millennium Development Goals (MDGs) was pointed out by India to INGOs and other countries. This action resulted in increased awareness of ageing, which was reflected in the development goals post-2015; Sustainable Development Goals 3 (SDG-3) has focused on ageing. The National Policy on Older Persons (NPOP) looks forward to improve the quality of life of older people in India through increased income security, health and nutrition, shelter, education, empowerment and welfare. The various elements of NPOP are pulled together under the National Initiative on Care of Elderly (NICE) by the Ministry of Social Justice & Empowerment. **Atal Pension Yojana (APY)**, which replaced the Swavalamban Scheme of 2010/11, is one of the comparatively recent initiatives relevant to NPOP. The scheme is for those engaged in the unorganized sector and who are not members of any statutory social security scheme. Under this scheme, the beneficiaries receive a fixed amount ranging from ₹ 1000-5000 per month after 60 years of age. The amount of pension received depends on the contribution of the subscriber.

02

The Ministry of Social Justice & Empowerment also initiated the **Maintenance and Welfare of Parents and Senior Citizens Act, 2007**, to provide more effective maintenance and welfare of parents and senior citizens and is responsible for its effective implementation (UNFPA, 2017). **The National Programme for Health Care of Elderly (NPHCE)** is another policy initiative taken by the government of India to provide promotional, preventive, curative and rehabilitative services in an integrated manner for aged people through various government health facilities (MoHFW, 2015).

03

National Social Assistance Programme (NSAP), administered by the Ministry of Rural Development (MORD), provides old-age pensions and family benefits to BPL families. NSAP programme includes National Old Age Pension Scheme (NOAPS), National Family Benefit Scheme (NFBS), and Annapurna Yojana. The Annapurna Yojana provides food security to those senior citizens who have remained outside the old-age pension scheme despite being eligible. Under this scheme, 10Kg of free rice is provided to the beneficiary every month.

The old-age Pension Scheme was renamed to **Indira Gandhi National Old Age Pension Scheme (IGNOAPS) in 2007** and covered all the families below the poverty line (BPL). Subsequently, in 2011, the age limit for this scheme was lowered from 65 to 60 years, and the monthly pension amount was increased from ₹ 200 to ₹ 500 for those 80 years and above.

NSAP was expanded later in 2009 to include the **Indira Gandhi National Widow Pension Scheme (IGNWPS)**, which covered widows aged 40–64 years. The age limit was later updated to 40-79 years; the amount was also increased from 200 to 300 rupees per month (National Informatics Centre, 2021). Furthermore, the **National Policy on Older Persons** envisaged two independent bodies (i) the National Council for Older Persons (NCOP) to promote the concerns of the elderly and to supervise the policy implementation; and (ii) the National Association of Older Persons (NAOP) to encourage senior citizens' participation in issues concerning them as well as to lend an attentive ear to their voices. The policy also emphasizes the role of Panchayats and other community-based agencies in the effective implementation of policy intentions. This enables the convergence of mainstream elderly issues at the community level for efficient and effective delivery of age care services.



03

CHALLENGES OF AGEING INDIA



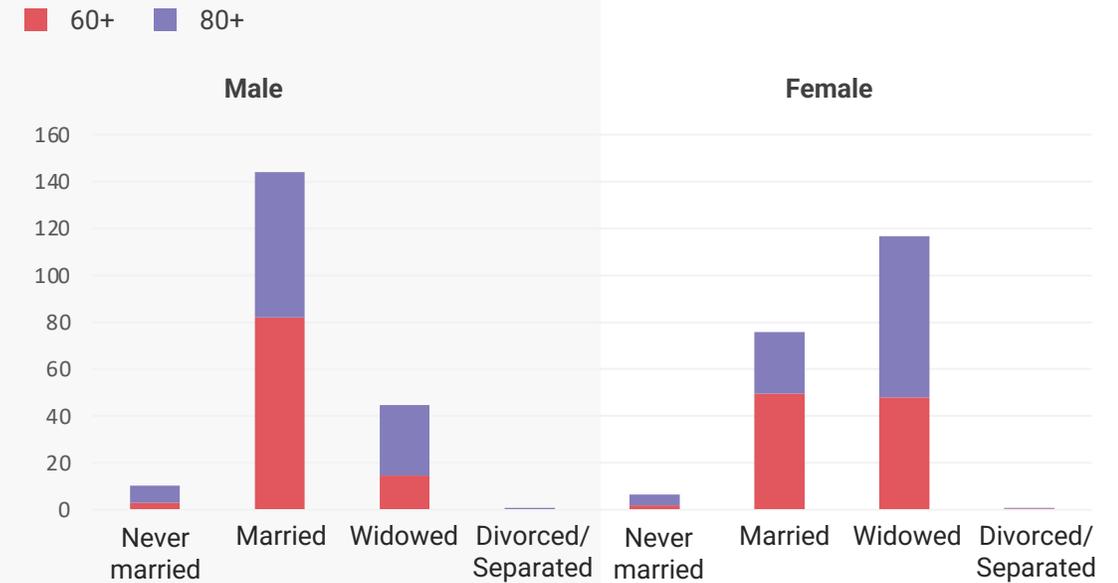
1. FEMINIZATION OF AGEING

Ageing is a demographic reality that poses many challenges for the aged as well as their caregivers. However, its effect varies in both genders due to biological, social and cultural factors. One of the emerging issues of population ageing is the **“Feminization of Ageing”**, that is many more women than men reaching older ages.

Women are traditionally seen as “core caregivers” to family members. Moreover, their position and status within the family get determined by their marital status.

A unique characteristic feature of India’s elderly is that the proportion of widows is much higher than that of widowers, which could be a concern as the longer lives of these widowed women are marked by nonfatal but debilitating conditions such as poor health, loneliness, and frailty. It has important implications for health and long-term care as well as for employment policy. **Figure 7** shows the Marital Status of Population above 60 years.

Figure 7: Marital status of population above 60 years



Source: Office of the Registrar General, India. Census (2011)

According to the Census of India (2011), there were 42 million widows, which accounts for 7% of the total female population.



47.8% of widows are over 60 years



The proportion of widows in the female population rises sharply with age.



69% of widows are over 80 years and above.



Widowed women receive informal support systems in the form of family members, which are disrupted due to the migration of family members, the rise of nuclear families or the attitudes and responses of their caregivers. More prolonged survival of women poses many challenges in care, service, finance, health, widowhood, and morbidity. Though women suffer from structural disadvantages such as gender discrimination, negligence or widowhood, they are not dependent on others in their Activities of Daily Life (ADL) and Instrumental Activities of Daily Living (IADL). The changing trends directly affect family values, living arrangements, and lifestyles, impacting older women's living arrangements, health care, financial assistance and emotional support. Thus, multiple forms of oppression may be evident for women who survive for long years, i.e. above 80 years.



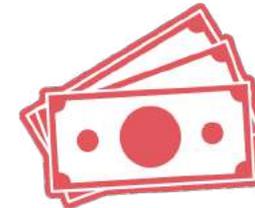
2. INCOME SECURITY

India has one of the weakest social security mechanisms globally as it only spends 1% of its GDP on pensions.⁵ (Pensions at a Glance , 2019). The existing NSAP schemes primarily target those older persons living below the poverty line. Among these are the following :-

**Indira Gandhi
National Old Age
Pension Scheme
(IGNOAPS),**

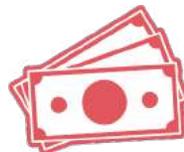


where the Central Government gives
Rs 200 monthly
to population above 60 -79 years and

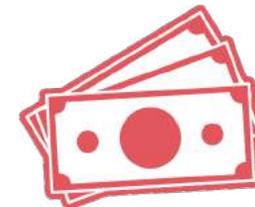


Rs 500 monthly
to the aged
population above 80

**Indira Gandhi
National Widow
pension scheme
(IGNWPS).⁶**



On similar lines, the Central
Government provides
Rs 300 monthly
to women aged between 40-79 and



Rs 500 monthly
to aged persons
above 80 years

States also contribute to these schemes, ensuring that beneficiaries get a decent level of assistance. Still, many states fall significantly short, especially where total assistance falls below even the poverty line of INR 816⁷ in rural areas. States with a higher proportion of the population above 60 years need to pay more attention. But there is a lack of intention, as neither all states contribute equally to pensions nor have other policies focusing on the same. Therefore, states need to pay greater attention to divergence in social security policy since health and other social indicators are under a concurrent list. This divergence in policies across states leads to inequality in well-being among the old age population in different states as regions receive uneven financial support from the State Government.

This situation warrants serious attention as older persons cannot be left assuming that families take care of them. Even the assistance provided by the Central Government is not sustainable to meet the population's needs below the poverty line. This situation only tells us about the elderly living below the poverty line; the rest of the elderly aren't covered under any such scheme unless they are part of the formal workforce.



⁷ Tendulkar Expert Group (2009):

3. INTEGRATION OF ELDERLY IN ECONOMY

As we prepare for an ageing population, it would necessitate investments by businesses in reskilling and upgrading the skill sets of older persons. Companies would need to adapt to an increase in retirement age in coming decades, which would enhance ability of today's younger population to stay employed or move between job markets as they become old.

One trend is clear- that the older population's life expectancy is increasing. There are growing anxieties regarding the future of the workforce as the working population would fall with diminishing demographic dividend. Therefore, **we need to ensure that opportunities for older workers are strengthened to their adaptability, abilities and resilience as they age.** Along with this, there is a need to cater to the present older person's unique needs, motivations, and preferences, and to give them a chance to contribute to society until they promote active ageing. If we start planning now, this can be a win-win situation for both the older persons who can spend time fruitfully, and the country, which will gain from their experience .

Embracing the multigenerational workforce is the future; it's a key to ensuring a balance of workforce in the growth of an economy as it recognises contributions of all age groups. The older workers bring their wisdom and work experiences to complement the skills of younger workers, who adapt faster to technological advancements and have a new perspective towards things due to improvement in their education curriculum and skill set. This multigenerational workforce can form human capital from all age groups, hence creating more equitable economic participation, which can also ease the government's fiscal responsibility to provide social security to the elderly.



4. HEALTH CARE AND SERVICES

Good health lies at the core of society to ensure healthy ageing. As the life expectancy of older people increases in India, we need to ensure that people, while living longer, live healthier lives, which will translate into more significant opportunities and lower costs to older persons, their families and society.

To realize their right to enjoy the highest attainable standard of physical and mental health, older persons must have access to age-friendly and affordable healthcare information and services that meet their needs. Access to quality and affordable health care is a significant challenge in India, especially for the older population, which isn't covered under any Health insurance schemes.

“ If India's hospital facilities remain at current levels, rising population over the next two decades (even with slowing population growth rates) will sharply reduce the per capita availability of hospital beds in India across all major states. ”
(Economic Survey, 2018-19)

According to the Economic survey 2018-19, states with high population growth are the ones with the lowest per capita availability of hospital beds. Hence, there is a need to expand medical facilities in the states . Whereas for states in the advanced stage of demographic transition, the rapidly changing age structure will mean that health care services will have to adapt towards the more significant provision of geriatric cares.

This includes preventive, curative and long-term care. Policies are needed to promote healthy lifestyles, assistance to disabled persons, advanced medical research and rehabilitative care for the elderly. Training of caregivers and health professionals will also play a massive role in ensuring that better support is provided to all caregivers, community-based cares, and healthcare workers who take care of older people, particularly for long-term care for frail older persons and older people who care for others.



04

INDEX ON QUALITY OF LIFE FOR ELDERLY



WHAT IS INDEX ON QUALITY OF LIFE FOR ELDERLY ?

India can turn the challenges of population ageing into opportunities. Policymakers require reliable data on the situation of the elderly to develop an understanding of issues ranging from affordable health services, pensions, social security measures to policies on digital literacy and labour markets.

There is an immediate need to incorporate the age-specific needs of the old aged population to understand how well India is doing to support active ageing.

Several specialized frameworks and indexes focus on well-being in old age, including the World Health Organization's Active Ageing framework. However, there exists no national-level framework in India to measure the same.



The *Index on Quality of life for Elderly* broadens the way we understand the needs and opportunities of the elderly population in India. It goes far beyond the adequacy of pensions and other forms of income support, which, though critical, often narrows policy thinking and debate about the needs of this age group.

It measures the core domains of economic, health, and social well-being of older people, and can help nation identify areas that need to be addressed. Such an index will identify regional patterns of ageing observed across states and assess the overall ageing situation in India.

The Index shows that the **best way to improve the lives of the current and future generations of older people** is by investing in health, education and employment for young people today. It presents an assessment of elderly well-being based on **45 different indicators spread** across four key domains identified as being of utmost importance for older people: **Financial Well-being, Social Well-being, Health system and Income security,**

NEED TO FOCUS ON THE ELDERLY

The prospect of population ageing for most middle-income countries like India is a source of concern as it might obstruct fiscal sustainability and further hinder the nation's economic development, accompanied by a significant strain on existing resources and institutions.



There is urgency in putting in place the proper institutional and policy framework for two main reasons:

01

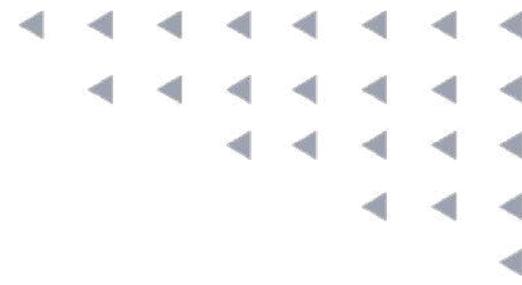
The Structural reforms in institutions take a long time to change. In addition, political realities typically impose an extended transition period until a new regulatory framework is fully implemented.

02

Population entering the workforce today will be the elderly in 2050, and the rules of the current system are shaping their choices. Decisions they make over their entire working years will be framed by the social and economic institutions, actual and expected, that influence economic security in old age.

India needs to seize the current opportunity to plan on turning the "problem of the elderly" into a solution for ease and care in the long run. Timely action will stop them from becoming an underutilized human capital to enhance a region's social and economic conditions. This initiative will prepare us for the structural changes of the coming decades.

PILLARS AND SUB-PILLARS: QUALITY OF LIFE FOR ELDERLY



04

Pillars



08

Sub-Pillars



45

Indicators



Financial Well-being

- Economic Empowerment
- Education Attainment & Employment



Social Well-being

- Social Status
- Physical Security



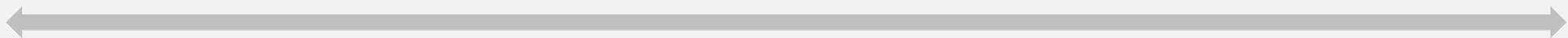
Health System

- Basic Health
- Psychological Well-being



Income Security

- Social Security
- Enabling Environment



METHODOLOGY

01

Identification of Indicators

Various indicators, which were considered imperative for the study of the elderly population, were first identified by a team of researchers from the Institute for Competitiveness, India. Furthermore, the credibility of sources and data availability were also considered.

02

Collection of Data

The Index on Quality of life for Elderly 2021 is using all reliable sources of data. All the data has been collected from reports published by the Government of India, Ministries and Departments of the Government, Research organizations and institutions funded by the Government like National Sample survey office (NSSO) on health 75th round, National Sample survey on Education 71st round, The Longitudinal Ageing Study in India (LASI), Ministry of Rural Development, Sample Registration System (SRS), National Crime Records Bureau (NCRB). This report uses actual economic and social indicators (secondary data) and does not collect primary data through surveys.

03

Categorization of States

Given the distinct levels of development of states across India and their varying Elderly population size, States were categorized into different tiers to help bring forth better analysis. Various states across India have been classified based on their share of the Elderly population, i.e., those above 60 years. The Aged States refer to states with an Elderly population of more than 5 million, whereas the Relatively Aged States refer to states with an Elderly population of less than 5 million. Northeast states and Union territories are two separate categories as they remain distinct from other states considering their geography and share of the elderly population. Also, it's in line with the view that the central government controls the Development of Union territories and considers Northeast regions development imperative.

04

Analysis and computation of Index

The indicators are assigned weights after being categorized under specific heads used to make the index more robust. For calculating the weights of indicators within a pillar, we used Principal Component Analysis (PCA). Parameters were then run through PCA to check for a fit between the indicators.



Financial Well-being

Economic Empowerment

- Percentage distribution of aged persons by state of economic independence - fully dependent
- Mean Monthly Individual Earnings from all sources
- Percentage distribution of economically independent aged persons by number of dependents- not dependent on others

Education Attainment & Employment

- Work Force Participation Rate of people aged 60+
- Percentage of Aged Persons - Currently working
- Percentage of Aged Persons - seeking job
- Percentage of Employed Persons under MNREGA - (60-80 years)



Social Well-being

Social Status

- Sex ratio (60 years and above)
- Percentage of Elderly - Currently married
- Percentage of Elderly Persons satisfied with their own life
- Percentage of Elderly Persons satisfied with their current living arrangement
- Percentage of Elderly Persons who need helpers for ADL and IADL limitations

Physical Security

- Crime against the elderly
- Experience of Ill-Treatment (for age 60 and above only)
- Living arrangements of the elderly - Living alone



Health System

Basic Health

- Life Expectancy at 60+ years of age
- Percentage distribution of ailments at 60+ years of age
- Percentage distribution of aged persons with chronic illness by own perception about current state of health
- Physical mobility of the aged
- Percentage of people aged 60+ years who engage in physical exercise
- Percentage of people aged 60+ years with Health insurance coverage
- Poor Self Rated Health (SRH)

Psychological Well-being

- Prevalence of Depression
- Prevalence of Alzheimer's disease and dementia
- Prevalence of Psychiatric problems
- Prevalence of Neurological problems
- Out of pocket expenses for healthcare (not restricted to elderly)
- Hospitalization cases for the elderly
- Mean expenditure on last hospitalization



Income Security

Social Security

- Received any concession or benefit
- Percentage of elderly covered under Provident Fund
- Expenditure for activities under National Program for Healthcare of Elderly under National Health Mission - (2018-19)
- Percentage of elderly Currently receiving retirement pension

Enabling Environment

- Aware of any concession given by government to elderly
- Percentage of elderly Covered under work related pension scheme
- Awareness of Indira Gandhi National Old Age Pension Scheme
- Awareness of Indira Gandhi Widow Pension Scheme
- Aware of "Maintenance and Welfare of Parents and Senior Citizens Act"
- Percentage of Elderly BPL - Receiving Benefits from Indira Gandhi National Old Age Pension Scheme
- Percentage of Elderly BPL - Receiving Benefits from Indira Gandhi Widow Pension Scheme

FRAMEWORK

Pillars	Rationale
Financial Well-being	<p>Financial Well-being is a state of being wherein older persons can meet their current and ongoing financial obligations without making any trade-off in their present well-being. It includes closely associated factors with traditional socioeconomic status, i.e., Economic Empowerment, Education attainment and Employment. This pillar encapsulates knowledge about how resources, expenses, risks, financial literacy, goals, and preferences may contribute to an older person's perception of their financial well-being in a particular region. A region must aim to enforce programmes that educate and empower older persons, which allows them to make informed financial decisions about their lives and improve or maintain their quality of life and overall well-being as they age.</p>
Social Well-being	<p>Social Well-being is the key to enabling older people to age 'successfully' and 'in place' and form the backbone of "age-friendly societies". Variations in older people's lives are not just due to their health conditions but may be due to their physical and social environments, including their homes, neighbourhoods, communities, and characteristics, such as their sex, ethnicity, or socioeconomic status. With advancing age, these factors start to influence the wellbeing of the elderly at an early stage. This pillar assesses whether older persons live independently and in a safer environment. If not, there is a need to reduce Elderly abuse and crime against the aged.</p>
Health System	<p>Health systems need to be better organized around older people's needs and preferences, designed to enhance older people's intrinsic capacity, and integrated across settings and care providers (WHO, 2018). This pillar helps the region identify health disparities, i.e., limited availability of health care services, insufficient health insurance coverage and out-of-pocket medical care costs, and other factors that result in poor health outcomes for older people across states.</p>
Income Security	<p>The Income Security pillar captures income-based support available to older persons relative to the rest of the population and covers those living below the poverty line in the region. Since most of the older persons remain employed in the informal sector, they do not receive any pension allowances. As income security support is restricted to people who have been in formal wage employment, the rest rely on their assets, savings, livelihood efforts, and slowly eroding family support. Therefore, regions need to ensure that the lack of income among the older persons do not lead to other forms of deprivation and experience of discrimination, humiliation, and rejection.</p>

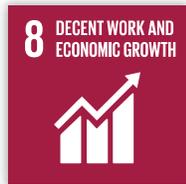
Pillars	Sub-Pillars	Rationale
 <p>Financial Well-being</p>	<p>Economic Empowerment</p>	<p>Economic empowerment among aged persons is the capacity of elderly citizens to participate and benefit from the growth process. The extent of economic empowerment for a region depends on the economic opportunities it presents for its aged population and is reflected in the older people’s capacity to live independently.</p>
	<p>Education attainment and Employment</p>	<p>Educational attainment captures the lifelong accumulation of skills and competencies that show older people’s social and human capital potential. Employment is an outcome of the education received over the lifetime. It impacts an older person’s economic circumstances and their ability to participate in society.</p>
 <p>Social Well-being</p>	<p>Social Status</p>	<p>Social status includes aspects of ageing societies and environments that directly or indirectly affect older persons daily but remains challenging to assess. Social relations, functional ability, and activities influence an older person’s economic and social status. They are essential for attaining the objectives of social cohesion across regions.</p>
	<p>Physical Safety</p>	<p>Cases of crime and violence certainly affect the way of life and the well-being of the elderly to a large extent in the family and society. The other critical well-being outcome affected by it is the capacity to live independently, and self-reliant health is a core domain in measuring older people’s well-being. It further measures how safe people feel in their neighbourhoods</p>
 <p>Health System</p>	<p>Basic Health</p>	<p>Basic Health covers the parameters imperative in estimating older people’s well-being and healthy ageing. Older persons tend to have a higher prevalence of chronic diseases, physical disabilities, and other health-related problems. Therefore, it is imperative to address the gap in understanding the needs and constraints of older people and people with disabilities, morbidities, and promote their inclusion in the health system.</p>
	<p>Psychological Well-being and care</p>	<p>Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO, 2021); therefore, psychological well-being remains a critical factor in measuring the quality of life in the later stages of life. Many elderly experience loneliness and depression in old age, either due to their living arrangement or their inability to participate in community activities actively.</p>
 <p>Income Security</p>	<p>Social Security</p>	<p>Regions need a robust social security system that addresses decisive ageing challenges and ensures active ageing. It’s essential to provide a fair pension under social security schemes for the elderly population. At the same time, the regions need to revisit and re-evaluate existing multi-sectoral policy initiatives aimed towards the inclusion of the elderly belonging to the informal sectors.</p>
	<p>Enabling Environment</p>	<p>Enabling environment is an essential pillar that captures how well the region is doing in awareness of schemes and programs that focus on well-being. It further addresses the gap between awareness and utilization of pension schemes among the elderly. Older persons are sometimes unable to claim their pension benefits or end up being misused by other people due to less financial literacy and other related barriers. Regions need to remove these barriers and ensure that older persons, especially women have equal access to social security schemes to build an equitable society</p>

MAPPING FRAMEWORK WITH SDG GOALS

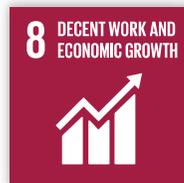
To improve the lives of older people and foster active ageing, this report highlights the areas that require to be worked upon to ensure better health and nutrition, personal and financial security, skills and knowledge, social connectivity, and personal dignity. We have mapped Quality of life for Elderly framework with the relevant Sustainable Development Goals on the basis of Implications for healthy ageing provided by the UN (Decade of Health ageing , 2020).

Financial Well-being

Economic Empowerment



Education attainment and Employment



Social Well-being

Social Status



Physical Safety



Health System

Basic Health



Psychological Well-being and care



Income Security

Social Security



Enabling Environment



05

KEY FINDINGS



RANKINGS

Aged States

States	Quality of life for Elderly	Overall Ranking
Rajasthan	54.61	1
Maharashtra	53.31	2
Bihar	51.82	3
Tamil Nadu	47.93	4
Madhya Pradesh	47.11	5
Karnataka	46.92	6
Uttar Pradesh	46.80	7
Andhra Pradesh	44.37	8
West Bengal	41.01	9
Telangana	38.19	10

North-Eastern States

States	Quality of life for Elderly	Overall Ranking
Mizoram	59.79	1
Meghalaya	56.00	2
Manipur	55.71	3
Assam	53.13	4
Sikkim	50.82	5
Nagaland	50.77	6
Tripura	49.18	7
Arunachal Pradesh	39.28	8

Relatively Aged States

States	Quality of life for Elderly	Overall Ranking
Himachal Pradesh	61.04	1
Uttarakhand	59.47	2
Haryana	58.16	3
Odisha	53.95	4
Jharkhand	53.40	5
Goa	52.56	6
Kerala	51.49	7
Punjab	50.87	8
Chhattisgarh	49.78	9
Gujarat	48.99	10

Union Territories

Union Territories	Quality of life for Elderly	Overall Ranking
Chandigarh	61.81	1
Dadra and Nagar Haveli	58.58	2
Andaman & Nicobar Islands	55.54	3
Delhi	54.39	4
Lakshadweep	53.79	5
Daman and Diu	53.28	6
Puducherry	53.03	7
Jammu and Kashmir	46.16	8

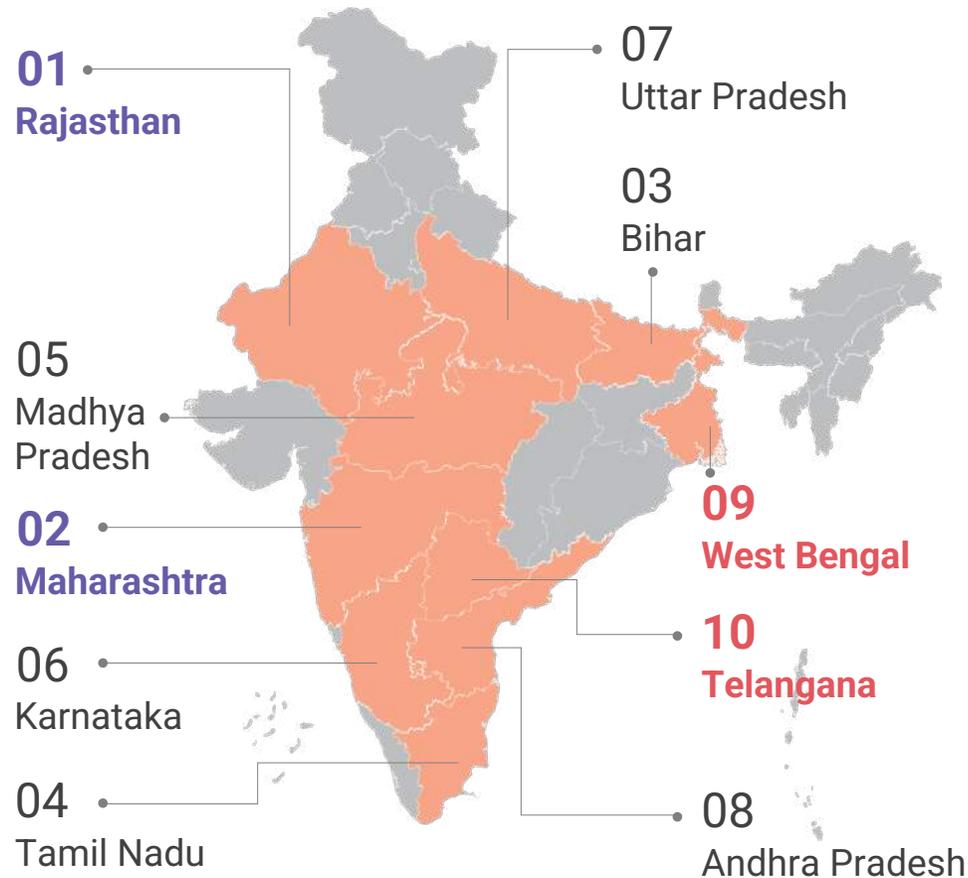
Note: Aged states have above 5 million Population of age 60 and above . Relatively Aged states have below 5 million population of age 60 years and above.

Northeast states and Union territories are two separate categories as they remain distinct from other states considering their geography and share of the elderly population. Also, it's in line with the view that the central government controls the development of Union territories and considers Northeast regions development imperative.

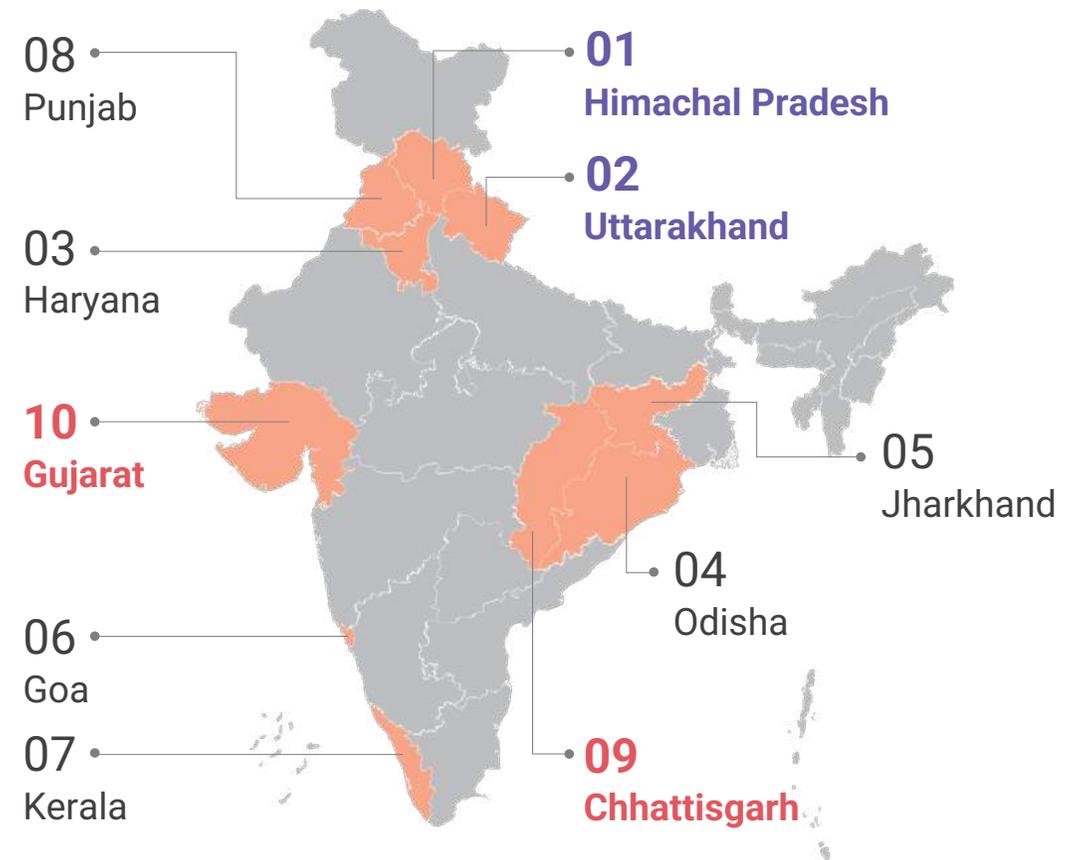
*Ladakh has not been assessed as a separate Union Territory owing to the lack of data available at the union territory level. For the purposes of analysis, its performance has been assessed with Jammu and Kashmir.

QUALITY OF LIFE FOR ELDERLY RANKINGS

Aged States



Relatively Aged States

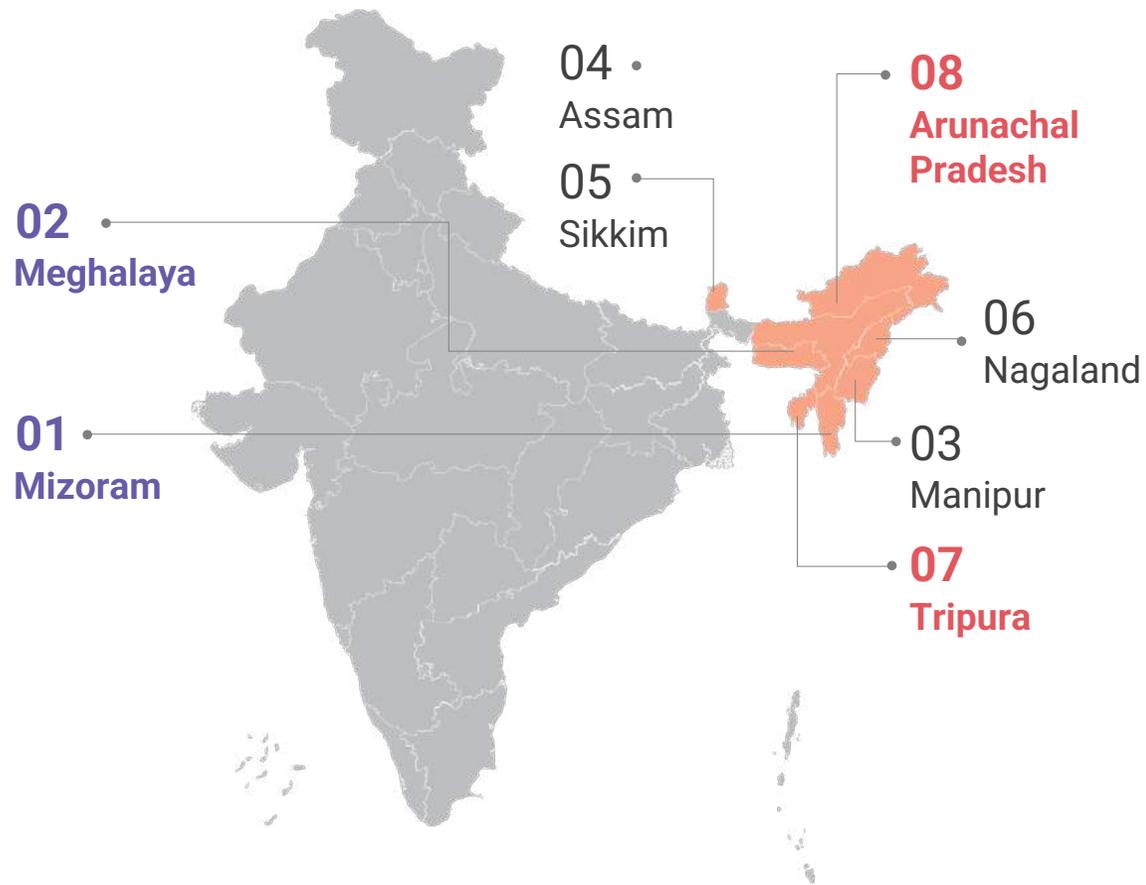


Note: Aged states have above 5 million Population of age 60 and above . Relatively Aged states have below 5 million population of age 60 years and above.

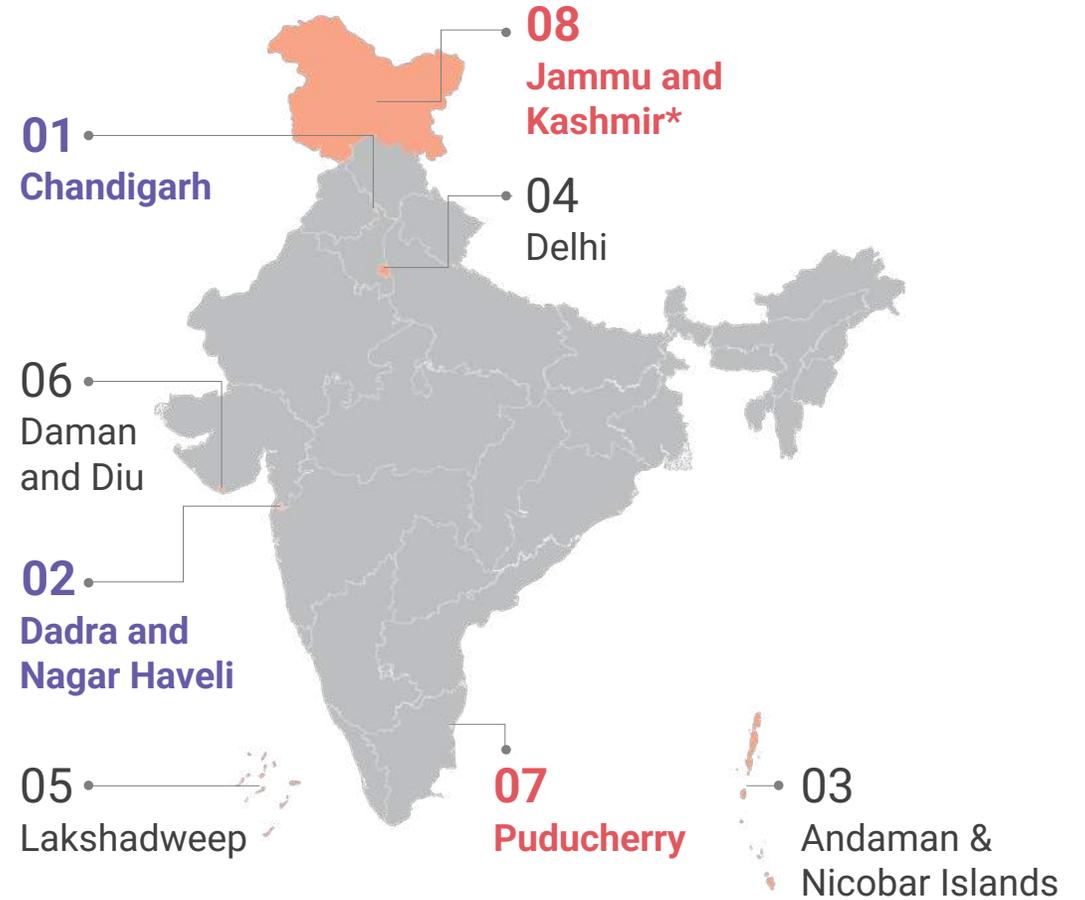
Northeast states and Union territories are two separate categories as they remain distinct from other states considering their geography and share of the elderly population. Also, it's in line with the view that the central government controls the development of Union territories and considers Northeast regions development imperative.

*Ladakh has not been assessed as a separate Union Territory owing to the lack of data available at the union territory level. For the purposes of analysis, its performance has been assessed with Jammu and Kashmir.

North-Eastern States



Union Territories

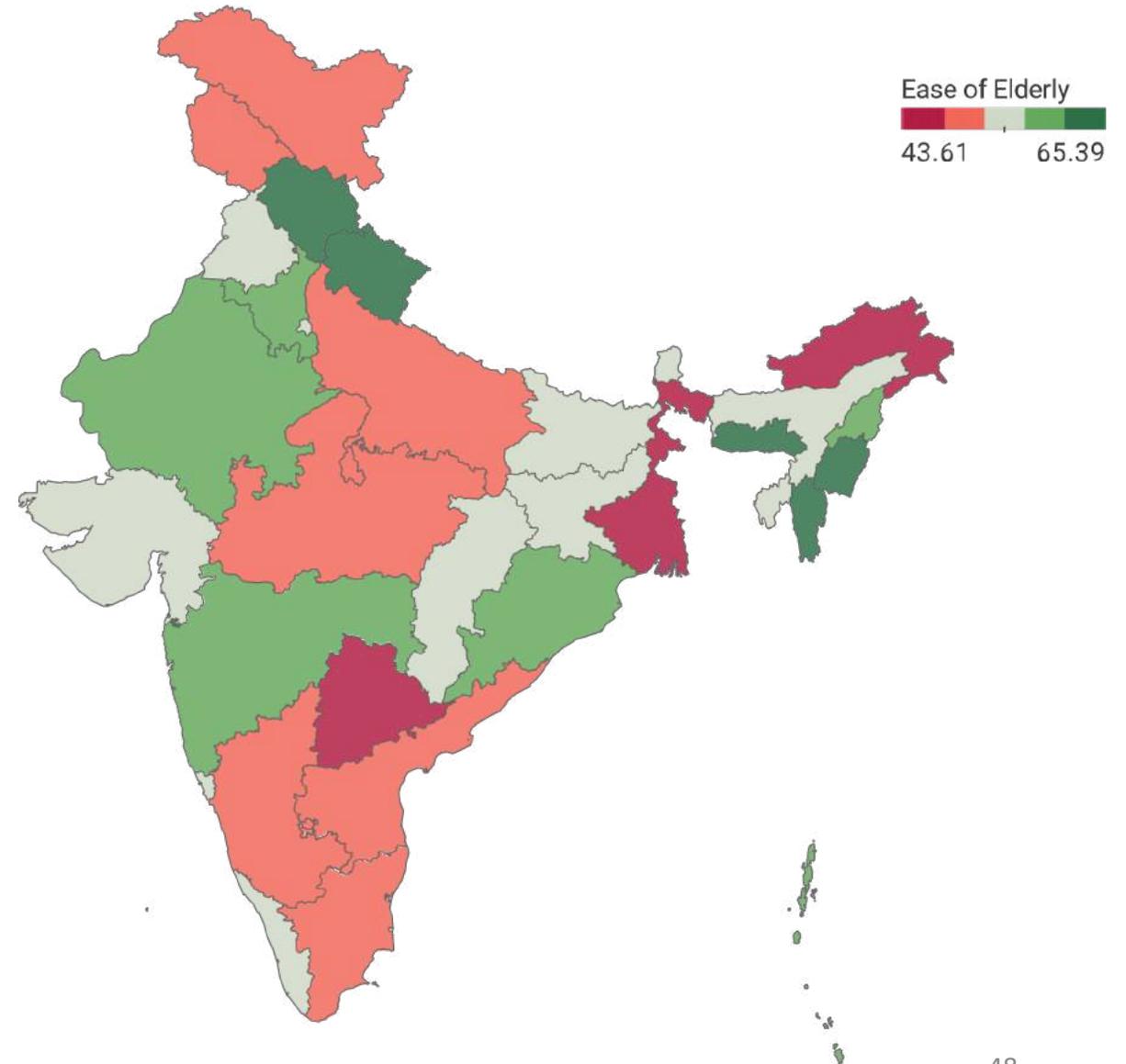


Note: Aged states have above 5 million Population of age 60 and above . Relatively Aged states have below 5 million population of age 60 years and above. Northeast states and Union territories are two separate categories as they remain distinct from other states considering their geography and share of the elderly population. Also, it's in line with the view that the central government controls the development of Union territories and considers Northeast regions development imperative.

*Ladakh has not been assessed as a separate Union Territory owing to the lack of data available at the union territory level. For the purposes of analysis, its performance has been assessed with Jammu and Kashmir.

QUALITY OF LIFE FOR ELDERLY SCORES

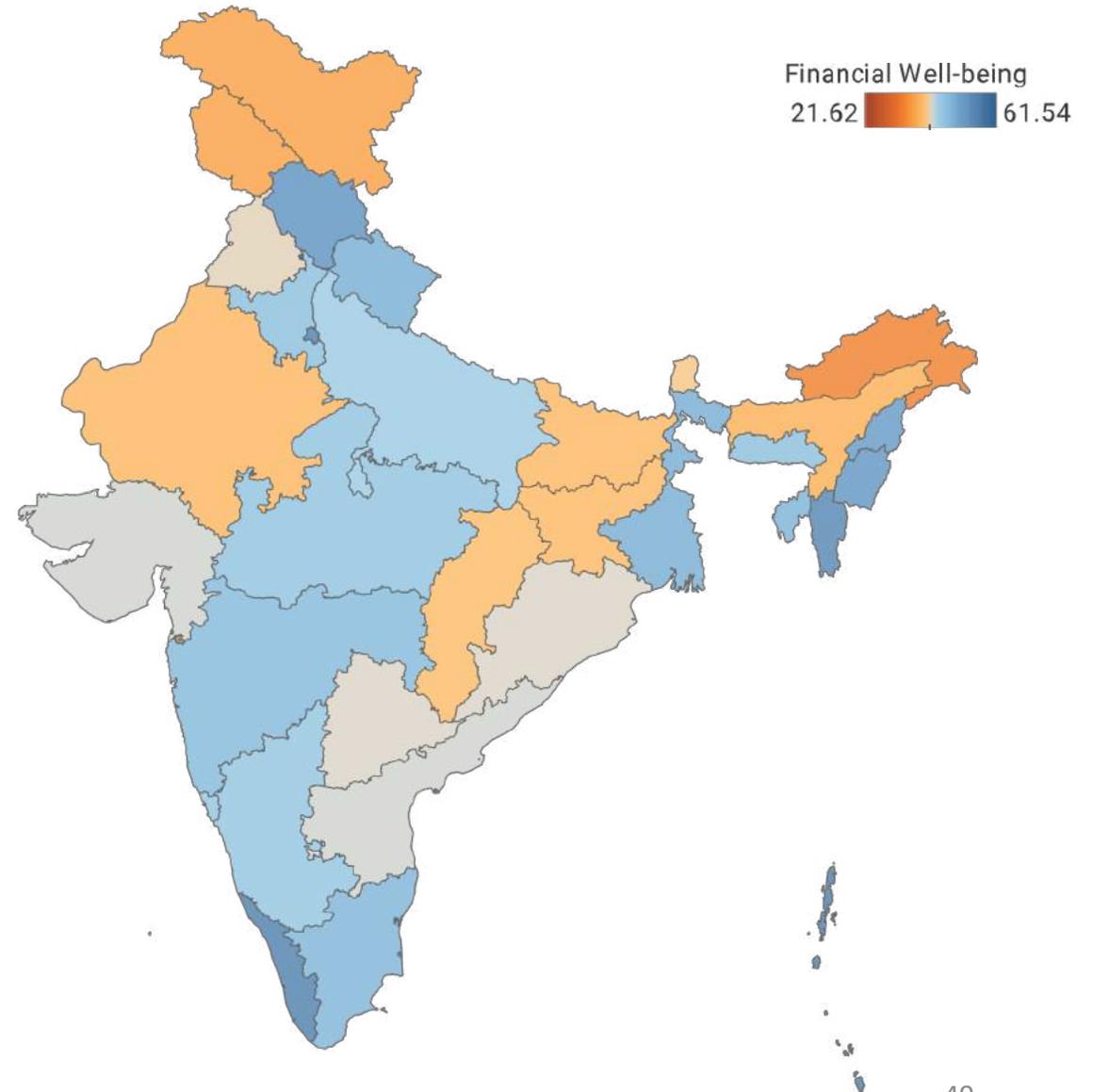
- The overall Quality of Life for Elderly scores reflect a commendable performance from north-eastern states of Mizoram (59.78) and Meghalaya (56.07), and other states such as Uttarakhand (59.46) and Dadra and Nagar Haveli (58.57).
- Most of the high-scoring states are concentrated in the north-western and north-eastern parts of the country.
- Some of the poor-performing states in the overall index rankings emerge from southern states such as Telangana, Andhra Pradesh, Karnataka, and some eastern/north-eastern states such as West Bengal and Arunachal Pradesh.



PILLAR-LEVEL SCORES

Financial Well-being

- The top-performing states in the Financial Well-being pillar are union-territories, with Chandigarh scoring the highest at **61.54**. Other UTs include Puducherry (**57.15**), Delhi (**55.50**), and Andaman & Nicobar Islands (**55.45**).
- Interestingly, many states that have not performed well in the overall index scores, have performed reasonably well in this pillar (states such as West Bengal, Kerala, Tamil Nadu).
- Some of the poor-performing states in the overall index rankings emerge from north-eastern parts of the country, such as Arunachal Pradesh, Assam, along with other states/union territories such as Jammu and Kashmir, Daman and Diu, and Lakshadweep.



PILLAR-LEVEL SCORES

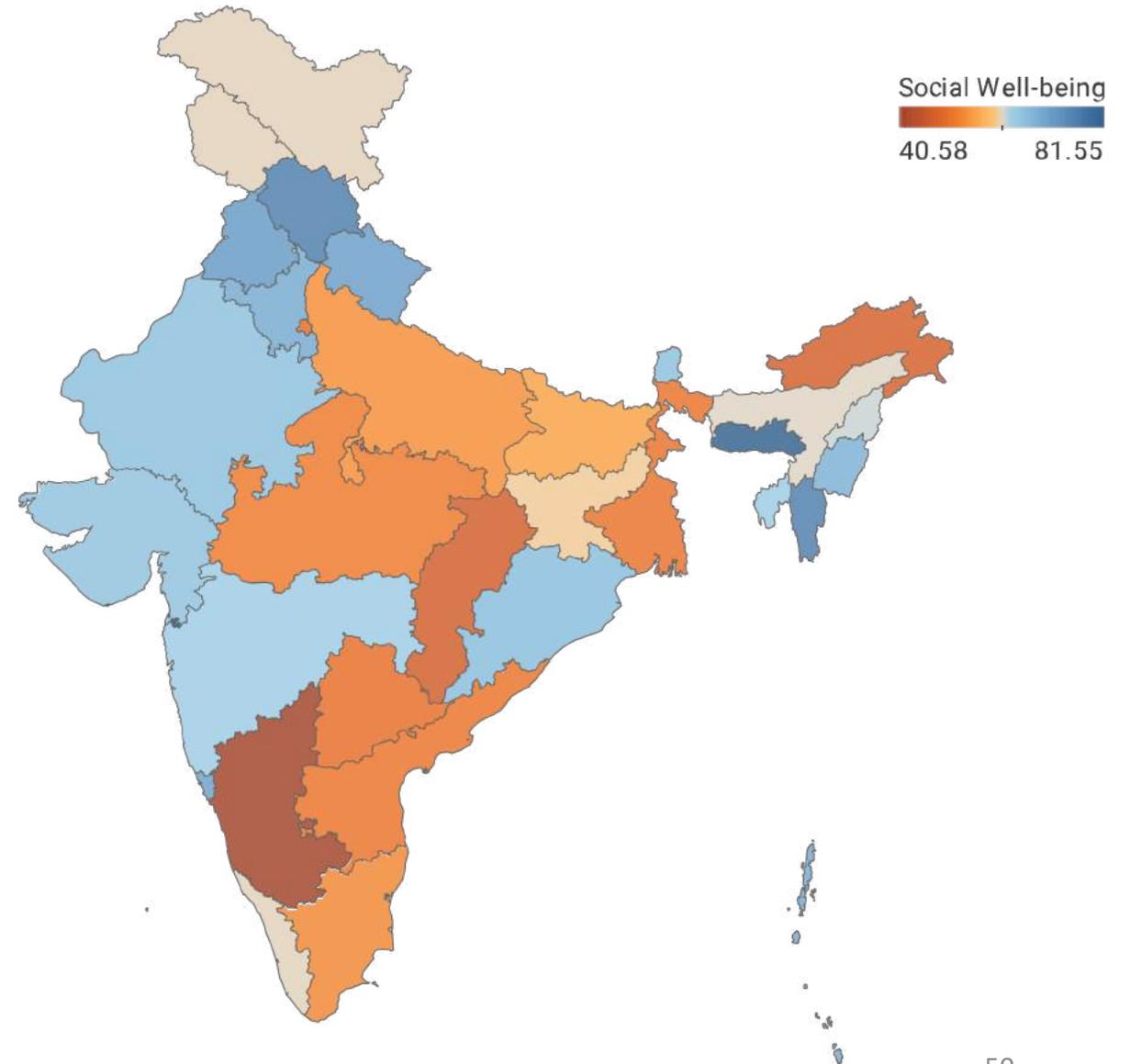
Social Well-being

The top-performing states in the Social Well-being pillar are north-eastern states such as

Meghalaya (81.55), Dadra and Nagar Haveli (79.33), Mizoram (75.94) and Himachal Pradesh (75.92).

Many aged states have scored significantly lower in this pillar. Karnataka has the lowest score; other states such as West Bengal, Madhya Pradesh and Telangana closely follow suit. In comparison, relatively aged States such as Himachal Pradesh, Punjab & Haryana have scored high.

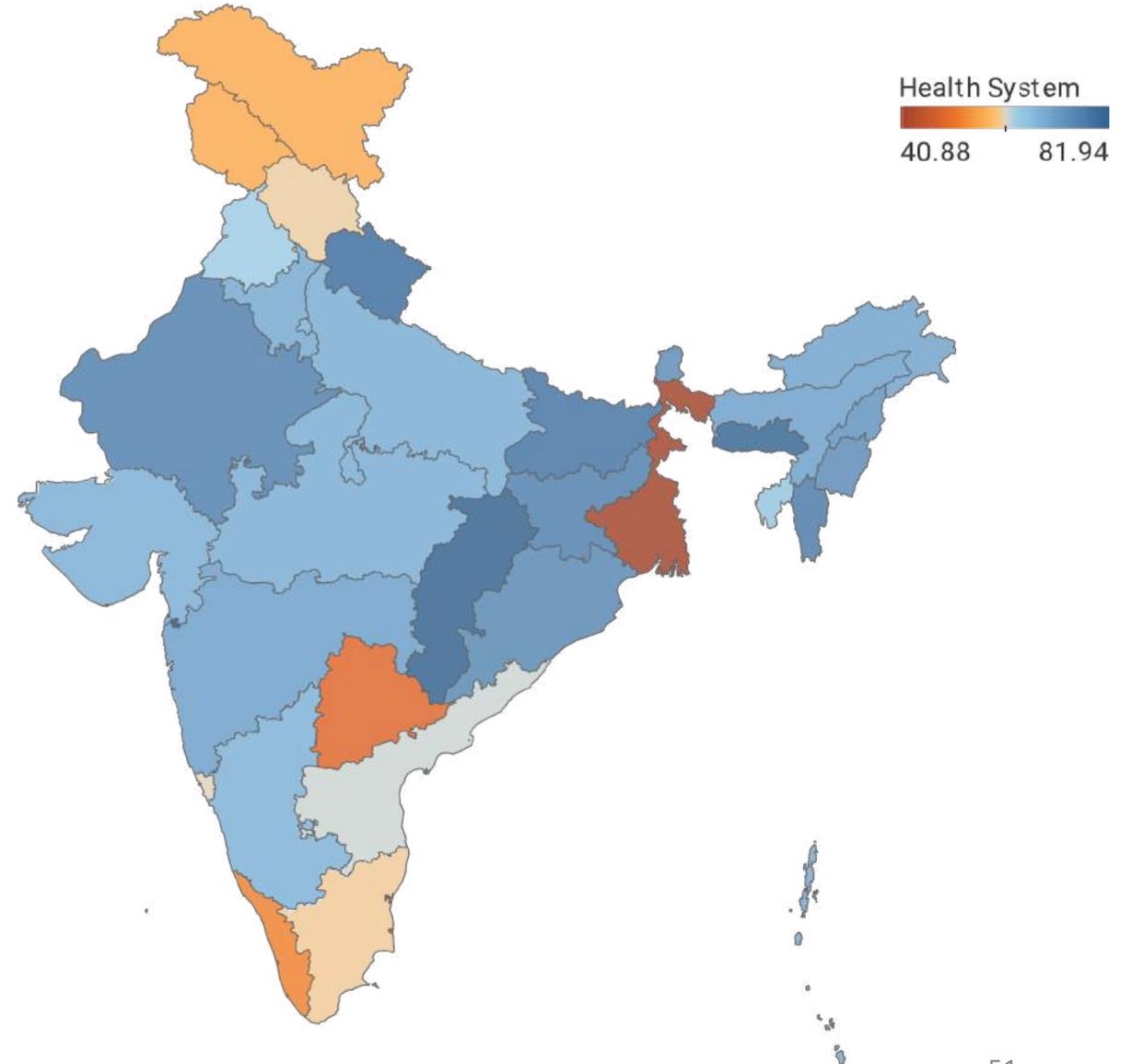
A scope of improvement is evident in the case of most Indian states.



PILLAR-LEVEL SCORES

Health System

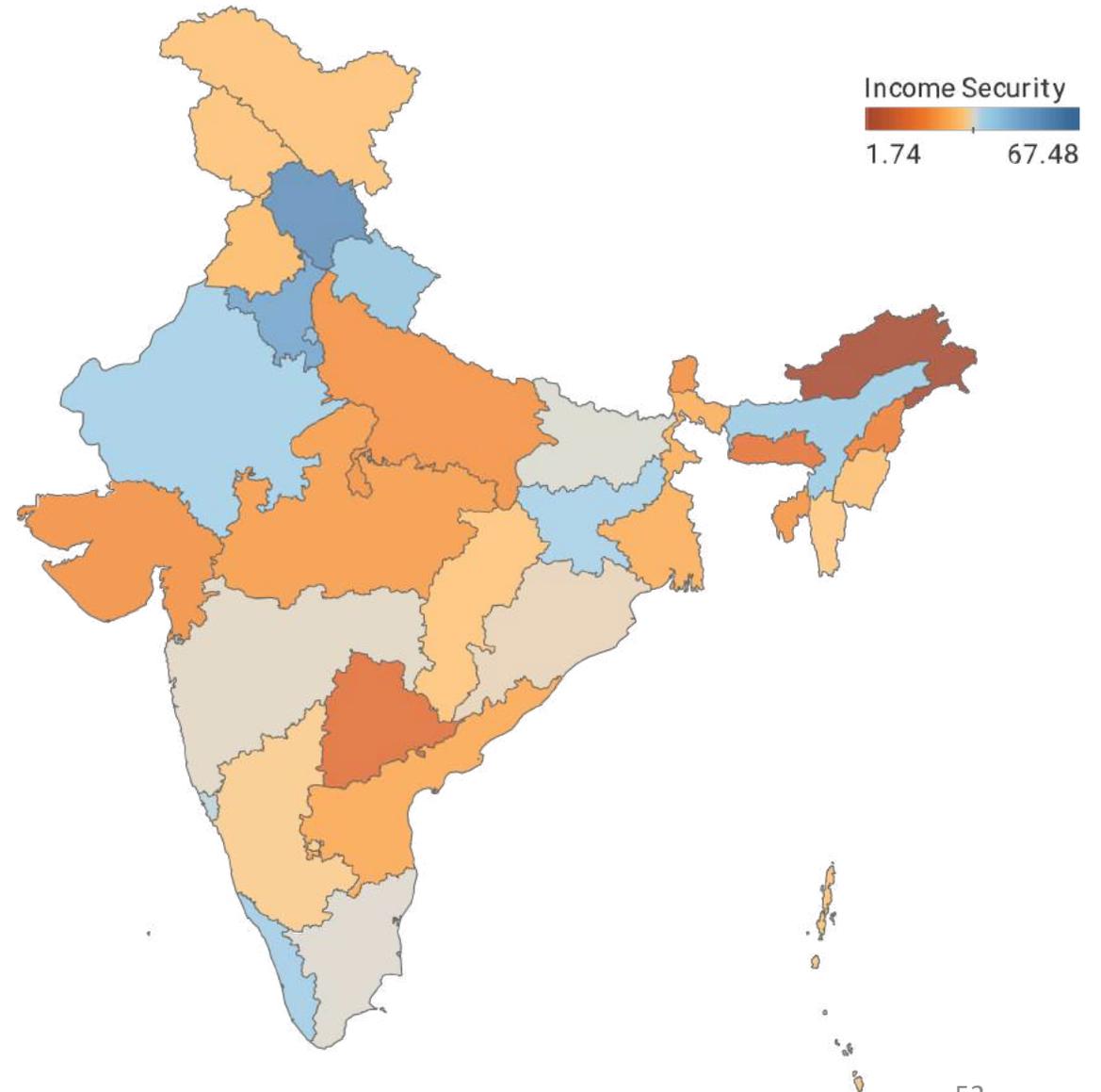
- The Health System pillar observes a relatively higher performance across Indian states and union territories than other pillars in this index. North-Eastern states have performed better than other states and union territories .
Their scores range from **63.79- 81.94**.
- States like Chhattisgarh, Uttarakhand, Rajasthan, Odisha, Meghalaya and Sikkim, and union territories like Dadra and Nagar Haveli, and Daman and Diu have scored high.
- On the other hand, states such as West Bengal, Telangana, Puducherry, and Kerala have observed significantly lower scores that fall below the national average. Barring Kerala, which has just scored slightly above 50, all these states have scored below 50.



PILLAR-LEVEL SCORES

Income Security

- Most states have performed poorly in the Income Security pillar, with the top-scorer being **Chandigarh (67.48)**. Other top-scoring states include **Himachal Pradesh (55.70)**, **Haryana (49.56)** and **Lakshadweep (46.66)**.
- States such as **Telangana** and **Arunachal Pradesh**, which have scored on the lower end in the overall index rankings, have also scored poorly in this pillar.
- Other states that show a possibility of improvement include **Meghalaya**, **Nagaland**, **Sikkim**, **Gujarat** and **Uttar Pradesh**.



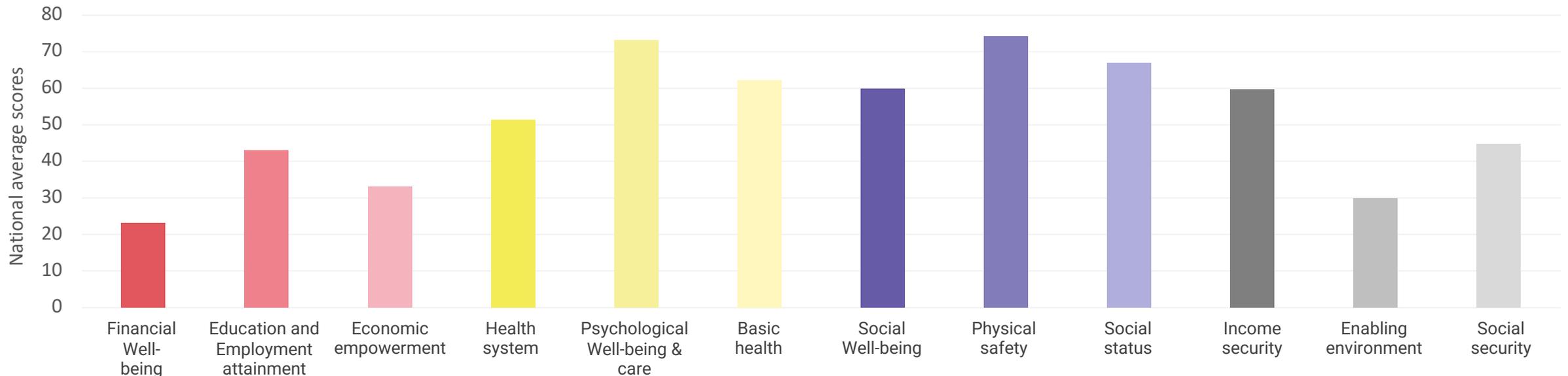
COUNTRY LEVEL ANALYSIS

Health system is leading across all pillars and is closely followed by Social Well-being.

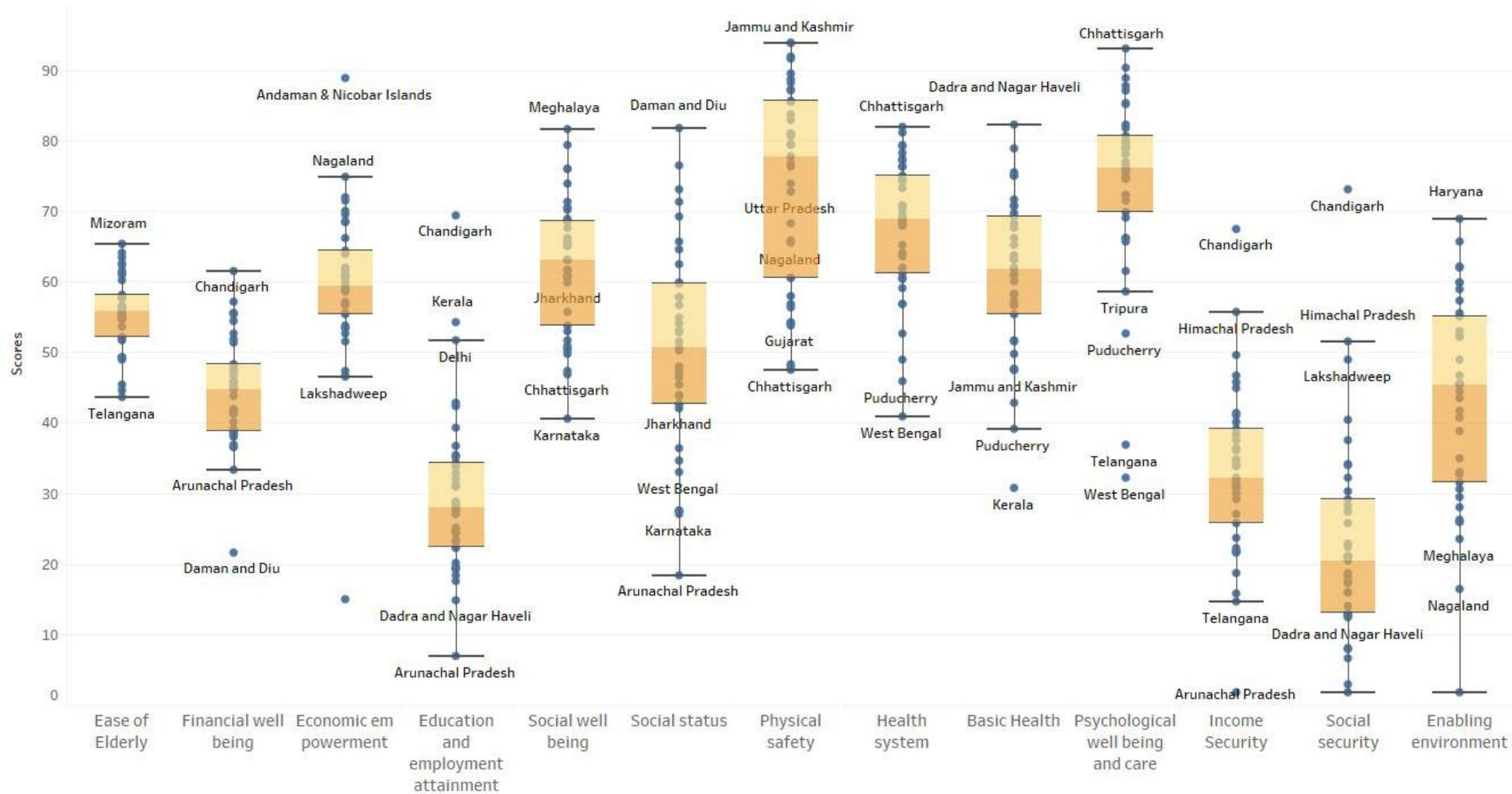
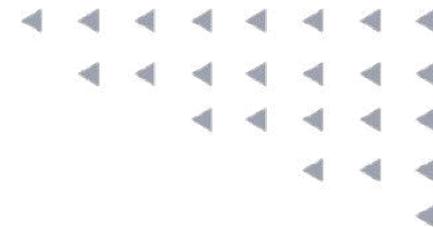
63.8% of the states and union territories have scored more than the national average in the health system. Only six states have scored below 50 on basic health. More than 56% of states and union territories have performed well and scored above the national average in sub-pillar Psychological Well-being and Care i.e. 73.21. These scores have further accentuated the scores of Social Well-being.

Financial Well-being and Income security are the lowest scoring pillars

The overall performance of Financial pillar has been brought down by poor performance of regions across indicators that measure education attainment and Employment. For example, Kerala, Chandigarh and Delhi have scored above national average, and 17 regions have a percentage of literate population below the national average, i.e. 47.13. The Income Security pillar has the lowest national average score at 33.03. This is due to the low overall performance of social security across regions of India. In social security, which evaluates the essential measures that provide income support in pensions and provident funds, 62% of regions have scored below the national average i.e. 23.6. 21 out of 36 states have utilized less than 50% of funds sanctioned under the National Programme for Health Care of the Elderly (NPHCE) while Chandigarh and Dadra and Nagar Haveli haven't been sanctioned any amount.



VARIATION OF QUALITY OF LIFE FOR ELDERLY SCORES



VARIATION OF QUALITY OF LIFE FOR ELDERLY SCORES

01

There appears a lack of consistency in states across different pillars and sub-pillars. Most states and union territories have a satisfactory performance in sub-pillars of Social Well-being & Health systems. Many states have fared high in Economic empowerment, a sub pillar of Financial Well-being.

02

It can be observed that Chandigarh, a union territory, features as a positive outlier in several sub pillars such as Education attainment and Employment, Social security, thus demonstrating that the goal of elderly care and inclusion has advanced there, but has not permeated beyond the rest of the country.

03

The median scores for the sub-pillars of Income security and Financial well-being are much lower than other pillars and sub-pillars. Two sub-pillars, Social security (Income security) and Education attainment and Employment (Financial Well-being), observe most states scoring below the median score for these sub-pillars.

04

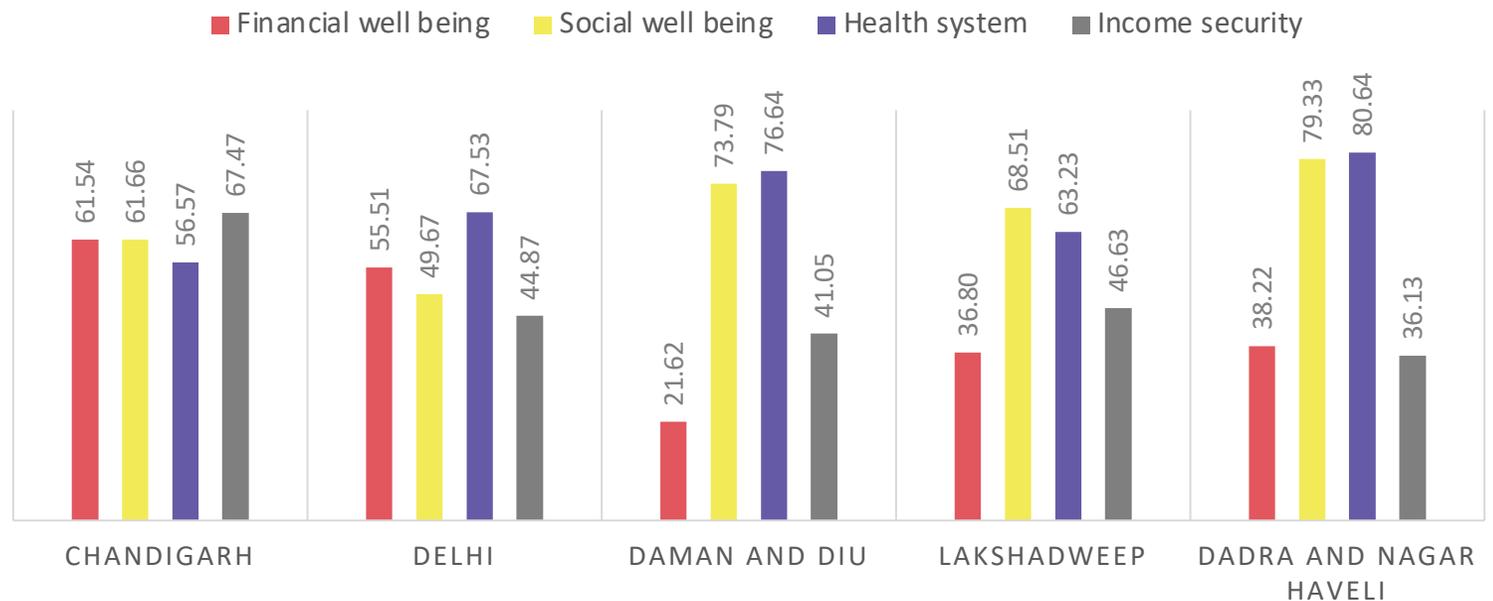
Daman and Diu, Kerala, Telangana, West Bengal and Arunachal Pradesh feature as several outliers in major sub-pillars such as Economic empowerment, Basic Health, Psychological Well-being and care and Income security respectively. This demonstrates that the goal of elderly inclusion has clearly not permeated beyond these major cities to the rest of the country.



CATEGORY WISE ANALYSIS : UNION TERRITORIES



- Union territories have performed well in almost all pillars, **especially Income Security**. They have scored above the national average in the Income Security pillar, where most of the states are lagging behind.
- Chandigarh has the highest Quality of Life for Elderly score in this category as it has performed above national average across all the pillars.
- Daman and Diu have a score value of **21.62** in the Financial well-being pillar, which is the lowest across all categories.
- The low score is the result of its bottom position in Economic Empowerment. **94%** of its elderly are fully dependent on others, and only 1% of elderly are not dependent on the state of economic independence.
- Lakshadweep and Dadra and Nagar Haveli are also lagging in Financial Well-being, with a score of **36.08** and **38.22**, respectively, as they have scored lowest across all the indicators within the pillar.



Quality of Life for Elderly Scores of Select Union Territories

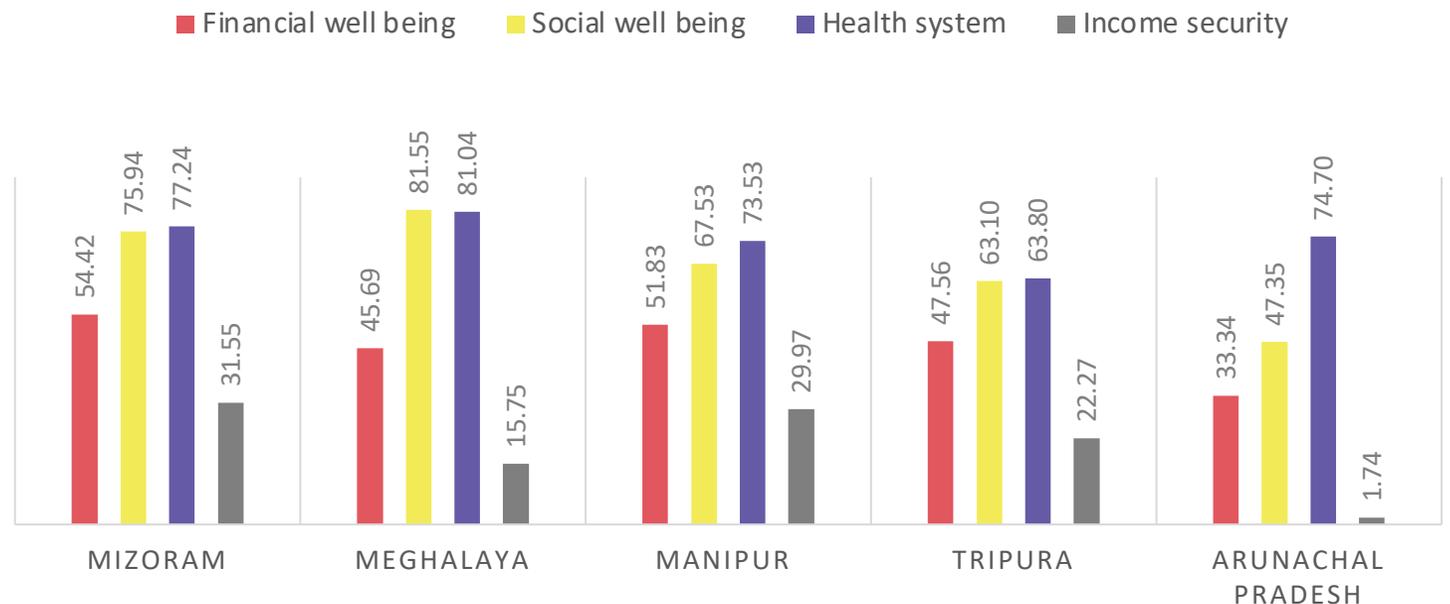
CATEGORY WISE ANALYSIS : NORTH-EASTERN STATES



Northeast states have **performed well in all the pillars** except Income Security.

7 out of 8 states have less than the national average score for Income security. These states have utilized more than **50%** of funds under NPHCE but have lower coverage under pension schemes and provident funds.

Arunachal Pradesh ranks lowest in this category. Overall, it is a negative outlier with the lowest elderly index score, that is, **38.15**. It has the lowest coverage for the elderly under Indira Gandhi National Old Age Pension Scheme & Indira Gandhi Widow Pension Schemes. Moreover, it lags behind other social security measures as well.



Quality of Life for Elderly Scores of Select North-Eastern States

CATEGORY WISE ANALYSIS : RELATIVELY AGED STATES

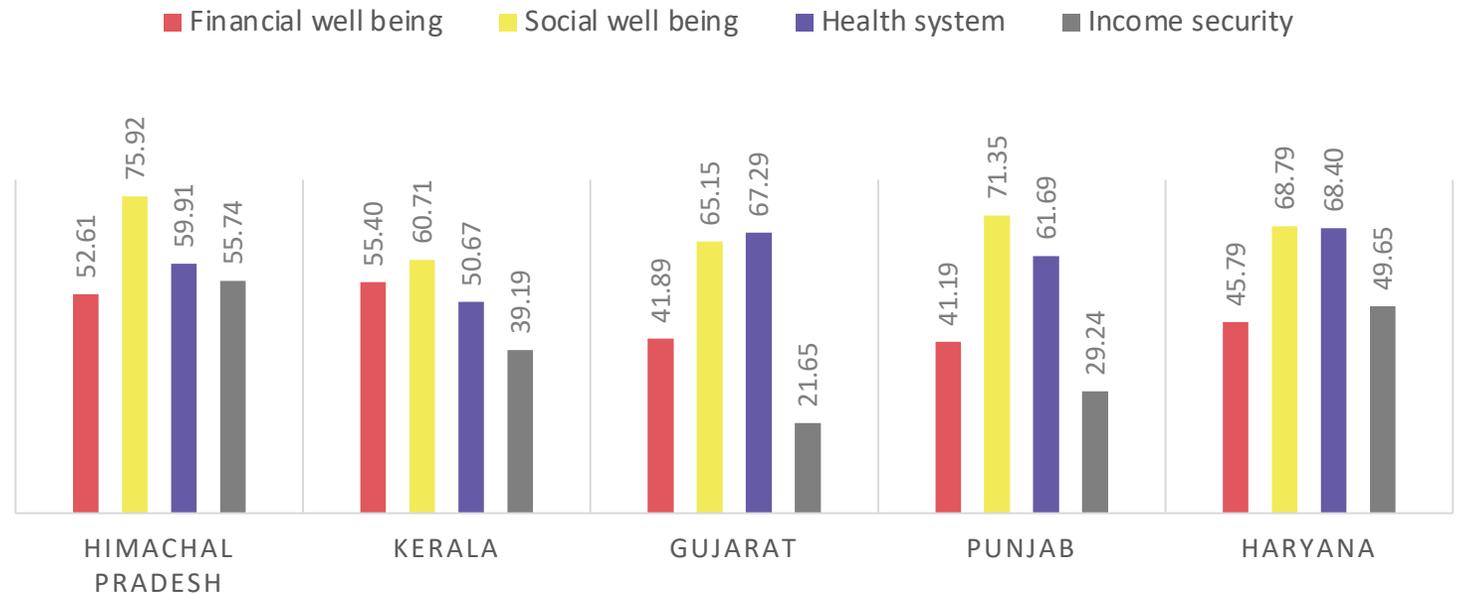


Mixed performance has been observed under this category.

Kerala is the state which has ranked lowest in the Health system. Despite having high health insurance coverage and life expectancy, it has fared low on Basic Health with a 26.8 score. The score is low because a significant proportion of the elderly suffers chronic illnesses such as heart diseases, diabetes, stroke, cancer, dementia. The incidence of other psychiatric illness is also increasing in Kerala.

Gujarat and Punjab are the bottom in the Income Security pillar. Gujarat has scored lowest in this category with a 21.64 score. **Even though Gujarat has utilized 99% of funds under the NPHCE scheme for the elderly, it has ranked low compared to other regions on other indicators i.e.** only 4.7% of its elderly are currently receiving a retirement pension. It has also been observed that fewer elderly received government pension schemes – IGNOP & IGWPS – despite being aware of the schemes. All these factors have driven the low score of Gujarat.

Punjab is at the bottom because it secured lowest score of 12.85 in the Social Security sub-pillar. It has scored low on all indicators as well. Only 4.4% of funds have been utilized under NPHCE for Punjab, which is a cause of concern.



Quality of Life for Elderly Scores of Select Relatively Aged States

CATEGORY WISE ANALYSIS : AGED STATES



Aged states are amongst the worst performers in all categories. Regions have fared low in almost all pillars. Rajasthan has ranked no.1 in this category, followed by Maharashtra.



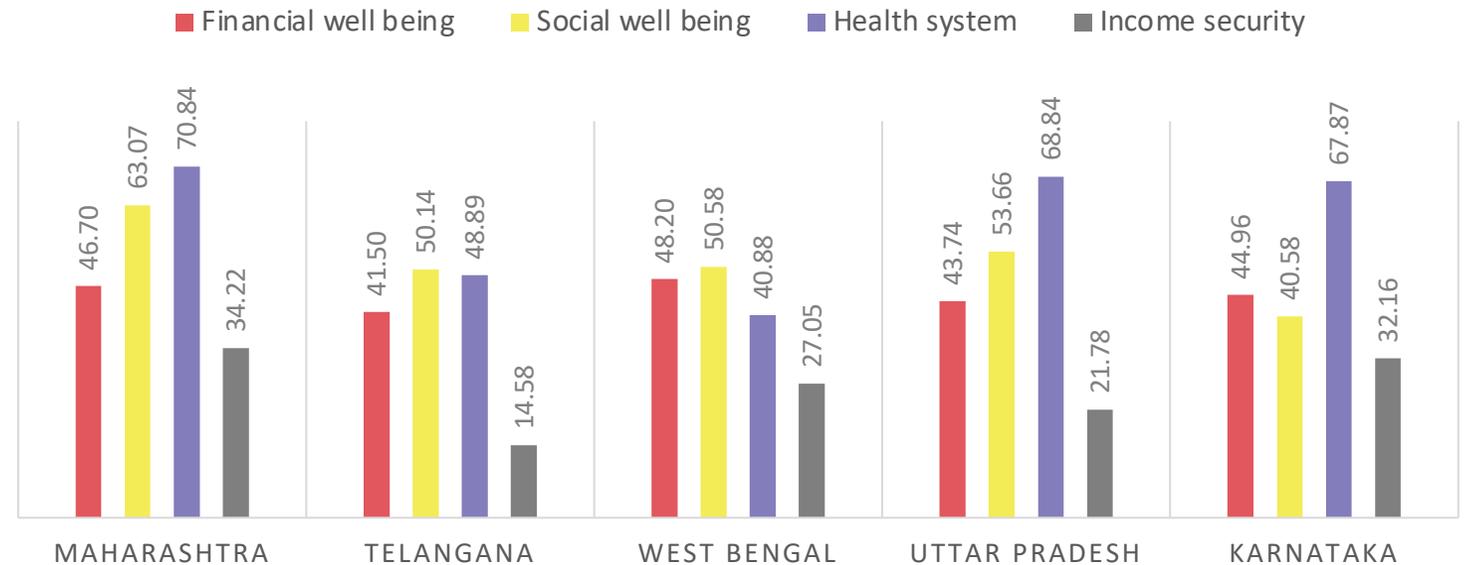
Uttar Pradesh has fared well in all pillars but has poorly performed in Social Security with a score value of 7.93, lowering its overall Income Security score.



West Bengal overall score of the Health System is the lowest in the index. It ranks at the bottom in this category due to the lower life expectancy of the aged population, lower than the national. It has also performed poorly across all the other indicators that measure essential health.



Telangana has the lowest score in Income Security and ranks at last in this category.



Quality of Life for Elderly Scores of Select Aged States

KEY FINDINGS :

Correlation Analysis



ECONOMIC DEVELOPMENT: ASSOCIATION BETWEEN GSDP AND QUALITY OF LIFE FOR ELDERLY SCORES

01

The actual evidence on the association between Gross State Domestic Product and Quality of life for Elderly scores do not point to any uniform conclusion. This is because they don't share a strong negative correlation.

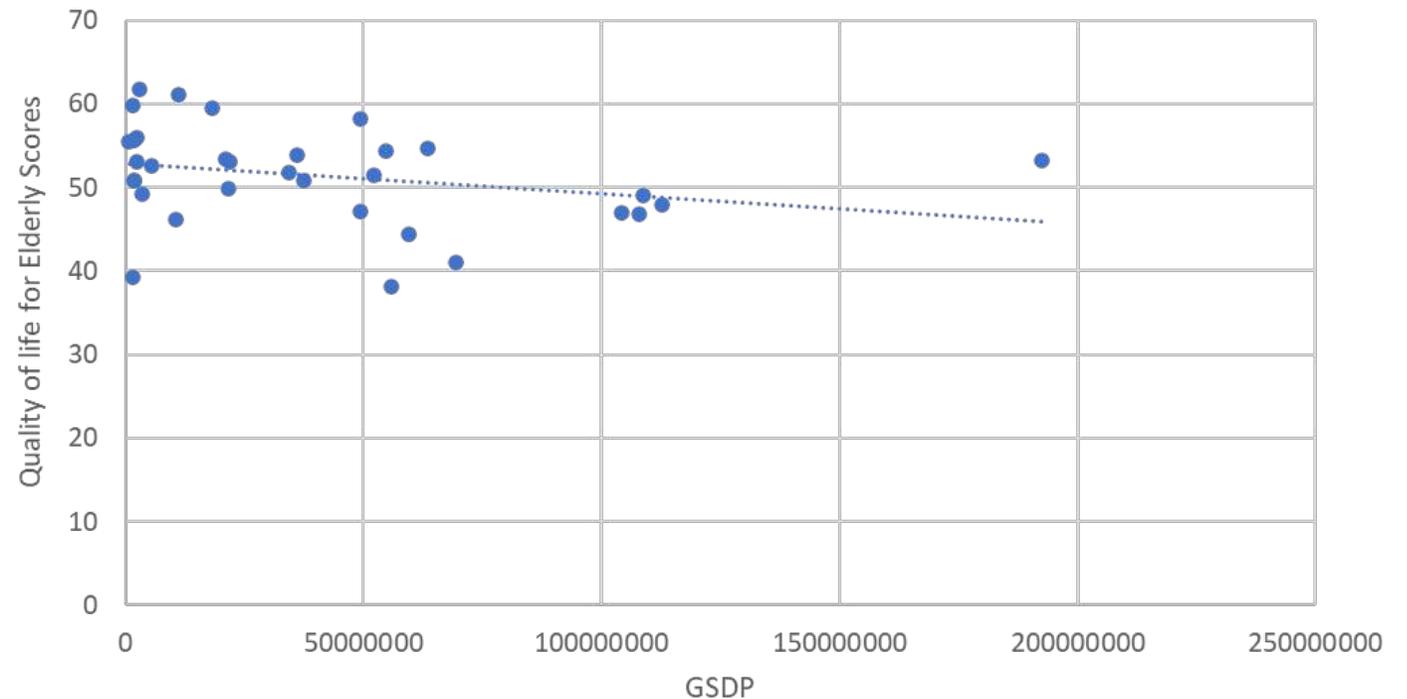
02

It is possible that the effect of GSDP on economic development has been exaggerated or that no single generalization is justified for states differing as widely in growth rates, densities, and income levels.

03

E.g., **Maharashtra** has the highest **GSDP**, but it hasn't reflected in its Quality of life for elderly score, which is only **53.03**.

Whereas **Chandigarh**, which has **GSDP lower**, ranks first with high quality of life for elderly score of **63.77**.



PROPORTION OF ELDERLY POPULATION HAS A NEGATIVE CORRELATION ON QUALITY OF LIFE FOR ELDERLY SCORES

01

There is a negative correlation between share of population over 60 years and Quality of life for Elderly scores.

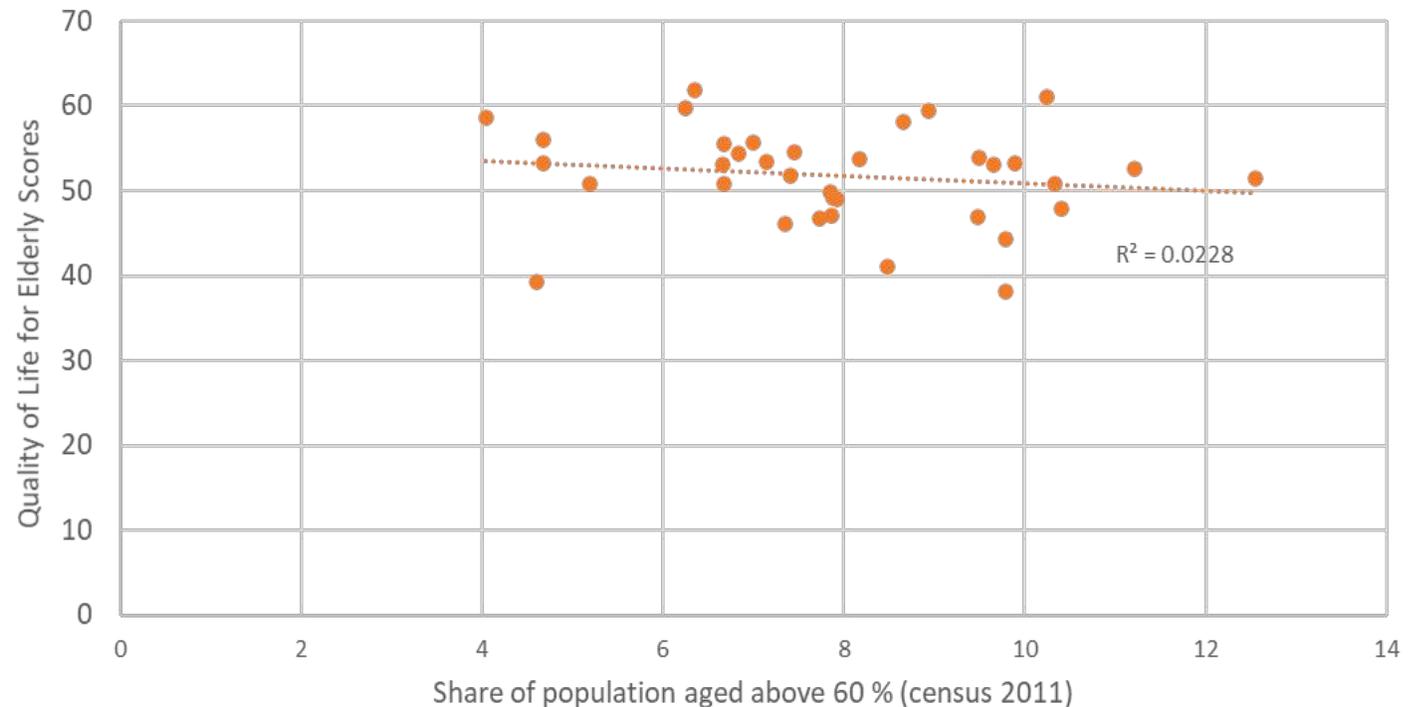
02

Some regions with high proportion of older people such as Arunachal Pradesh, West Bengal, Andhra Pradesh, Karnataka and Uttar Pradesh have scored lower on the index rankings. But some regions where demographic ageing is more advanced, like Chandigarh, Haryana, Mizoram and Meghalaya, have ranked higher in the overall Quality of life for Elderly scores.

03

None of this means that regions, currently and in the past, would have ranked the same if population growth rates had been markedly lower or higher.

However, it is possible that the effect of population growth on economic development can effect Quality of Life for Elderly in a region.



NEGATIVE RELATIONSHIP BETWEEN URBANIZATION AND QUALITY OF LIFE FOR ELDERLY SCORES

01

Urban population above 60 years and Quality of Life for Elderly scores share a negative relation ,with correlation value - 0.46.

02

The model has an

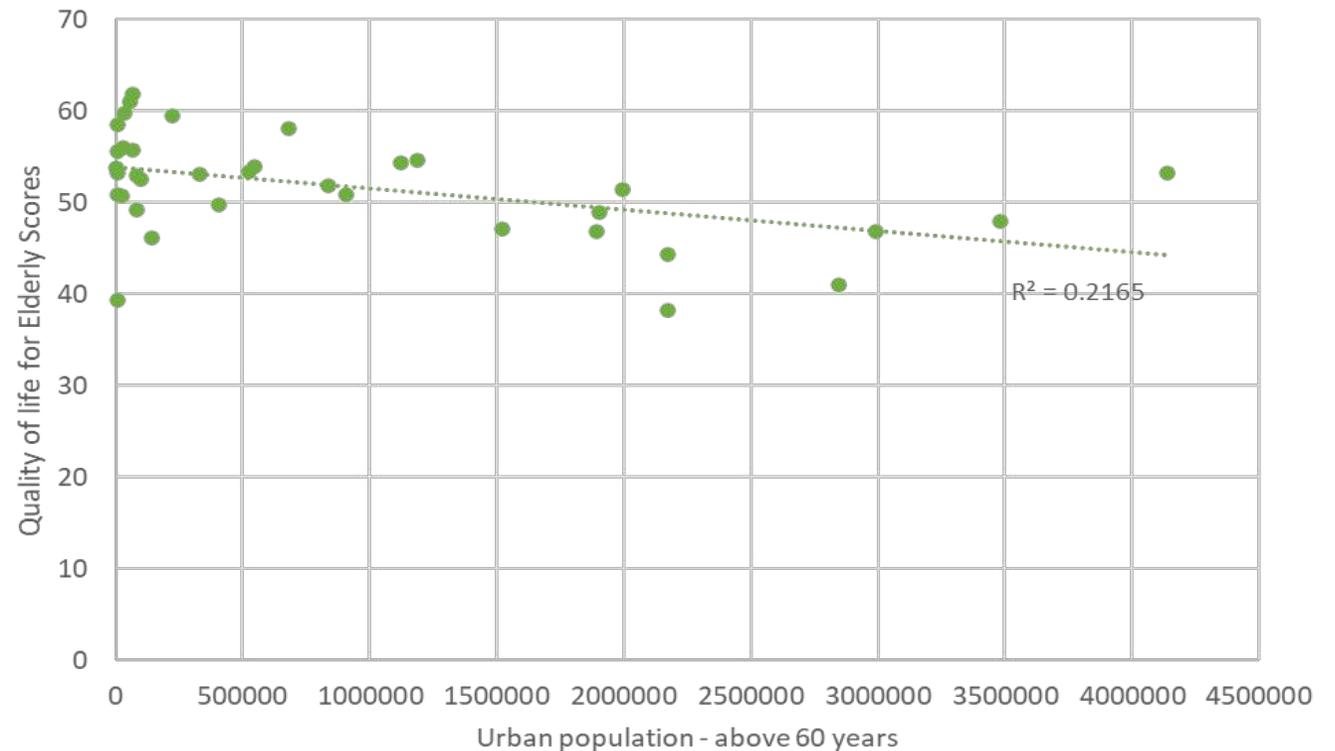
R-squared value of 0.21, which implies only **21%** of the changes in the Quality of life for Elderly scores can be explained by urban population of 60 years and above.

03

Some regions with high proportion of older people in urban areas such as West Bengal, Telangana, Karnataka and Tamil Nadu have scored lower on the index rankings.

04

On the other hand, some urban regions where demographic ageing is more advanced, like Chandigarh, Dadra and Nagar Haveli, Himachal Pradesh and Sikkim, have scored higher on index rankings.



EDUCATION ATTAINMENT & EMPLOYMENT AND SOCIAL SECURITY SHARE POSITIVE CORRELATION

01

There is a positive correlation between Education attainment & Employment and Social Security. Education and employment status of the elderly during their lives influences whether they have some income-based support in the form of pension security, provident funds and other government schemes.

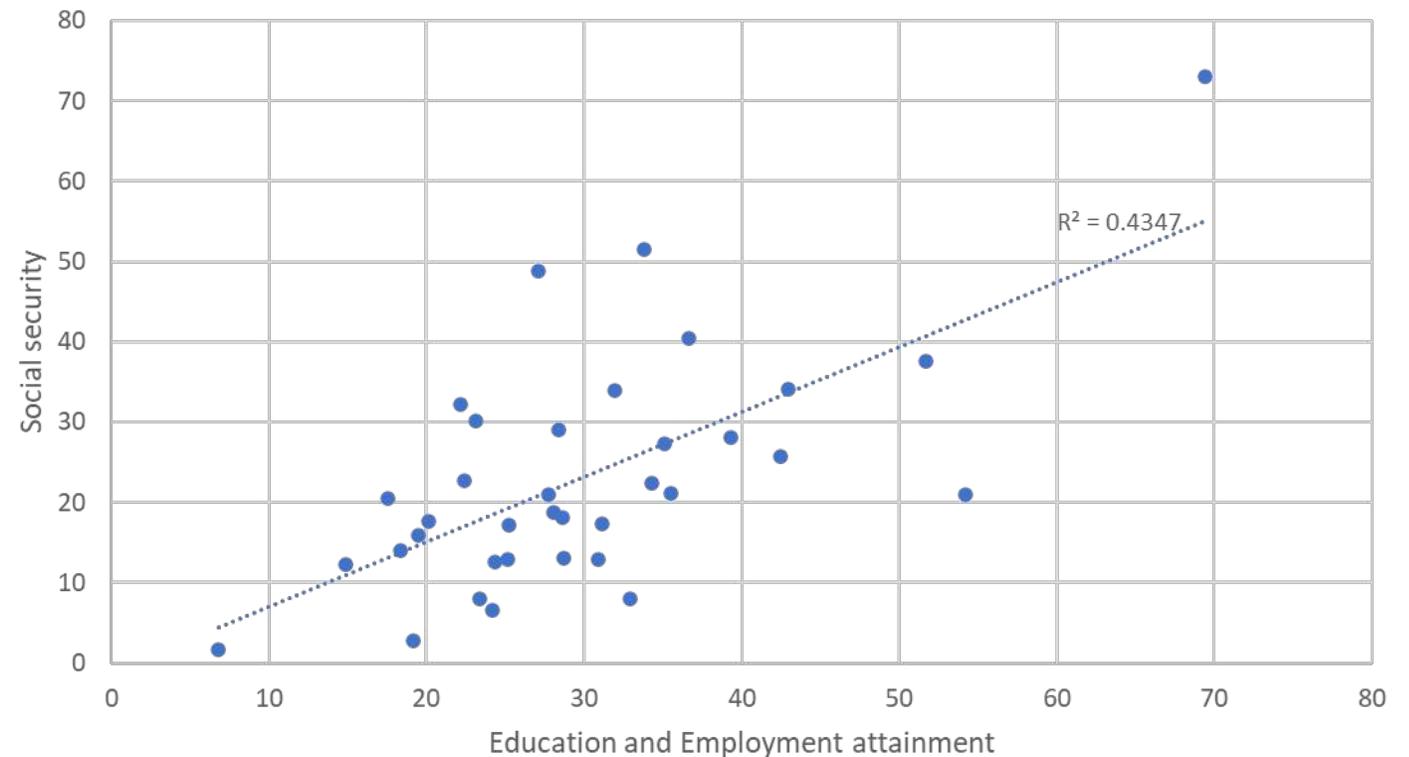
02

It plays a huge role in aged people's life who are engaged in informal sectors. As most of the elderly receive benefits from pension schemes after retirement, they are no longer engaged in the workforce.

03

This leaves out those elderly who were engaged throughout their lives in the informal sector workforce. They lack in education status as well as receive little or no social security coverage. The model has an R-squared value of 0.43, i.e. only

43% of the changes in social security can be explained by Education and Employment attainment.



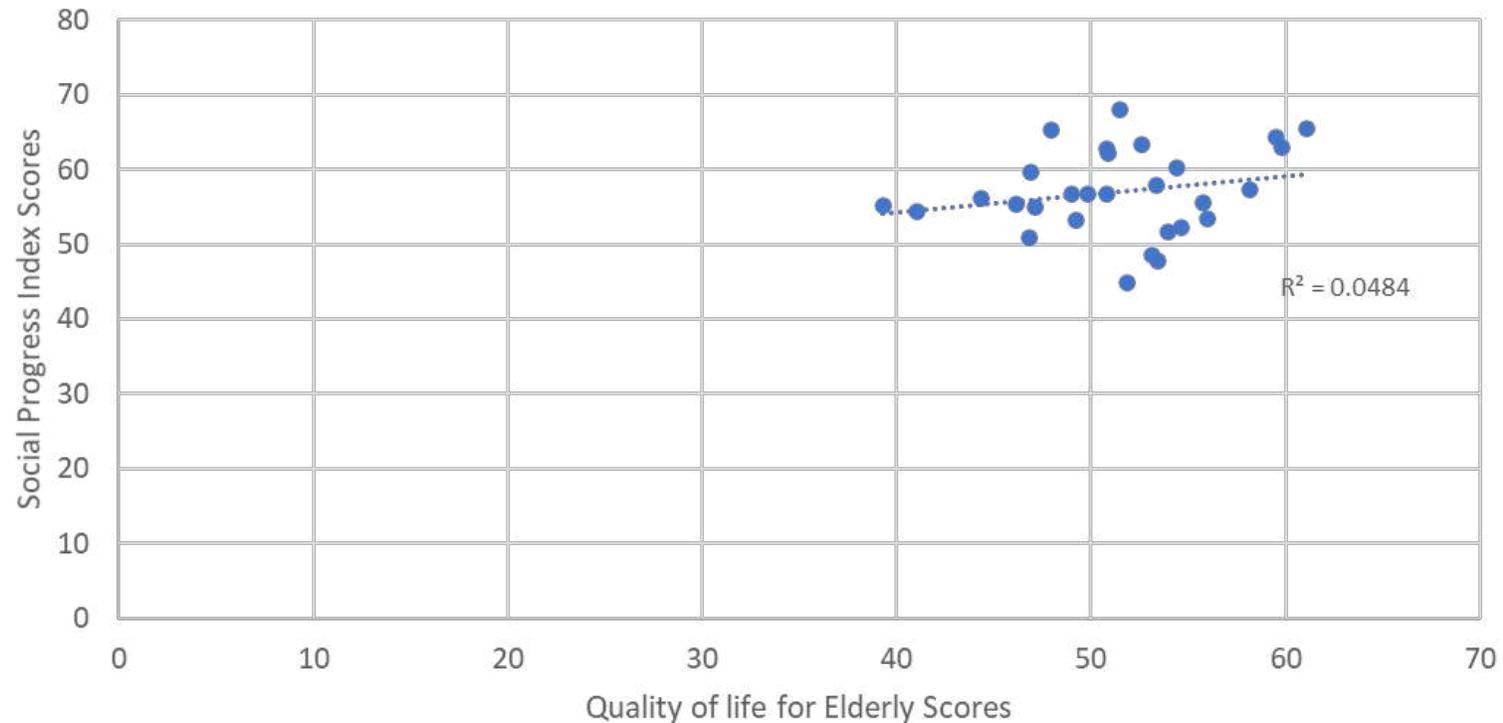
DOES SOCIAL PROGRESS INDEX SCORES HAVE BEARING ON QUALITY OF LIFE FOR ELDERLY

01 41.3 % of the states and Union territories have scored high in both the Quality of Life for Elderly and the Social Progress Index.

02 The model has an R-squared value of 0.0484, i.e. only 4.84 % of the changes in social progress can be explained by the Quality of life for Elderly. It also means that 95.16% of the social progress score variations are left unexplained as older persons' needs are not considered under the Social Progress Index dimensions.

03 Therefore, this lack of explanatory power is not too surprising because many other characteristics of a region influence its social progress. The Social Progress Index measures societal performance comprehensively and independently of economic indicators in a younger population.

04 Quality of life for Elderly scores highlight challenges to an economic arrangement that result from changes in population size and age structures. It highlights the country's capacity to cater to a growing number of the elderly population.



07

POLICY RECOMMENDATIONS



The Index on Quality of Life for Elderly provides a data-driven assessment of the living condition of the elderly population in India across the following four pillars :



Financial Well-being



Social Well-being



Health System



Income Security

The Index will guide states in a whole range of areas essential to the wellbeing of their older populations. By giving us a better understanding of the quality of life experienced by people in older age, the Index will help focus on the areas where things are going well and need room for improvement.

Some recommended key actions at the government level and the country level that can be undertaken to improve the lives of the Elderly in India are discussed below.

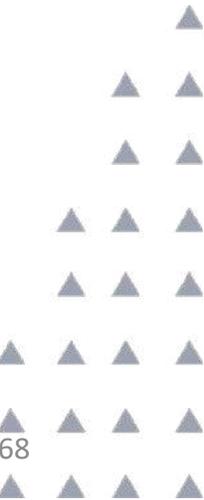


01

DATA-DRIVEN POLICY

The exclusion of the elderly population in National policies for Developing Countries is the result of insufficient data systems, including Health and Household Surveys. Older people around the world as a group have long been ignored and left on the sidelines of national and international policymaking. India is no different in this case. Government can look at ways of improving the collection of more age-inclusive data on older people. It can ensure data-driven policy for effective monitoring of the Madrid Plan, and government action more widely. Then policymakers can try to respond to emerging challenges and opportunities related to ageing and propose initial recommendations for addressing them.

This would necessitate collecting quantitative and qualitative data on the status of older persons and research to understand the economic and social implications of population ageing.



02

DIGITAL LITERACY AMONG ELDERLY

Ageing in the digital era poses challenges for those older persons who have not yet benefited from the era of digital economy. There is a need to acknowledge the benefits of digital literacy in light of ageing. Moreover, to reap the benefits of the digital era, Government needs to improve digital literacy for all age groups of the population, especially older persons living in rural India, under its “Digital India” initiative. It can be a boon, especially for those older persons who have to live alone, live with morbidities and suffer in silence due to social exclusion. It can also provide older women with the freedom of choice and empower them and promote dignity and active ageing in society. However, there are various constraints such as the lower literacy level and lack of digital literacy among older persons, which can be barriers to accessing technologies.



Most of them don't have access to a computer, smartphone and/or internet in the first place; other barriers they face may include a lack of confidence and inability to handle/operate their smartphones.

According to NSS 75th round on Education in India⁸, only 5.3% of males of 60 years and above can operate a computer, and 5.8% of male persons can use the internet. In comparison, only 1.7% and 1.9% of females can operate computers and use the internet, respectively.

The gap is higher in rural areas and leads older women to social isolation in the nation's advancement. As a nation, we, therefore, cannot afford to delay the need to empower elders.



Central government, state governments, local governing bodies and civil society need to modify and implement policies integrating older persons living in rural areas into the digital era. They need to set a target for coverage and training on digital literacy to help them in the same, especially for elderly living below the poverty line and other remote areas, who can neither afford nor have access to smartphones and internet services.

This situation mandates better investments in infrastructure at village levels, self-help groups and organising events to bring social awareness regarding biases against digitalisation and why they cannot afford to be left behind.



03

SUBSIDIZED AND QUALITY HEALTHCARE FOR ELDERLY

The health system is leading across all pillars; 63.8% of the states and union territories have scored more than the national average in the health system.

Only six states have scored below 50 on Basic Health. Despite this, the figures obtained from the Longitudinal Ageing Study of India (LASI) are concerning. According to LASI 2020 report, 75% of the elderly population of India suffer from one or more chronic diseases such as arthritis, hypertension, cataract, diabetes, asthma and heart disease, 40% have a disability, and 20% suffer from mental health issues.

Given these statistics and in today's time of medical inflation, the Government of India must step up to further ensure subsidized and quality medical care for its elderly citizens.



Varishta Mediciclaim Policy under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), National Programme for Health Care for Elderly (NPHCE), Central Government Health Scheme (CGHS) are some of the existing initiatives by the Government of India. However, chronic conditions of elderly patients require lifelong treatment, both curative and rehabilitative (Kumar, Roy, & Kar, 2012). It requires regular doctor's consultation, continued medication, and diagnostic tests, which can be an expensive procedure. Sadly, India's Public Health Care System is unable to provide the required level of continuity of care, leading to the poor quality of care for the elderly in the country. On the other hand, rehabilitative care is essentially non-existent in India's public health care system. In certain metropolitan areas where we have rehabilitative care, it stands unaffordable for the poor and middle-income elderly (Ranjan A, 2019).



Even though insurance coverage is observed to be increasing over time, insurance reimbursements continue to remain low.

Hence, the case is that the significant source of financing for health care in India is household income. According to the annual report of the Department of Health and Family Welfare, MOHFW 2016-2017, household income accounts for more than two-thirds of the total health spending in India. It is, therefore, essential that along with or instead of insurance policy schemes for the elderly, which require greater awareness and literacy, the government dedicates its substantial amount of investment for the premium health infrastructure in the country and make those services easily available and accessible for the elderly at subsidized rates. Starting a healthcare helpline number for elderly citizens, especially for those residing in the rural parts of the country, may turn out to be a massive relief for those who have minimal support and awareness.

INCOME SECURITY COVERAGE

Chandigarh has performed exceptionally high in the income security pillar, followed by Himachal Pradesh. But most of the states have scored lowest, which could be a cause of concern for policymakers. Most states have scored low in utilising funds under the National Programme for Health Care of the Elderly (NPHCE) and providing benefits of existing pension schemes for the elderly below poverty line. India has a limited pension system that is restrictive and does not cover the whole country.

The World Bank has classified India as a lower-middle-income country. The corresponding poverty line would be PPP \$3.2 (2011 prices). The total assistance is below PPP \$3.2 (2011 prices), translating into roughly a consumption level of Rs 75 per person per day (Poverty measurement in India : A status update, 2020).

In IGNOAP and IGNWP schemes, basic coverage isn't enough to provide minimum protection to the elderly living below the poverty line. Older persons shouldn't lack income or live at the edge of hunger to survive in a growing economy. Instead, the schemes should also improve living standards in sanitation, education, access to housing, jobs, and affordable health care.

Further, the current corona pandemic has underscored the criticality of certain "essentials" like access to quality healthcare, education and awareness, water and sanitation facilities, adequate nutrition, and the need for living spaces where social distancing is possible. Therefore, the amount under these schemes needs to increase as soon as possible. We need to provide them pension income between Rs 1500-2500, which roughly translates to Rs 45-Rs 83 per day. Pension income should be at least 50% more than the minimum wages for older persons.



There is also a need to improve Atal Pension Yojana's financial sustainability, and its goal to bring many informal sector workers under its ambit also needs to be strengthened further.

APY will be more attractive for informal workers, provided its coverage improves. First, although the Government makes a long-term commitment to provide a fixed rate of interest, these are low and vary with the age of entry and planned pension amount. Interest rate should increase to 8.5% for subscribers (Kundu, 2018). Secondly, the pension amount needs to be adjusted to the rate of inflation through indexation.⁹

UNIVERSAL PENSION INCOME ENSURES **LEAVE NO ONE BEHIND PRINCIPLE**

Given the state of the elderly in India and the substantial increase of their proportion expected in the coming decades, India needs to prepare for both the present and future aged population. The government provides primary pension benefits to families below the poverty line and have ensured the economic security of the elderly, but their coverage continues to remain low. Approximately 70% of the working population is not even entitled to any pension or social security. As per the International Labour Organization's Social Protection Floors Recommendation 2012 (No 202), each country should provide a basic social security guarantee universally to every individual. Being a signatory to ILO , India needs to abide by these laws.

The purpose of a pension is smoothening of consumption, mitigation of longevity risks, elimination of poverty and addressing inter and intra-generational inequality. Thus, existing old-age support measures are inadequate as they exclude a large section of the older population. **As a nation, we need to take a step towards better care for the aged cohorts in the present and the future.** Universal pension schemes could be one of those adequate steps with its inherent goal of providing income security and broader reach to the elderly. A developed pension sector would not only reduce the fiscal burden on the exchequer, but it will also have a stabilizing effect on the economy by promoting long-term savings combined with long-term investments. (CRISIL, April 2017).



A photograph of an elderly woman with short, wavy grey hair and round glasses. She is wearing a green t-shirt and a small gold earring. She is sitting at a desk, looking intently at a laptop screen. Her hands are on the keyboard. The background is slightly blurred, showing a wooden cabinet and a window with light coming through. The overall scene suggests a modern, active elderly person.

The Government can run a pilot Universal Pension Income (UPI) programme for all old persons living in the districts identified under the Aspirational District Programme(ADP). ADP districts are ideal in understanding UPI's long-term impact and whether it may improve trade-offs for districts affected by poor socio-economic indicators. Government can fix the amount after taking views from all stakeholders of society. An ideal pension amount between Rs 1500-2500 must be based on budgetary taxations instruments, and credited through Direct Benefit Transfers. It must also be a non-contributory scheme. The overall pension amount must be financed equally by the Central and State Government's to ensure the burden is equally distributed. The pursuit of the affordable, adequate, efficient and sustainable pension system will involve a great deal of inter-ministerial, inter-state, inter-regional and inter-institutional decisions and co-ordination.”¹⁰

If this policy reform improves the equity-efficiency trade-off and well-being of the elderly population in those backward districts, it could help India achieve SDG's "Leave no one behind " goal, as it provides a basic income to those without such a cover. Its effect would be significant when India's demographic dividend would diminish two decades later.

FOOD SECURITY PROGRAMS FOR ELDERLY

Physiological, cognitive, social and lifestyle changes that influence dietary intakes and nutritional status, determines active ageing. Health status of an Individual is very closely related to the ageing process, and nutrition greatly impacts the rate of the ageing process (Paramita Sengupta, 2016). Food insecurity in older people is a multidimensional phenomenon which is associated with a number of unfavorable nutrition and non-nutrition related outcomes that affect the health and well-being of the elderly people (Lee, Fischer, & Johnson, 2010).

Since many aged people experience deteriorating health and have more health and nutritional needs than the young population, food insecurity among them leads to exacerbation of their existing health complications and may also add to emotional and economic distress. It is, therefore, very essential for a country to provide nutrition security to their older population. LASI, having collected household data on non-availability of food for 12 months for its 2020 report, found that 8% of the adults older than 45 years of age reported severe constraint in household food availability. As a result, they either reduced their meal size, did not eat despite being hungry, or even stayed hungry for an entire day. According to cross-state variation of food insufficiency in the report, the percentage of older adults who reduced their meal size in states/UTs of Dadra & Nagar Haveli is 7%, which is higher than the national average of 6%, This number is 8% for West Bengal, Bihar, Jharkhand and Uttar Pradesh, and 10% for Madhya Pradesh. More than 6% of older adults, despite being hungry, did not eat in most of the east Indian and central states and Tamil Nadu. The percentage of older adults who did not eat for a full day was less than 5% in most of the states/UTs, except for Bihar, Uttar Pradesh, and Madhya Pradesh for which the numbers were 6% and 7% respectively.



Targeted Public Distribution System (PD), Antyodaya Anna Yojana, Annapurna Scheme, and the Midday Meals scheme are the various Government of India schemes that support household food security. But these numbers are a clear indication that as a country, we need to take special initiative targeting the elderly people to ensure nutritious food and safe drinking water from them.



07

CSR FOR ENHANCING QUALITY OF LIFE OF ELDERLY

Considering the enormity of Elderly care needed, along with the central and the state government initiatives, support is also required from companies, businesses and other socially responsible sections of society.

Every company coming under the statutory CSR norms should dedicate a proportion of their CSR fund to support the cause of the elderly.

Initially, CSR only focused on the areas around the eight MDGs, which did not include any reference to extend support for the country's older citizens (IAR, 2017). Unfortunately, even now, the CSR initiatives of most corporates do not include the elderly and their essential requirements. Structured corporate funding for the needs of older adults is meagre in India. The involvement of corporate entities through CSR activities can effectively enhance the quality of life of the elderly. This can be done in multiple possible ways. They can help eradicate hunger and malnutrition, promote preventive health care, extend support for curative health care, and ensure sanitation and safe drinking water. They can also contribute to setting up old-age homes and daycare shelters or contribute to the maintenance and enhancement of infrastructure of existing old-age homes.

08

GOVERNMENT-OWNED OLD-AGE HOMES WITH MORE THAN BARE MINIMUM FACILITIES IS A MUST

The 'Maintenance and Welfare of Parents and Senior Citizens Act, 2007' mandates that **every city should have a government-run old age home, but this is not the case.**

The Majority of the old-age homes in India are privately owned institutions. Government-run old-age homes with full-fledged daycare facilities, nurses, psychologists and counsellors who can help the older adults to cope with the singularity of old age, are needed.

Additionally, these old-age homes should have regular health care checkups to ensure the good physical health of the residents, and the necessary medical aid should be provided.

Old-age home should not merely mean shelter and food for the abandoned old people **but should instead be a home-like space for them** where they get all the necessary care and can live comfortably and happily.

09

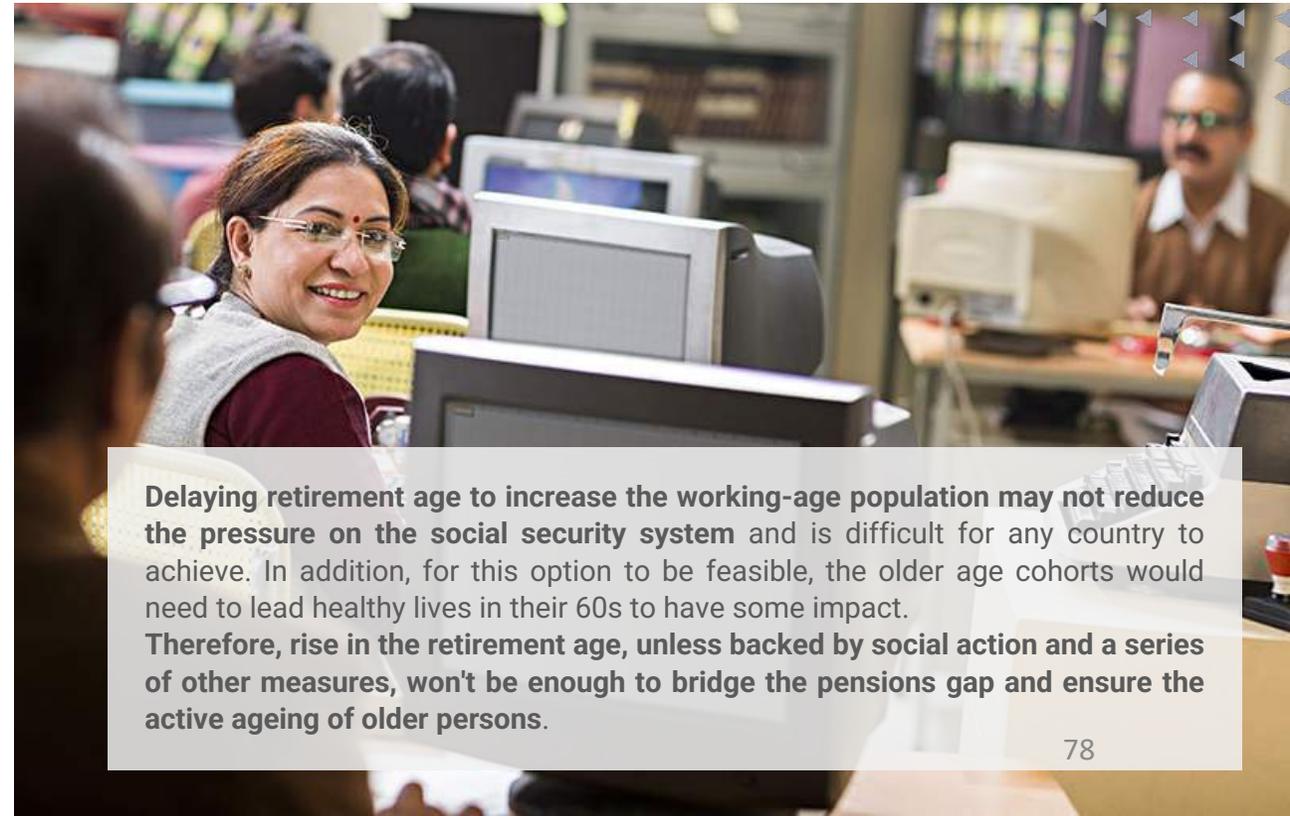
INCREASING RETIREMENT AGE

An increase in Life Expectancy for both males and females is inevitable, which would imply that increasing the retirement age would be for both men and women as we move forward. The retirement age would be adjusted to the development of life expectancy to ensure that the ratio of working life to time spent in retirement remains at least stable in the long run. Firms may have no choice but to expand their training programmes to older employees in future.



The retirement age needs to increase in a phased manner because we are a young nation with a high working population. Therefore, we need to keep in mind that increasing retirement ages leads to job creation for old persons without compromising the needs and the availability of jobs for the current workforce (15-59).

As the population in India can expect to live longer, they would need to finance a more extended period in retirement; thus, it might increase saving, and capital accumulation might increase, which may further enhance the **"Second Demographic Dividend."** However, the second dividend's rise would depend on how the institutional and policy framework induces individuals, firms, and governments to accumulate capital. These dividends will depend on existing institutions and policies to transform population age structures into economic growth. This change will be slower as older workers would require more training and need to learn more skills to keep up with the pace of work. Targeted training programs can be effective in halting any age-related group. Raising the retirement age can also lead to increased workforce participation of older women, who usually lag behind males.



Delaying retirement age to increase the working-age population may not reduce the pressure on the social security system and is difficult for any country to achieve. In addition, for this option to be feasible, the older age cohorts would need to lead healthy lives in their 60s to have some impact. Therefore, rise in the retirement age, unless backed by social action and a series of other measures, won't be enough to bridge the pensions gap and ensure the active ageing of older persons.

10

RESKILLING ELDERLY WORKFORCE

As discussed earlier, the emphasis should be on not treating the ageing workforce as a burden. The government, businesses, NGOs, entrepreneurs and policymakers should work together to ensure that the population's longevity isn't a barrier to the nation's growth.

Reskilling and upskilling opportunities should be offered to the older population in the 50s and 60s so that they can encapsulate their participation with advancing developments and continue to contribute to society. There could be various barriers for older workers for learning skills and getting trained.

The Working persons in their 50s do not seek any interest in training as they don't wish to work post-retirement. Other reasons may be information asymmetries, lack of time or companies not spending their resources that target reskilling of older workers. There is a need to enable environments that support the inclusion of older workers, including access to safe workplaces, eliminating widespread biases against workplace ageism and strengthening support to older job seekers. Then only gains of the ageing population can be realised in an economy



We suggest that keeping the above in mind, both central and state governments should formulate policies that support the reskilling efforts. **These efforts should not exclude older workers in the informal economy, those living in remote rural areas, members of ethnic minorities, refugees and migrants who often have poor access to training.** This should not be limited to the elderly workers alone as all age groups need to adjust with constant changes in skills needed over time to become more adaptable and active learners.

Governments and businesses should also consider increasing the percentage of part-time jobs needed for retired senior citizens. This would reduce resistance to provide jobs to retired seniors as we go along the future development path.

CONCLUSION



01

As with all areas of public policy, the challenges are numerous, and barriers to change are high. While the challenge can seem overwhelming, the policy recommendations show some of the high priority actions we believe government and policymakers should be taking. **The following areas have been identified as vital to addressing cross-cutting challenges:** Reskilling Elderly Workforce, Increasing Retirement Age, Better Income Security Coverage, Universal Pension Income for all, Enhancing CSR, to name a few. These recommendations require the collective efforts of Governments, Local bodies, Civil Society, and other stakeholders, to achieve the goals for active ageing.

02

The Index on Quality of Life for Elderly 2021 aims to improve the information needed for more effective and appropriate decision-making to respond to ageing in India. This way, the region's development endeavours can account for ageing, which can ultimately help inform policies and change practice, thereby reinforcing the opportunities it brings to societies. **For policymakers**, the Index can be used to gain insights into how well India performs on issues that impact older people's lives, and guide policymaking to improve areas of well-being that require attention. **For civil society organizations and NGOs**, this tool can be used to support campaigns, prioritize areas of action and allocate resources towards improving the well-being of the elderly.

03

The Index further enables states to learn from the performance of their peers with similar demography and to identify the best practices. Such learnings can instill a spirit of cooperative governance at the regional level. Priorities for action can vary, and states may need to tailor actions to their specific contexts to enable age-friendly environments for the elderly. We believe the Index has captured the implications of populating ageing, and the fascinating picture that it is beginning to reveal about the differences in the well-being of older persons around India can initiate a lively and open conversation on ageing and elderly well-being in different parts of the country.

04

Lastly, the active role of state and local government bodies is required to bridge the gaps in policies for elderly. **States need to increase budget provisions and other measures to deal with the rising proportion of the elderly population. If they fail to do so, this austerity from states can implode upon the entire country's face.** The delayed policy action would incur a fiscal burden on the country and may not fulfil the pledge of the 2030 agenda to leave no one behind.

APPENDIX



ASSIGNING WEIGHTS TO **VARIOUS INDICATORS:**

The indicators are assigned weights after being categorized under specific heads used to make the index more robust. For calculating the weights of indicators within a component, we used Principal Component Analysis (PCA). Parameters were then run through PCA to check for a fit between the indicators

Pillar	Sub Pillar	Indicator	Indicator weights (out of 1)
Financial Wellbeing	Economic Empowerment	State of economic independence - fully dependent on others	0.4117
		Mean Monthly Individual Earnings from all sources	0.2016
		State of economic independence -not dependent on others	0.3868
	Education attainment & Employment	Work Force Participation rate	0.0680
		Currently working	0.0189
		Seeking job	0.0425
		Employed Persons under MNREGA	0.0653
		Literate	0.1613
		Aged persons with no schooling	0.1611
		Aged persons with 10 or more years complete schooling	0.1815
		Elderly with graduate level of education	0.1429
		Elderly with post graduate level of education	0.1585
	Social status	Sex ratio	0.2245
		Currently married	0.0847
Satisfied with their own life		0.2533	
Satisfied with their current living arrangement		0.2269	
Aged persons : Need helpers for ADL and IADL limitations		0.2105	
Crime against the elderly		0.3186	
Experience of Ill-Treatment		0.3383	
Physical safety	Living arrangements of the elderly - Living alone	0.3431	

Pillar	Sub Pillar	Indicator	Indicator weights (out of 1)
Health system	Basic Health	Life Expectancy at 60+ years	0.0394
		Health insurance coverage	0.1022
		Percentage distribution of ailments at 60+ years	0.2041
		Engage in physical exercise	0.1016
		Poor Self Rated Health (SRH)	0.1958
		Chronic illness by own perception	0.2011
		Physical mobility	0.1559
	Psychological well being and care	Prevalence of Depression	0.1838
		Prevalence of Alzheimer's disease and dementia	0.1695
		Prevalence of Psychiatric problems	0.1611
		Prevalence of Neurological problems	0.1720
		Out of pocket expenses for healthcare	0.0868
		Hospitalisation cases	0.0984
		Mean expenditure on last hospitalization	0.1285
Social security	Funds utilised under NPHCE -NHM	0.1268	
	Covered under Provident Fund	0.2958	
	Received any concession or benefit	0.2528	
	Currently receiving retirement pension	0.3247	
	Receiving Benefits from IGNOAPS	0.1524	
	Receiving Benefits from IGWPS	0.1338	
	Awareness of IGNOAPS	0.1812	
Enabling environment	Awareness of IGWPS	0.1712	
	Aware of any concession given by government	0.1284	
	Aware of MWPS Act	0.1309	
	Covered under work related pension scheme	0.1021	

MISSING VALUES

Data is gathered from the Government sources. Thus, some states values for a few indicators were missing. Such issues are dealt with in different approaches suitable for every concerned indicator. E.g., The Longitudinal Ageing Study in India (LASI) hasn't collected Sikkim data. Therefore, we have taken average data of northeastern states. There are also some states for which Indicators have "-" instead of any numeric value; it indicates fewer cases/ no cases. We have taken 0 value for such cases.

PILLAR SCORES

Utopia and Dystopia values are generated on the basis of maximum and minimum values of each indicator which become the benchmark of evaluation for scores in the index. For calculation, each Pillar score is taken to be a simple average of its two sub pillars. The formula used for computation of scores on the Quality of life for Elderly Index.

$$Pillar = \frac{1}{2} \sum sub\ pillar$$

The four pillars are believed to reflect equally important aspects of the Quality of life for Elderly Index. Therefore while calculating the index no priority is given to any Pillar. Equal weights are assigned to each of them to highlight their role in Index.

where n is the no. of sub pillars in a Pillar

QUALITY OF LIFE FOR ELDERLY SCORES

Each Pillar score is taken to be a simple average of its four components. The formula used for computation of scores on the elderly index

$$QOE = 1/4 \sum Pillar$$

where QOE = Quality of life for Elderly

STANDARDIZATION AND EVALUATING THE FIT:

Standardized data is essential for running accurate analysis. The process allows one to compare scores between different types of variables.

For Principal Component Analysis (PCA) , the output can only be interpreted correctly when first data has been centered around their means. Standardization solves the problem by making indicators unitless as it rescales them with a mean of zero and a standard deviation of one.

The indicator selection process entails including the indicators that describe the concept of the component in the best possible way and are conceptually linked to each other. In this process, the indicators that are statistically incompatible are removed.

The Quality of Life for Elderly Index involves evaluating the fit between the individual indicators. To determine how closely indicators describe the component, we calculate Cronbach's alpha for each component in **Table 1**.

In 1951, Lee Cronbach developed Alpha to provide a measure of the internal consistency of a test or scale; it is expressed as a number between 0 and 1 (Tavakol & Dennick 2011). Internal consistency describes the extent to which all the items in a test measure the same concept or construct and hence it is connected to the inter-relatedness of the items within the test. An applied practitioner's rule of thumb is that the alpha value should be above 0.7 for any logical grouping of variables (Cortina, 1993).It has been observed that Cronbach's alpha values are less than 0.7 . We acknowledge this short-coming but it is important to include these indicators as they reflect the underlying idea of the Pillar in the best possible manner.

Dimension	Component	Alpha values
Financial well being	Economic Empowerment	0.5417
	Education attainment and Employment	0.7381
Social well being	Social status	0.5817
	Physical safety	0.4876
Health systems	Basic Health	0.7017
	Psychological well being and care	0.8079
Income Security	Social security	0.6756
	Enabling environment	0.7946

Table 1

AGGREGATION:

Quality of life for Elderly Index is based on three elements i.e. indicators, components, dimensions. the Principal Component Analysis (PCA) for calculating the weights of indicators within a component.

The component values are calculated by summing the weighted scores using the following formula:

$$\text{Sub pillars} = \sum (w_i * \text{indicator})$$

After calculating each component, the goodness of fit is evaluated using the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy. The KMO index ranges from 0 to 1, as a rule of thumb, KMO scores should be above 0.5 (Williams, Onsmann, & Brown 2010). The results of this analysis are shown in the **Table 2**.

The KMO values are well above the set standards for most of the components except Enabling environment .

Source : Exploratory factor analysis: A five-step guide for novices. Australasian Journal of Paramedicine (Williams . Onsmann , & brown 2010)

Dimension	Component	KMO values
Financial well being	Economic Empowerment	0.5086
	Education attainment and Employment	0.6989
Social well being	Social status	0.5817
	Physical safety	0.5612
Health systems	Basic Health	0.6681
	Psychological well being and care	0.7405
Income Security	Social security	0.5945
	Enabling environment	0.4908*

Table 2

DATA SOURCES

PILLAR / SUB PILLAR

FINANCIAL WELL BEING		
Economic Empowerment	Source (Year)	Definition
Percentage distribution of aged persons by state of economic independence - fully dependent	NSS Health - 75th round - (2017-18)	It is defined as the Percentage of population aged above 60 who are fully dependent on others by state of economic independence .
Mean Monthly Individual Earnings from all sources (main as well as side job from agriculture work, non- agricultural business and wage & salary work)	LASI - (2017-18)	Mean income includes income from main as well as side job from agriculture work, non- agricultural business and wage & salary work.
Percentage distribution of economically independent aged persons by number of dependents- not dependent on others	NSS Health - 75th round - (2017-18)	It is defined as the Percentage of population aged above 60 who are partially dependent on others by state of economic independence .
Education and employment attainment		
Work Force Participation Rate of people aged 60+	PLFS - (2017-18) Data Extracted	Working-age population above 59 years divided by Total working-age population above 59 of India. The working-age population includes persons who worked in h.h. Enterprise (self-employed): own-account worker, employer worked as a helper in h.h. Enterprise (unpaid family worker), worked as regular salaried/ wage employee, worked as casual wage labour: in public works in other types of work.
Percentage of Aged Persons - Currently working	LASI- (2017-18)	It is defined as percentage of population above 60 current working .
Percentage of Aged Persons - seeking job	LASI - (2017-18)	It is defined as percentage of population above 60 seeking job.
Percentage of Employed Persons under MNREGA - (60-80 years)	Ministry of Rural Development, MGNREGA - (2019-20)	It is defined as the percentage of population above 60 years employed under MNREGA
Percentage of literate population	LASI - (2017-18)	It is the percentage of Literate population aged above 60 years
Percentage distribution of aged persons- No schooling	LASI - (2017-18)	It is the percentage of population aged above 60 which never had any schooling .
Percentage distribution of aged persons- by 10 or more years complete schooling years	LASI - (2017-18)	It is the percentage of population aged above 60 who have completed more than 10 years of complete schooling years .
Elderly with graduate level of education	NSSO education- 71st round - (2017-18)	It is the Percentage of Elderly population by graduate level of Education .
Elderly with graduate level of education	NSSO education- 71st round - (2017-18)	It is the Percentage of Elderly population by Post graduate level of Education .
SOCIAL WELL BEING		
Social status		
Sex ratio (60 years and above)	LASI - (2017-18)	It is defined as number of female by male for population aged above 60 years
Percentage of Elderly - Currently married	LASI- (2017-18)	It is the percentage of currently married population aged above 60 years .
Percentage of Elderly Persons satisfied with their own life	LASI - (2017-18)	It is the percentage of population aged above 60 years satisfied with their own life
Percentage of Elderly Persons satisfied with their current living arrangement	LASI - (2017-18)	It is the percentage of population aged above 60 years satisfied with their current living arrangement
Percentage of Elderly Persons who need helpers for ADL and IADL limitations	LASI - (2017-18)	It is the percentage of population aged above 60 years who need help with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) Limitations
Physical safety		
Crime against the elderly	NCRB 2019	It is the percentage of crime against the senior citizens
Experience of Ill-Treatment (for age 60 and above only)	LASI - (2017-18)	It is the percentage of population aged above 60 years who have experienced Ill treatment
Living arrangements of the elderly - Living alone	LASI - (2017-18)	It is the percentage of population aged above 60 years who live alone .

DATA SOURCES

HEALTH SYSTEMS		
Basic Health	Source	Definition
Life Expectancy at 60+ years of age	SAMPLE REGISTRATION SYSTEM (2014-2018)	It is the average of Life Expectancy of 60 years and 80 years . Life expectancy is a statistical measure of the average time an organism is expected to live, based on the year of its birth, its current age, and other demographic factors including sex.
Percentage distribution of ailments at 60+ years of age	NSS Health - 75th round (2017-18)	It is the percentage of population aged above 60 years with ailments
Percentage distribution of aged persons with chronic illness by own perception about current state of health	NSS Health - 75th round (2017-18)	It is the percentage of population aged above 60 years with chronic illness based on their self perception about current state of health .
Physical mobility of the aged	NSS Health - 75th round (2017-18)	It is the percentage of population aged above 60 year which is mobile and has no disability .
Percentage of people aged 60+ years who engage in physical exercise	NSS Health - 75th round (2017-18)	It is the percentage of population aged above 60 years who engage in a physical exercise
Percentage of people aged 60+ years with Health insurance coverage	LASI- (2017-18)	It is the percentage of population aged above 60 years with health insurance .
Poor Self Rated Health (SRH) (%)	LASI- (2017-18)	It is the percentage of population aged above 60 years with poor self rated health .
Psychological well being & care		
Prevalence of Depression (%)	LASI- (2017-18)	It is the percentage of population aged above 60 years with prevalence of Depression
Prevalence of Alzheimer's disease and dementia (%)	LASI- (2017-18)	It is the percentage of population aged above 60 years with prevalence of Alzheimer's disease and dementia.
Prevalence of Psychiatric problems (%)	LASI- (2017-18)	It is the percentage of population aged above 60 years with prevalence of psychiatric problems
Prevalence of Neurological problems (%)	LASI- wave 1	It is the percentage of population aged above 60 years with prevalence of neurological problems
Out of pocket expenses for healthcare (not restricted to elderly)	NSS Health - 75th round (2017-18)	It is the average amount of out of pocket medical expenditure excluding childbirth .
Hospitalisation cases for the elderly	LASI- wave 1	It is the inpatient hospitalization of population aged above 60 years in last 12 months .
Mean expenditure on last hospitalization	LASI- wave 1	It is the total percentage of mean expenditure incurred by population aged above 60 years in both public and private facility .
INCOME SECURITY		
Social Security		
Received any concession or benefit (%)	LASI- (2017-18)	It is the percentage of population above 60 years which received any concession or benefit .
Percentage of elderly covered under Provident Fund	LASI- (2017-18)	It is the percentage of population above 60 years which is covered under Provident fund.
Funds utilised under National Program for Healthcare of Elderly (NPHCE) under National Health Mission - (2018-19)	PIB	It is the funds utilised by states divided by total funds allocated to it under NPHCE
Percentage of elderly Currently receiving retirement pension	LASI (2017-18)	It is the percentage of population above 60 years currently receiving retirement pension .
Enabling Environment		
Aware of any concession given by government to elderly (%)	LASI-(2017-18)	It is the percentage of population above 60 years which is aware of concession given by government to them
Percentage of elderly Covered under work related pension scheme	LASI- (2017-18)	It is the percentage of population above 60 years covered under work related pension scheme .
Awareness of Indira Gandhi National Old Age Pension Scheme (%)	LASI- (2017-18)	It is the percentage of population above 60 years which is aware about Indira Gandhi National Old Age Pension Scheme
Awareness of Indira Gandhi Widow Pension Scheme (%)	LASI- (2017-18)	It is the percentage of population above 60 years which is aware about Indira Gandhi Widow Pension scheme
Aware of "Maintenance and Welfare of Parents and Senior Citizens Act" (%)	LASI- (2017-18)	It is the percentage of population above 60 years which is aware about their rights ie Maintenance and Welfare of Parents and Senior Citizens Act"
Percentage of Elderly BPL - Receiving Benefits from Indira Gandhi National Old Age Pension Scheme	LASI- (2017-18)	It is the percentage of population above 60 years which has received benefits under Indira Gandhi National Old Age Pension Scheme
Percentage of Elderly BPL - Receiving Benefits from Indira Gandhi Widow Pension Scheme	LASI- (2017-18)	It is the percentage of women population above 60 years which has received benefits under Indira Gandhi Widow Pension Scheme

09

SCORECARDS



ANDAMAN & NICOBAR ISLANDS

Category: Union Territories

● 55.53

Rank: 3

Financial Well Being		Social Well Being		Health System		Income Security	
Economic Empowerment	88.77 ●	Social Status	50.12 ●	Basic Health	59.76 ●	Social Security	32.21 ●
Mean Monthly Individual Earnings from all Sources	31.23 ●	Aged Persons: Need help for ADL & IADL Limitations	90.44 ●	Physical Mobility	63.15 ●	Covered Under Provident Fund	15.67 ●
State of Economic Independence – fully dependent on Others	86.21 ●	Currently Married	75.78 ●	Chronic Illness by own Perception	52.45 ●	Currently Receiving Retirement Pension	28.38 ●
State of Economic Not Independence – fully dependent on Others	100 ●	Satisfied with their Current Living Arrangement	62.46 ●	Engage in Physical Exercise	56.41 ●	Funds Utilised under NPHCE-NHM	0 ●
		Satisfied with their Own Life	26.83 ●	Health Insurance Coverage	0.15 ●	Received any Concession or Benefits	73.28 ●
Education attainment and employment	22.14 ●	Sex Ratio	17.77 ●	Life Expectancy at 60+ years	51.55 ●		
Currently working	12.98 ●			Percentage Distribution of Ailments at 60+ Years	59.01 ●	Enabling environment	29.44 ●
Employed Person under MNREGA	43.66 ●	Physical Safety	87.07 ●	Poor Self Rated Health (SRH)	93.16 ●	Aware of any concession given by government	64.64 ●
Aged persons with 10 or more years complete schooling	15.36 ●	Crime against the Elderly	100 ●			Aware of MWPS Act	11.25 ●
Aged persons with no schooling	48.73 ●	Experience of Ill-Treatment	88.88 ●	Psychological well being and care	74.77 ●	Awareness of IGNOAPS	24.96 ●
Elderly with graduate level of education	0 ●	Living Arrangements of the Elderly - Living alone	72.85 ●	Hospitalisation cases	52.04 ●	Awareness of IGNWPS	7.12 ●
Elderly with post graduate level of education	0 ●			Mean expenditure on last hospitalisation	100 ●	Covered under work related pension scheme	38.69 ●
Literate	48.73 ●			Out of pocket expenses for healthcare	98.11 ●	Receiving Benefits from IGNOAPS	38.23 ●
Seeking job	25 ●			Prevalence of Alzheimer's Disease and Dementia	81.48 ●	Receiving Benefits from IGNWPS	28.62 ●
Work Force Participation rate	0.07 ●			Prevalence of Depression	47.05 ●		
				Prevalence of Neurological Problems	68.75 ●		
				Prevalence of Psychiatric Problems	80 ●		

● Overperforming ● Performing within expected range ● Underperforming

Strength and Weakness are relative to 10 districts of similar population: Dadra and Nagar Haveli, Lakshadweep, Sikkim, Chandigarh, Arunachal Pradesh, Daman and Diu, Mizoram, Nagaland, Puducherry, Meghalaya

ANDHRA PRADESH

Category: Aged State

● 44.36

Rank: 8

Financial Well Being	41.90 ●	Social Well Being	50.86 ●	Health System	58.95 ●	Income Security	25.73 ●
Economic Empowerment	60.47 ●	Social Status	43.82 ●	Basic Health	45.74 ●	Social Security	7.93 ●
Mean Monthly Individual Earnings from all Sources	11.78 ●	Aged Persons: Need help for ADL & IADL Limitations	91.57 ●	Physical Mobility	63.15 ●	Covered Under Provident Fund	5.32 ●
State of Economic Independence – fully dependent on Others	57.47 ●	Currently Married	59.19 ●	Chronic Illness by own Perception	9.83 ●	Currently Receiving Retirement Pension	5.2 ●
State of Economic Not Independence – fully dependent on Others	51.78 ●	Satisfied with their Current Living Arrangement	26.27 ●	Engage in Physical Exercise	56.92 ●	Funds Utilised under NPHCE-NHM	0 ●
Education attainment and employment	22.34 ●	Satisfied with their Own Life	20.33 ●	Health Insurance Coverage	53.99 ●	Received any Concession or Benefits	18.62 ●
Currently working	79.49 ●	Sex Ratio	34.00 ●	Life Expectancy at 60+ years	49.59 ●	Enabling environment	43.53 ●
Employed Person under MNREGA	79.06 ●	Physical Safety	57.90 ●	Percentage Distribution of Ailments at 60+ Years	39.92 ●	Aware of any concession given by government	20 ●
Aged persons with 10 or more years complete schooling	14.50 ●	Crime against the Elderly	46.37 ●	Poor Self Rated Health (SRH)	59.42 ●	Aware of MWPS Act	15.49 ●
Aged persons with no schooling	30.33 ●	Experience of Ill-Treatment	82.05 ●	Psychological well being and care	72.16 ●	Awareness of IGNOAPS	55.43 ●
Elderly with graduate level of education	11.71 ●	Living Arrangements of the Elderly - Living alone	44.28 ●	Hospitalisation cases	58.16 ●	Awareness of IGNWPS	61.14 ●
Elderly with post graduate level of education	4.11 ●			Mean expenditure on last hospitalisation	70.09 ●	Covered under work related pension scheme	0 ●
Literate	30.19 ●			Out of pocket expenses for healthcare	86.17 ●	Receiving Benefits from IGNOAPS	46.28 ●
Seeking job	6.81 ●			Prevalence of Alzheimer's Disease and Dementia	79.62 ●	Receiving Benefits from IGNWPS	100 ●
Work Force Participation rate	38.72 ●			Prevalence of Depression	80 ●		
				Prevalence of Neurological Problems	60.93 ●		
				Prevalence of Psychiatric Problems	70.90 ●		

● Overperforming ● Performing within expected range ● Underperforming

Strength and Weakness are relative to 10 districts of similar population: Odisha, West Bengal, Maharashtra, Tamil Nadu, Bihar, Madhya Pradesh, Gujarat, Kerala, Karnataka, Rajasthan

ARUNACHAL PRADESH

Category: North Eastern State

● 39.28

Rank: 8

Financial Well Being		33.34 ●		Social Well Being		47.35 ●		Health System		74.70 ●		Income Security		1.73 ●	
Economic Empowerment		59.86 ●		Social Status		18.41 ●		Basic Health		67.23 ●		Social Security		1.71 ●	
Mean Monthly Individual Earnings from all Sources	12.85 ●	Aged Persons: Need help for ADL & IADL Limitations	0 ●	Physical Mobility	42.10 ●	Covered Under Provident Fund	0 ●	Chronic Illness by own Perception	93.44 ●	Currently Receiving Retirement Pension	0.43 ●	Funds Utilised under NPHCE-NHM	13.29 ●	Received any Concession or Benefits	0 ●
State of Economic Independence – fully dependent on Others	66.66 ●	Currently Married	62.33 ●	Engage in Physical Exercise	27.86 ●	Received any Concession or Benefits	0 ●	Engage in Physical Exercise	27.86 ●	Enabling environment	1.76 ●	Aware of any concession given by government	3.84 ●	Received any Concession or Benefits	0 ●
State of Economic Not Independence – fully dependent on Others	41.07 ●	Satisfied with their Current Living Arrangement	34.04 ●	Health Insurance Coverage	8.74 ●	Aware of any concession given by government	3.84 ●	Health Insurance Coverage	8.74 ●	Aware of MWPCS Act	2.97 ●	Aware of any concession given by government	3.84 ●	Aware of any concession given by government	3.84 ●
		Satisfied with their Own Life	23.27 ●	Life Expectancy at 60+ years	51.55 ●	Aware of MWPCS Act	2.97 ●	Life Expectancy at 60+ years	51.55 ●	Awareness of IGNOAPS	0 ●	Aware of MWPCS Act	2.97 ●	Awareness of IGNOAPS	0 ●
		Sex Ratio	0 ●	Percentage Distribution of Ailments at 60+ Years	93.99 ●	Awareness of IGNOAPS	0 ●	Percentage Distribution of Ailments at 60+ Years	93.99 ●	Awareness of IGWPS	0 ●	Awareness of IGNOAPS	0 ●	Awareness of IGWPS	0 ●
Education attainment and employment	6.82 ●			Poor Self Rated Health (SRH)	87.37 ●	Awareness of IGWPS	0 ●	Poor Self Rated Health (SRH)	87.37 ●	Covered under work related pension scheme	1.39 ●	Awareness of IGWPS	0 ●	Covered under work related pension scheme	1.39 ●
Currently working	66.97 ●	Physical Safety	76.29 ●	Psychological well being and care	82.17 ●	Living Arrangements of the Elderly - Living alone	70 ●	Psychological well being and care	82.17 ●	Receiving Benefits from IGNOAPS	0.92 ●	Receiving Benefits from IGNOAPS	0.92 ●	Receiving Benefits from IGNOAPS	0.92 ●
Employed Person under MNREGA	47.05 ●	Crime against the Elderly	94.98 ●	Hospitalisation cases	67.34 ●			Hospitalisation cases	67.34 ●	Receiving Benefits from IGWPS	4.50 ●	Receiving Benefits from IGWPS	4.50 ●	Receiving Benefits from IGWPS	4.50 ●
Aged persons with 10 or more years complete schooling	0 ●	Experience of Ill-Treatment	64.95 ●	Mean expenditure on last hospitalisation	81.03 ●			Mean expenditure on last hospitalisation	81.03 ●						
Aged persons with no schooling	0 ●	Living Arrangements of the Elderly - Living alone	70 ●	Out of pocket expenses for healthcare	0 ●			Out of pocket expenses for healthcare	0 ●						
Elderly with graduate level of education	0.16 ●			Prevalence of Alzheimer's Disease and Dementia	100 ●			Prevalence of Alzheimer's Disease and Dementia	100 ●						
Elderly with post graduate level of education	0 ●			Prevalence of Depression	100 ●			Prevalence of Depression	100 ●						
Literate	0 ●			Prevalence of Neurological Problems	81.25 ●			Prevalence of Neurological Problems	81.25 ●						
Seeking job	97.72 ●			Prevalence of Psychiatric Problems	100 ●			Prevalence of Psychiatric Problems	100 ●						
Work Force Participation rate	0.23 ●														

● Overperforming ● Performing within expected range ● Underperforming

Strength and Weakness are relative to 10 districts of similar population: Dadra and Nagar Haveli, Lakshadweep, Sikkim, Andaman and Nicobar Islands, Chandigarh, Daman and Diu, Mizoram, Nagaland, Puducherry, Meghalaya

Financial Well Being		61.54 ●		Social Well Being		61.66 ●		Health System		56.56 ●		Income Security		67.47 ●	
Economic Empowerment		53.67 ●		Social Status		69.13 ●		Basic Health		51.75 ●		Social Security		73.08 ●	
Mean Monthly Individual Earnings from all Sources	100	●		Aged Persons: Need help for ADL & IADL Limitations	94.10	●		Physical Mobility	47.36	●		Covered Under Provident Fund	76.17	●	
State of Economic Independence – fully dependent on Others	55.17	●		Currently Married	63.67	●		Chronic Illness by own Perception	42.62	●		Currently Receiving Retirement Pension	100	●	
State of Economic Not Independence – fully dependent on Others	75	●		Satisfied with their Current Living Arrangement	75.60	●		Engage in Physical Exercise	55.72	●		Funds Utilised under NPHCE-NHM	0	●	
Education attainment and employment		69.41 ●		Satisfied with their Own Life		72.53 ●		Life Expectancy at 60+ years		51.55 ●		Received any Concession or Benefits		67.46 ●	
Currently working	18.90	●		Sex Ratio	41.42	●		Percentage Distribution of Ailments at 60+ Years	50.17	●		Enabling environment		61.92 ●	
Employed Person under MNREGA	0	●		Physical Safety		54.19 ●		Poor Self Rated Health (SRH)		76.19 ●		Aware of any concession given by government		72.80 ●	
Aged persons with 10 or more years complete schooling	100	●		Crime against the Elderly	20.57	●		Psychological well being and care		61.36 ●		Aware of MWPS Act		51.38 ●	
Aged persons with no schooling	82.58	●		Experience of Ill-Treatment	51.28	●		Hospitalisation cases	65.30	●		Awareness of IGNOAPS		50.07 ●	
Elderly with graduate level of education	29.64	●		Living Arrangements of the Elderly - Living alone	89.28	●		Mean expenditure on last hospitalisation	67.59	●		Awareness of IGNWPS		63.77 ●	
Elderly with post graduate level of education	100	●						Out of pocket expenses for healthcare	12.05	●		Covered under work related pension scheme		90.44 ●	
Literate	82.58	●						Prevalence of Alzheimer's Disease and Dementia	62.96	●		Receiving Benefits from IGNOAPS		57.12 ●	
Seeking job	56.81	●						Prevalence of Depression	38.23	●		Receiving Benefits from IGNWPS		58.62 ●	
Work Force Participation rate	0.34	●						Prevalence of Neurological Problems	91.09	●					
								Prevalence of Psychiatric Problems	70	●					

Financial Well Being		39.15 ●	Social Well Being		46.89 ●	Health System		81.95 ●	Income Security		31.11 ●
Economic Empowerment		60.75 ●	Social Status		46.39 ●	Basic Health		70.90 ●	Social Security		20.48 ●
Mean Monthly Individual Earnings from all Sources	1.78 ●		Aged Persons: Need help for ADL & IADL Limitations	79.77 ●		Physical Mobility	63.15 ●		Covered Under Provident Fund	7.52 ●	
State of Economic Independence – fully dependent on Others	57.47 ●		Currently Married	54.70 ●		Chronic Illness by own Perception	73.77 ●		Currently Receiving Retirement Pension	8.73 ●	
State of Economic Not Independence – fully dependent on Others	48.21 ●		Satisfied with their Current Living Arrangement	57.10 ●		Engage in Physical Exercise	65.81 ●		Funds Utilised under NPHCE-NHM	100 ●	
Education attainment and employment		17.56 ●	Physical Safety		47.40 ●	Psychological well being and care		93.00 ●	Enabling environment		41.73 ●
Currently working	62.64 ●		Crime against the Elderly	28.25 ●		Hospitalisation cases	100 ●		Aware of any concession given by government	13.76 ●	
Employed Person under MNREGA	25.68 ●		Experience of Ill-Treatment	52.99 ●		Mean expenditure on last hospitalisation	91.81 ●		Aware of MWPS Act	12.31 ●	
Aged persons with 10 or more years complete schooling	11.68 ●		Living Arrangements of the Elderly - Living alone	60 ●		Out of pocket expenses for healthcare	94.15 ●		Awareness of IGNOAPS	67.68 ●	
Aged persons with no schooling	27.24 ●					Prevalence of Alzheimer's Disease and Dementia	97.59 ●		Awareness of IGNWPS	65.17 ●	
Elderly with graduate level of education	7.22 ●					Prevalence of Depression	92.35 ●		Covered under work related pension scheme	5.12 ●	
Elderly with post graduate level of education	7.07 ●					Prevalence of Neurological Problems	90.46 ●		Receiving Benefits from IGNOAPS	43.34 ●	
Literate	27.24 ●					Prevalence of Psychiatric Problems	88.18 ●		Receiving Benefits from IGNWPS	70.19 ●	
Seeking job	27.27 ●										
Work Force Participation rate	12.81 ●										

DADRA AND NAGAR HAVELI

Category: Union Territories

● 58.57

Rank: 2

Financial Well Being		38.21 ●		Social Well Being		79.33 ●		Health System		80.63 ●		Income Security		36.12 ●	
Economic Empowerment		61.58 ●		Social Status		73.11 ●		Basic Health		84.84 ●		Social Security		12.33 ●	
Mean Monthly Individual Earnings from all Sources	18.05 ●	Aged Persons: Need help for ADL & IADL Limitations	63.76 ●	Physical Mobility	100 ●	Covered Under Provident Fund	18.80 ●	Chronic Illness by own Perception	77.04 ●	Currently Receiving Retirement Pension	12.66 ●	Funds Utilised under NPHCE-NHM	0 ●	Received any Concession or Benefits	9.84 ●
State of Economic Independence – fully dependent on Others	100 ●	Currently Married	69.50 ●	Engage in Physical Exercise	89.23 ●	Received any Concession or Benefits	9.84 ●	Engage in Physical Exercise	89.23 ●	Enabling environment	59.91 ●	Aware of any concession given by government	25.60 ●		
State of Economic Not Independence – fully dependent on Others	12.5 ●	Satisfied with their Current Living Arrangement	76.40 ●	Health Insurance Coverage	86.72 ●	Aware of MWPCS Act	40.76 ●	Health Insurance Coverage	86.72 ●	Awareness of IGNOAPS	91.88 ●	Aware of IGNOAPS	91.88 ●		
		Satisfied with their Own Life	83.43 ●	Life Expectancy at 60+ years	51.55 ●	Awareness of IGNOAPS	91.88 ●	Life Expectancy at 60+ years	51.55 ●	Awareness of IGWPS	94.89 ●	Awareness of IGWPS	94.89 ●		
		Sex Ratio	70.01 ●	Percentage Distribution of Ailments at 60+ Years	92.04 ●	Covered under work related pension scheme	5.36 ●	Percentage Distribution of Ailments at 60+ Years	92.04 ●	Receiving Benefits from IGNOAPS	57.12 ●	Receiving Benefits from IGNOAPS	57.12 ●		
Education attainment and employment	14.85 ●			Poor Self Rated Health (SRH)	75.36 ●	Receiving Benefits from IGWPS	80.58 ●	Poor Self Rated Health (SRH)	75.36 ●						
Currently working	100 ●	Physical Safety	85.55 ●	Psychological well being and care	76.43 ●			Psychological well being and care	76.43 ●						
Employed Person under MNREGA	0 ●	Crime against the Elderly	100 ●	Hospitalisation cases	45.91 ●			Hospitalisation cases	45.91 ●						
Aged persons with 10 or more years complete schooling	10.82 ●	Experience of Ill-Treatment	76.06 ●	Mean expenditure on last hospitalisation	68.14 ●			Mean expenditure on last hospitalisation	68.14 ●						
Aged persons with no schooling	28.51 ●	Living Arrangements of the Elderly - Living alone	81.42 ●	Out of pocket expenses for healthcare	95.12 ●			Out of pocket expenses for healthcare	95.12 ●						
Elderly with graduate level of education	0 ●			Prevalence of Alzheimer's Disease and Dementia	94.25 ●			Prevalence of Alzheimer's Disease and Dementia	94.25 ●						
Elderly with post graduate level of education	0 ●			Prevalence of Depression	83.52 ●			Prevalence of Depression	83.52 ●						
Literate	28.51 ●			Prevalence of Neurological Problems	60.93 ●			Prevalence of Neurological Problems	60.93 ●						
Seeking job	52.27 ●			Prevalence of Psychiatric Problems	83.63 ●			Prevalence of Psychiatric Problems	83.63 ●						
Work Force Participation rate	0.02 ●														

● Overperforming ● Performing within expected range ● Underperforming

Strength and Weakness are relative to 10 districts of similar population: Lakshadweep, Daman and Diu, Sikkim, Andaman and Nicobar Islands, Arunachal Pradesh, Chandigarh, Mizoram, Nagaland, Puducherry, Meghalaya

Financial Well Being	21.62 ●	Social Well Being	73.79 ●	Health System	76.64 ●	Income Security	41.04 ●
Economic Empowerment	14.89 ●	Social Status	81.79 ●	Basic Health	77.21 ●	Social Security	29.06 ●
Mean Monthly Individual Earnings from all Sources	13.49 ●	Aged Persons: Need help for ADL & IADL Limitations	97.19 ●	Physical Mobility	63.15 ●	Covered Under Provident Fund	43.26 ●
State of Economic Independence – fully dependent on Others	0 ●	Currently Married	41.25 ●	Chronic Illness by own Perception	91.80 ●	Currently Receiving Retirement Pension	37.99 ●
State of Economic Not Independence – fully dependent on Others	0 ●	Satisfied with their Current Living Arrangement	76.40 ●	Engage in Physical Exercise	72.47 ●	Funds Utilised under NPHCE-NHM	0.81 ●
Education attainment and employment	28.35 ●	Satisfied with their Own Life	99.79 ●	Health Insurance Coverage	24.88 ●	Received any Concession or Benefits	13.00 ●
Currently working	28.01 ●	Sex Ratio	71.25 ●	Life Expectancy at 60+ years	51.55 ●	Enabling environment	53.03 ●
Employed Person under MNREGA	0 ●	Physical Safety	65.87 ●	Percentage Distribution of Ailments at 60+ Years	100 ●	Aware of any concession given by government	16.16 ●
Aged persons with 10 or more years complete schooling	31.16 ●	Crime against the Elderly	81.23 ●	Poor Self Rated Health (SRH)	84.05 ●	Aware of MWPCS Act	25.90 ●
Aged persons with no schooling	64.32 ●	Experience of Ill-Treatment	72.64 ●	Psychological well being and care	76.06 ●	Awareness of IGNOAPS	77.94 ●
Elderly with graduate level of education	0 ●	Living Arrangements of the Elderly - Living alone	44.28 ●	Hospitalisation cases	5.10 ●	Awareness of IGNWPS	54.34 ●
Elderly with post graduate level of education	0 ●			Mean expenditure on last hospitalisation	67.03 ●	Covered under work related pension scheme	19.81 ●
Literate	64.32 ●			Out of pocket expenses for healthcare	78.07 ●	Receiving Benefits from IGNOAPS	72.60 ●
Seeking job	31.81 ●			Prevalence of Alzheimer's Disease and Dementia	100 ●	Receiving Benefits from IGNWPS	92.54 ●
Work Force Participation rate	0.02 ●			Prevalence of Depression	100 ●		
				Prevalence of Neurological Problems	96.40 ●		
				Prevalence of Psychiatric Problems	48.18 ●		

Financial Well Being		Social Well Being		Health System		Income Security	
Economic Empowerment	59.37 ●	Social Status	42.61 ●	Basic Health	55.27 ●	Social Security	37.56 ●
Mean Monthly Individual Earnings from all Sources	56.05 ●	Aged Persons: Need help for ADL & IADL Limitations	63.20 ●	Physical Mobility	73.68 ●	Covered Under Provident Fund	31.66 ●
State of Economic Independence – fully dependent on Others	64.36 ●	Currently Married	76.23 ●	Chronic Illness by own Perception	47.54 ●	Currently Receiving Retirement Pension	36.68 ●
State of Economic Not Independence – fully dependent on Others	60.71 ●	Satisfied with their Current Living Arrangement	49.32 ●	Engage in Physical Exercise	31.11 ●	Funds Utilised under NPHCE-NHM	0.21 ●
		Satisfied with their Own Life	24.52 ●	Health Insurance Coverage	16.74 ●	Received any Concession or Benefits	63.97 ●
Education attainment and employment	51.64 ●	Sex Ratio	23.80 ●	Life Expectancy at 60+ years	85.36 ●		
Currently working	24.82 ●			Percentage Distribution of Ailments at 60+ Years	43.28 ●	Enabling environment	52.17 ●
Employed Person under MNREGA	0 ●	Physical Safety	56.71 ●	Poor Self Rated Health (SRH)	79.50 ●	Aware of any concession given by government	58.88 ●
Aged persons with 10 or more years complete schooling	62.55 ●	Crime against the Elderly	0 ●	Psychological well being and care	79.78 ●	Aware of MWPS Act	26.32 ●
Aged persons with no schooling	59.97 ●	Experience of Ill-Treatment	70.94 ●	Hospitalisation cases	80.61 ●	Awareness of IGNOAPS	55.13 ●
Elderly with graduate level of education	100 ●	Living Arrangements of the Elderly - Living alone	96.42 ●	Mean expenditure on last hospitalisation	59.56 ●	Awareness of IGNWPS	35.13 ●
Elderly with post graduate level of education	22.50 ●			Out of pocket expenses for healthcare	64.19 ●	Covered under work related pension scheme	49.88 ●
Literate	59.97 ●			Prevalence of Alzheimer's Disease and Dementia	94.81 ●	Receiving Benefits from IGNOAPS	60.06 ●
Seeking job	15.90 ●			Prevalence of Depression	92.94 ●	Receiving Benefits from IGNWPS	86.66 ●
Work Force Participation rate	4.39 ●			Prevalence of Neurological Problems	79.68 ●		
				Prevalence of Psychiatric Problems	78.18 ●		

Financial Well Being		Social Well Being		Health System		Income Security	
Economic Empowerment	44.76 ●	Social Status	70.17 ●	Basic Health	58.88 ●	Social Security	36.42 ●
Mean Monthly Individual Earnings from all Sources	54.67 ●	Aged Persons: Need help for ADL & IADL Limitations	75.56 ●	Physical Mobility	63.15 ●	Covered Under Provident Fund	62.38 ●
State of Economic Independence – fully dependent on Others	60.91 ●	Currently Married	41.70 ●	Chronic Illness by own Perception	54.90 ●	Currently Receiving Retirement Pension	22.07 ●
State of Economic Not Independence – fully dependent on Others	32.14 ●	Satisfied with their Current Living Arrangement	70.24 ●	Engage in Physical Exercise	64.61 ●	Funds Utilised under NPHCE-NHM	5.23 ●
Education attainment and employment	42.90 ●	Satisfied with their Own Life	53.66 ●	Health Insurance Coverage	62.74 ●	Received any Concession or Benefits	28.64 ●
Currently working	16.40 ●	Sex Ratio	50.07 ●	Life Expectancy at 60+ years	51.55 ●	Enabling environment	38.76 ●
Employed Person under MNREGA	75.33 ●	Physical Safety	80.60 ●	Percentage Distribution of Ailments at 60+ Years	0 ●	Aware of any concession given by government	50.88 ●
Aged persons with 10 or more years complete schooling	53.67 ●	Crime against the Elderly	73.88 ●	Poor Self Rated Health (SRH)	43.89 ●	Aware of MWPS Act	48.19 ●
Aged persons with no schooling	64.88 ●	Experience of Ill-Treatment	88.88 ●	Psychological well being and care	74.62 ●	Awareness of IGNOAPS	26.64 ●
Elderly with graduate level of education	17.83 ●	Living Arrangements of the Elderly - Living alone	78.57 ●	Hospitalisation cases	29.59 ●	Awareness of IGNWPS	18.57 ●
Elderly with post graduate level of education	19.87 ●			Mean expenditure on last hospitalisation	77.07 ●	Covered under work related pension scheme	42.42 ●
Literate	64.88 ●			Out of pocket expenses for healthcare	87.63 ●	Receiving Benefits from IGNOAPS	51.70 ●
Seeking job	29.54 ●			Prevalence of Alzheimer's Disease and Dementia	82.03 ●	Receiving Benefits from IGNWPS	38.23 ●
Work Force Participation rate	0.68 ●			Prevalence of Depression	70.88 ●		
				Prevalence of Neurological Problems	84.68 ●		
				Prevalence of Psychiatric Problems	75.45 ●		

Financial Well Being		41.89 ●	Social Well Being		65.15 ●	Health System		67.29 ●	Income Security		21.64 ●
Economic Empowerment		52.64 ●	Social Status		76.49 ●	Basic Health		62.37 ●	Social Security		17.36 ●
Mean Monthly Individual Earnings from all Sources	12.19 ●		Aged Persons: Need help for ADL & IADL Limitations	86.79 ●		Physical Mobility	47.36 ●		Covered Under Provident Fund	27.27 ●	
State of Economic Independence – fully dependent on Others	45.97 ●		Currently Married	56.05 ●		Chronic Illness by own Perception	60.65 ●		Currently Receiving Retirement Pension	8.73 ●	
State of Economic Not Independence – fully dependent on Others	44.64 ●		Satisfied with their Current Living Arrangement	75.33 ●		Engage in Physical Exercise	81.70 ●		Funds Utilised under NPHCE-NHM	12.34 ●	
			Satisfied with their Own Life	100 ●		Health Insurance Coverage	47.20 ●		Received any Concession or Benefits	19.33 ●	
			Sex Ratio	54.40 ●		Life Expectancy at 60+ years	55.28 ●				
Education attainment and employment	31.14 ●		Physical Safety	53.80 ●		Percentage Distribution of Ailments at 60+ Years	56.89 ●		Enabling environment	25.93 ●	
Currently working	60.13 ●		Crime against the Elderly	8.95 ●		Poor Self Rated Health (SRH)	81.57 ●		Aware of any concession given by government	26.72 ●	
Employed Person under MNREGA	26.78 ●		Experience of Ill-Treatment	74.35 ●		Psychological well being and care	72.21 ●		Aware of MWPS Act	26.96 ●	
Aged persons with 10 or more years complete schooling	23.80 ●		Living Arrangements of the Elderly - Living alone	75.71 ●		Hospitalisation cases	45.91 ●		Awareness of IGNOAPS	25.26 ●	
Aged persons with no schooling	56.17 ●					Mean expenditure on last hospitalisation	48.91 ●		Awareness of IGNWPS	63.93 ●	
Elderly with graduate level of education	17.72 ●					Out of pocket expenses for healthcare	86.60 ●		Covered under work related pension scheme	6.52 ●	
Elderly with post graduate level of education	3.28 ●					Prevalence of Alzheimer's Disease and Dementia	97.40 ●		Receiving Benefits from IGNOAPS	11.14 ●	
Literate	56.17 ●					Prevalence of Depression	92.94 ●		Receiving Benefits from IGNWPS	11.76 ●	
Seeking job	38.63 ●					Prevalence of Neurological Problems	62.50 ●				
Work Force Participation rate	23.69 ●					Prevalence of Psychiatric Problems	64.54 ●				

Financial Well Being		Social Well Being		Health System		Income Security	
Economic Empowerment	45.78 ●	Social Status	68.78 ●	Basic Health	68.40 ●	Social Security	49.65 ●
Mean Monthly Individual Earnings from all Sources	28.73 ●	Aged Persons: Need help for ADL & IADL Limitations	76.68 ●	Physical Mobility	52.63 ●	Covered Under Provident Fund	31.03 ●
State of Economic Independence – fully dependent on Others	71.26 ●	Currently Married	44.39 ●	Chronic Illness by own Perception	73.77 ●	Currently Receiving Retirement Pension	18.34 ●
State of Economic Not Independence – fully dependent on Others	64.28 ●	Satisfied with their Current Living Arrangement	74.79 ●	Engage in Physical Exercise	29.23 ●	Funds Utilised under NPHCE-NHM	0.94 ●
Education attainment and employment	23.12 ●	Satisfied with their Own Life	32.70 ●	Health Insurance Coverage	7.99 ●	Received any Concession or Benefits	59.40 ●
Currently working	18.67 ●	Sex Ratio	51.62 ●	Life Expectancy at 60+ years	60.97 ●	Enabling environment	69.09 ●
Employed Person under MNREGA	33.94 ●	Physical Safety	80.92 ●	Percentage Distribution of Ailments at 60+ Years	69.96 ●	Aware of any concession given by government	75.68 ●
Aged persons with 10 or more years complete schooling	22.72 ●	Crime against the Elderly	81.34 ●	Poor Self Rated Health (SRH)	62.31 ●	Aware of MWPCS Act	12.73 ●
Aged persons with no schooling	22.80 ●	Experience of Ill-Treatment	70.94 ●	Psychological well being and care	80.59 ●	Awareness of IGNOAPS	92.03 ●
Elderly with graduate level of education	22.29 ●	Living Arrangements of the Elderly - Living alone	90.71 ●	Hospitalisation cases	40.81 ●	Awareness of IGNWPS	95.97 ●
Elderly with post graduate level of education	14.11 ●			Mean expenditure on last hospitalisation	77.04 ●	Covered under work related pension scheme	25.40 ●
Literate	27.80 ●			Out of pocket expenses for healthcare	69.73 ●	Receiving Benefits from IGNOAPS	86.37 ●
Seeking job	38.63 ●			Prevalence of Alzheimer's Disease and Dementia	96.11 ●	Receiving Benefits from IGNWPS	77.05 ●
Work Force Participation rate	7.78 ●			Prevalence of Depression	92.94 ●		
				Prevalence of Neurological Problems	92.03 ●		
				Prevalence of Psychiatric Problems	69.09 ●		

HIMACHAL PRADESH

Category: Relatively Aged State

● 61.04

Rank: 1

Financial Well Being		Social Well Being		Health System		Income Security	
Economic Empowerment	52.61 ●	Social Status	75.92 ●	Basic Health	59.90 ●	Social Security	55.73 ●
Mean Monthly Individual Earnings from all Sources	14.26 ●	Aged Persons: Need help for ADL & IADL Limitations	60.39 ●	Physical Mobility	47.36 ●	Covered Under Provident Fund	42.31 ●
State of Economic Independence – fully dependent on Others	72.41 ●	Currently Married	56.05 ●	Chronic Illness by own Perception	57.37 ●	Currently Receiving Retirement Pension	88.20 ●
State of Economic Not Independence – fully dependent on Others	64.28 ●	Satisfied with their Current Living Arrangement	100 ●	Engage in Physical Exercise	92.30 ●	Funds Utilised under NPHCE-NHM	7.79 ●
Education attainment and employment	33.79 ●	Satisfied with their Own Life	73.79 ●	Health Insurance Coverage	20.06 ●	Received any Concession or Benefits	33.74 ●
Currently working	67.88 ●	Sex Ratio	33.38 ●	Life Expectancy at 60+ years	73.98 ●	Enabling environment	59.99 ●
Employed Person under MNREGA	64.96 ●	Physical Safety	87.25 ●	Percentage Distribution of Ailments at 60+ Years	46.28 ●	Aware of any concession given by government	43.04 ●
Aged persons with 10 or more years complete schooling	38.31 ●	Crime against the Elderly	74.84 ●	Poor Self Rated Health (SRH)	56.31 ●	Aware of MWPS Act	14.01 ●
Aged persons with no schooling	55.19 ●	Experience of Ill-Treatment	90.59 ●	Psychological well being and care	65.57 ●	Awareness of IGNOAPS	90.04 ●
Elderly with graduate level of education	10.58 ●	Living Arrangements of the Elderly - Living alone	95.71 ●	Hospitalisation cases	0 ●	Awareness of IGNWPS	100 ●
Elderly with post graduate level of education	5.03 ●			Mean expenditure on last hospitalisation	0 ●	Covered under work related pension scheme	45.22 ●
Literate	55.19 ●			Out of pocket expenses for healthcare	63.45 ●	Receiving Benefits from IGNOAPS	36.68 ●
Seeking job	25 ●			Prevalence of Alzheimer's Disease and Dementia	100 ●	Receiving Benefits from IGNWPS	81.56 ●
Work Force Participation rate	7.17 ●			Prevalence of Depression	76.76 ●		
				Prevalence of Neurological Problems	92.81 ●		
				Prevalence of Psychiatric Problems	92.72 ●		

● Overperforming ● Performing within expected range ● Underperforming

Strength and Weakness are relative to 10 districts of similar population: Uttarakhand, Jammu and Kashmir, Delhi, Goa, Tripura, Manipur, Mizoram, Nagaland, Puducherry, Meghalaya

JAMMU AND KASHMIR

Category: Union Territories

● 46.15

Rank: 8

Financial Well Being	36.45 ●	Social Well Being	60.68 ●	Health System	56.80 ●	Income Security	30.69 ●
Economic Empowerment	53.40 ●	Social Status	25.56 ●	Basic Health	47.43 ●	Social Security	15.96 ●
Mean Monthly Individual Earnings from all Sources	56.85 ●	Aged Persons: Need help for ADL & IADL Limitations	44.66 ●	Physical Mobility	47.36 ●	Covered Under Provident Fund	26.01 ●
State of Economic Independence – fully dependent on Others	54.02 ●	Currently Married	71.30 ●	Chronic Illness by own Perception	57.37 ●	Currently Receiving Retirement Pension	22.27 ●
State of Economic Not Independence – fully dependent on Others	57.14 ●	Satisfied with their Current Living Arrangement	20.10 ●	Engage in Physical Exercise	29.91 ●	Funds Utilised under NPHCE-NHM	0.84 ●
		Satisfied with their Own Life	22.22 ●	Health Insurance Coverage	0 ●	Received any Concession or Benefits	2.28 ●
Education attainment and employment	19.49 ●	Sex Ratio	7.72 ●	Life Expectancy at 60+ years	100 ●		
Currently working	10.02 ●			Percentage Distribution of Ailments at 60+ Years	59.18 ●	Enabling environment	45.42 ●
Employed Person under MNREGA	33.68 ●	Physical Safety	93.81 ●	Poor Self Rated Health (SRH)	43.68 ●	Aware of any concession given by government	6.24 ●
Aged persons with 10 or more years complete schooling	23.16 ●	Crime against the Elderly	99.89 ●			Aware of MWPS Act	16.13 ●
Aged persons with no schooling	21.62 ●	Experience of Ill-Treatment	82.05 ●	Psychological well being and care	66.17 ●	Awareness of IGNOAPS	66.15 ●
Elderly with graduate level of education	9.90 ●	Living Arrangements of the Elderly - Living alone	100 ●	Hospitalisation cases	90.81 ●	Awareness of IGNWPS	69.50 ●
Elderly with post graduate level of education	5.21 ●			Mean expenditure on last hospitalisation	55.84 ●	Covered under work related pension scheme	18.41 ●
Literate	21.76 ●			Out of pocket expenses for healthcare	90.86 ●	Receiving Benefits from IGNOAPS	47.83 ●
Seeking job	100 ●			Prevalence of Alzheimer's Disease and Dementia	81.48 ●	Receiving Benefits from IGNWPS	83.72 ●
Work Force Participation rate	5.79 ●			Prevalence of Depression	61.76 ●		
				Prevalence of Neurological Problems	54.68 ●		
				Prevalence of Psychiatric Problems	50.90 ●		

● Overperforming ● Performing within expected range ● Underperforming

Strength and Weakness are relative to 10 districts of similar population: Uttarakhand, Himachal Pradesh, Delhi, Goa, Tripura, Manipur, Mizoram, Nagaland, Puducherry, Meghalaya

Financial Well Being		38.83 ●	Social Well Being		59.89 ●	Health System		77.26 ●	Income Security		37.59 ●
Economic Empowerment		55.27 ●	Social Status		42.03 ●	Basic Health		65.79 ●	Social Security		22.76 ●
Mean Monthly Individual Earnings from all Sources	0 ●		Aged Persons: Need help for ADL & IADL Limitations	54.21 ●		Physical Mobility	42.10 ●		Covered Under Provident Fund	26.64 ●	
State of Economic Independence – fully dependent on Others	54.02 ●		Currently Married	76.68 ●		Chronic Illness by own Perception	75.40 ●		Currently Receiving Retirement Pension	24.45 ●	
State of Economic Not Independence – fully dependent on Others	37.50 ●		Satisfied with their Current Living Arrangement	60.05 ●		Engage in Physical Exercise	93.67 ●		Funds Utilised under NPHCE-NHM	0.57 ●	
			Satisfied with their Own Life	19.07 ●		Health Insurance Coverage	32.42 ●		Received any Concession or Benefits	26.36 ●	
			Sex Ratio	25.19 ●		Life Expectancy at 60+ years	31.70 ●				
Education attainment and employment	22.40 ●					Percentage Distribution of Ailments at 60+ Years	38.74 ●				
Currently working	60.13 ●		Physical Safety	77.75 ●		Poor Self Rated Health (SRH)	68.32 ●		Enabling environment	53.42 ●	
Employed Person under MNREGA	20.02 ●		Crime against the Elderly	99.57 ●					Aware of any concession given by government	26.40 ●	
Aged persons with 10 or more years complete schooling	21.21 ●		Experience of Ill-Treatment	52.99 ●		Psychological well being and care	88.73 ●		Aware of MWPC Act	7.85 ●	
Aged persons with no schooling	37.78 ●		Living Arrangements of the Elderly - Living alone	82.40 ●		Hospitalisation cases	89.79 ●		Awareness of IGNOAPS	90.96 ●	
Elderly with graduate level of education	15.45 ●					Mean expenditure on last hospitalisation	72.60 ●		Awareness of IGNWPS	95.97 ●	
Elderly with post graduate level of education	3.13 ●					Out of pocket expenses for healthcare	69.36 ●		Covered under work related pension scheme	16.31 ●	
Literate	37.92 ●					Prevalence of Alzheimer's Disease and Dementia	97.59 ●		Receiving Benefits from IGNOAPS	47.36 ●	
Seeking job	9.09 ●					Prevalence of Depression	97.35 ●		Receiving Benefits from IGNWPS	59.41 ●	
Work Force Participation rate	13.05 ●					Prevalence of Neurological Problems	95.78 ●				
						Prevalence of Psychiatric Problems	88.18 ●				

Financial Well Being		44.96 ●		Social Well Being		40.58 ●		Health System		69.98 ●		Income Security		32.15 ●							
Economic Empowerment		61.84 ●		Social Status		27.02 ●		Basic Health		64.30 ●		Social Security		18.73 ●							
Mean Monthly Individual Earnings from all Sources	7.81 ●	Aged Persons: Need help for ADL & IADL Limitations	30.89 ●	Physical Mobility	63.15 ●	Covered Under Provident Fund	0 ●	Chronic Illness by own Perception	68.85 ●	Currently Receiving Retirement Pension	0 ●	Funds Utilised under NPHCE-NHM	48.37 ●	State of Economic Independence – fully dependent on Others	57.47 ●	Satisfied with their Current Living Arrangement	0 ●	Life Expectancy at 60+ years	30.08 ●	Received any Concession or Benefits	53.07 ●
State of Economic Not Independence – fully dependent on Others	53.57 ●	Satisfied with their Own Life	26.20 ●	Engage in Physical Exercise	89.23 ●	Percentage Distribution of Ailments at 60+ Years	48.05 ●	Poor Self Rated Health (SRH)	87.16 ●	Enabling environment	45.57 ●	Aware of any concession given by government	63.52 ●	Currently working	76.76 ●	Crime against the Elderly	87.46 ●	Hospitalisation cases	68.36 ●	Awareness of IGNOAPS	16.18 ●
Education attainment and employment	28.05 ●	Physical Safety	54.13 ●	Psychological well being and care	75.67 ●	Aware of MWPCS Act	22.92 ●	Employed Person under MNREGA	36.20 ●	Hospitalisation cases	68.36 ●	Awareness of IGNOAPS	16.18 ●	Aged persons with 10 or more years complete schooling	23.16 ●	Experience of Ill-Treatment	13.67 ●	Mean expenditure on last hospitalisation	67.25 ●	Awareness of IGNOAPS	16.18 ●
Aged persons with no schooling	45.50 ●	Living Arrangements of the Elderly - Living alone	72.14 ●	Out of pocket expenses for healthcare	76.55 ●	Awareness of IGNOAPS	16.18 ●	Elderly with graduate level of education	14.60 ●	Prevalence of Alzheimer's Disease and Dementia	93.51 ●	Awareness of IGNOAPS	16.18 ●	Elderly with post graduate level of education	57.97 ●	Prevalence of Depression	91.47 ●	Out of pocket expenses for healthcare	76.55 ●	Awareness of IGNOAPS	16.18 ●
Literate	45.50 ●			Prevalence of Neurological Problems	64.06 ●	Prevalence of Depression	91.47 ●	Seeking job	68.18 ●	Prevalence of Psychiatric Problems	64.54 ●	Prevalence of Depression	91.47 ●	Work Force Participation rate	34.04 ●	Prevalence of Psychiatric Problems	64.54 ●	Prevalence of Depression	91.47 ●	Prevalence of Depression	91.47 ●

Financial Well Being		55.40 ●	Social Well Being		60.71 ●	Health System		50.66 ●	Income Security		39.19 ●
Economic Empowerment		56.59 ●	Social Status		47.49 ●	Basic Health		26.88 ●	Social Security		21.03 ●
Mean Monthly Individual Earnings from all Sources	41.43 ●		Aged Persons: Need help for ADL & IADL Limitations	49.43 ●		Physical Mobility	47.36 ●		Covered Under Provident Fund	30.09 ●	
State of Economic Independence – fully dependent on Others	62.06 ●		Currently Married	50.67 ●		Chronic Illness by own Perception	0 ●		Currently Receiving Retirement Pension	16.59 ●	
State of Economic Not Independence – fully dependent on Others	50 ●		Satisfied with their Current Living Arrangement	54.15 ●		Engage in Physical Exercise	45.47 ●		Funds Utilised under NPHCE-NHM	5.94 ●	
Education attainment and employment		54.21 ●	Satisfied with their Own Life		25.57 ●	Health Insurance Coverage		57.16 ●	Received any Concession or Benefits		23.19 ●
Currently working	33.48 ●		Sex Ratio	59.66 ●		Life Expectancy at 60+ years	70.73 ●		Enabling environment		57.34 ●
Employed Person under MNREGA	100 ●		Physical Safety		73.92 ●	Percentage Distribution of Ailments at 60+ Years		27.73 ●	Aware of any concession given by government		42.08 ●
Aged persons with 10 or more years complete schooling	53.24 ●		Crime against the Elderly	82.62 ●		Poor Self Rated Health (SRH)	0.41 ●		Aware of MWPS Act		41.61 ●
Aged persons with no schooling	100 ●		Experience of Ill-Treatment	67.52 ●		Psychological well being and care		74.45 ●	Awareness of IGNOAPS		75.49 ●
Elderly with graduate level of education	15.65 ●		Living Arrangements of the Elderly - Living alone	72.14 ●		Hospitalisation cases	23.46 ●		Awareness of IGNWPS		81.42 ●
Elderly with post graduate level of education	4.43 ●					Mean expenditure on last hospitalisation	64.72 ●		Covered under work related pension scheme		34.26 ●
Literate	100 ●					Out of pocket expenses for healthcare	84.28 ●		Receiving Benefits from IGNOAPS		47.05 ●
Seeking job	29.54 ●					Prevalence of Alzheimer's Disease and Dementia	87.28 ●		Receiving Benefits from IGNWPS		69.21 ●
Work Force Participation rate	21.83 ●					Prevalence of Depression	90.29 ●				
						Prevalence of Neurological Problems	91.87 ●				
						Prevalence of Psychiatric Problems	56.36 ●				

Financial Well Being		Social Well Being		Health System		Income Security	
Economic Empowerment	46.49 ●	Social Status	45.42 ●	Basic Health	41.13 ●	Social Security	48.84 ●
Mean Monthly Individual Earnings from all Sources	46.49 ●	Aged Persons: Need help for ADL & IADL Limitations	49.43 ●	Physical Mobility	73.68 ●	Covered Under Provident Fund	100 ●
State of Economic Independence – fully dependent on Others	36.78 ●	Currently Married	39.01 ●	Chronic Illness by own Perception	11.47 ●	Currently Receiving Retirement Pension	44.10 ●
State of Economic Not Independence – fully dependent on Others	53.57 ●	Satisfied with their Current Living Arrangement	95.17 ●	Engage in Physical Exercise	45.47 ●	Funds Utilised under NPHCE-NHM	0 ●
		Satisfied with their Own Life	9.22 ●	Health Insurance Coverage	16.59 ●	Received any Concession or Benefits	15.81 ●
Education attainment and employment	27.10 ●	Sex Ratio	37.09 ●	Life Expectancy at 60+ years	51.55 ●		
Currently working	0 ●			Percentage Distribution of Ailments at 60+ Years	13.42 ●	Enabling environment	44.41 ●
Employed Person under MNREGA	20.64 ●	Physical Safety	91.59 ●	Poor Self Rated Health (SRH)	72.67 ●	Aware of any concession given by government	24.48 ●
Aged persons with 10 or more years complete schooling	18.39 ●	Crime against the Elderly	100 ●			Aware of MWPSC Act	23.34 ●
Aged persons with no schooling	67.83 ●	Experience of Ill-Treatment	100 ●	Psychological well being and care	85.31 ●	Awareness of IGNOAPS	50.84 ●
Elderly with graduate level of education	0.09 ●	Living Arrangements of the Elderly - Living alone	75 ●	Hospitalisation cases	32.65 ●	Awareness of IGNWPS	67.49 ●
Elderly with post graduate level of education	0 ●			Mean expenditure on last hospitalisation	52.72 ●	Covered under work related pension scheme	100 ●
Literate	67.83 ●			Out of pocket expenses for healthcare	100 ●	Receiving Benefits from IGNOAPS	7.73 ●
Seeking job	11.36 ●			Prevalence of Alzheimer's Disease and Dementia	100 ●	Receiving Benefits from IGNWPS	50.58 ●
Work Force Participation rate	0 ●			Prevalence of Depression	100 ●		
				Prevalence of Neurological Problems	93.75 ●		
				Prevalence of Psychiatric Problems	100 ●		

MADHYA PRADESH

Category: Aged State

● 47.11

Rank: 5

Financial Well Being		45.17 ●		Social Well Being		51.58 ●		Health System		67.96 ●		Income Security		23.71 ●							
Economic Empowerment		66.14 ●		Social Status		54.93 ●		Basic Health		60.33 ●		Social Security		6.63 ●							
Mean Monthly Individual Earnings from all Sources	2.57 ●	Aged Persons: Need help for ADL & IADL Limitations	77.52 ●	Physical Mobility	68.42 ●	Covered Under Provident Fund	4.38 ●	Chronic Illness by own Perception	75.40 ●	Currently Receiving Retirement Pension	6.55 ●	Funds Utilised under NPHCE-NHM	0.43 ●	Received any Concession or Benefits	12.47 ●						
State of Economic Independence – fully dependent on Others	58.62 ●	Currently Married	82.06 ●	Engage in Physical Exercise	59.48 ●	Health Insurance Coverage	4.07 ●	Life Expectancy at 60+ years	32.52 ●	Percentage Distribution of Ailments at 60+ Years	67.13 ●	Poor Self Rated Health (SRH)	62.31 ●	Enabling environment		40.80 ●					
State of Economic Not Independence – fully dependent on Others	60.71 ●	Satisfied with their Current Living Arrangement	54.15 ●	Health Insurance Coverage	4.07 ●	Life Expectancy at 60+ years	32.52 ●	Percentage Distribution of Ailments at 60+ Years	67.13 ●	Aware of any concession given by government	15.04 ●	Aware of MWPS Act	30.78 ●	Awareness of IGNOAPS	48.08 ●	Awareness of IGNWPS	43.96 ●				
Education attainment and employment		24.20 ●		Physical Safety		48.23 ●		Psychological well being and care		75.59 ●		Covered under work related pension scheme		6.99 ●		Receiving Benefits from IGNOAPS		60.99 ●			
Currently working	55.80 ●	Crime against the Elderly	21.96 ●	Experience of Ill-Treatment	56.41 ●	Hospitalisation cases	52.04 ●	Mean expenditure on last hospitalisation	80.45 ●	Out of pocket expenses for healthcare	63.64 ●	Prevalence of Alzheimer's Disease and Dementia	95.74 ●	Prevalence of Depression	61.76 ●	Prevalence of Neurological Problems	85.15 ●	Prevalence of Psychiatric Problems	73.63 ●	Receiving Benefits from IGNWPS	70.98 ●
Employed Person under MNREGA	35.95 ●	Living Arrangements of the Elderly - Living alone	65 ●	Living Arrangements of the Elderly - Living alone	65 ●	Prevalence of Alzheimer's Disease and Dementia	95.74 ●	Prevalence of Depression	61.76 ●	Prevalence of Neurological Problems	85.15 ●	Prevalence of Psychiatric Problems	73.63 ●								
Aged persons with 10 or more years complete schooling	15.15 ●	Sex Ratio	39.01 ●																		
Aged persons with no schooling	34.12 ●																				
Elderly with graduate level of education	13.28 ●																				
Elderly with post graduate level of education	5.53 ●																				
Literate	34.12 ●																				
Seeking job	81.81 ●																				
Work Force Participation rate	27.45 ●																				

● Overperforming ● Performing within expected range ● Underperforming

Strength and Weakness are relative to 10 districts of similar population: Odisha, West Bengal, Bihar, Tamil Nadu, Andhra Pradesh, Karnataka, Gujarat, Kerala, Punjab, Rajasthan

Financial Well Being		46.70 ●	Social Well Being		63.07 ●	Health System		69.23 ●	Income Security		34.21 ●
Economic Empowerment		56.75 ●	Social Status		65.69 ●	Basic Health		58.56 ●	Social Security		40.36 ●
Mean Monthly Individual Earnings from all Sources	12.19 ●		Aged Persons: Need help for ADL & IADL Limitations	85.11 ●		Physical Mobility	63.15 ●		Covered Under Provident Fund	27.27 ●	
State of Economic Independence – fully dependent on Others	50.57 ●		Currently Married	57.39 ●		Chronic Illness by own Perception	57.37 ●		Currently Receiving Retirement Pension	19.21 ●	
State of Economic Not Independence – fully dependent on Others	50 ●		Satisfied with their Current Living Arrangement	67.82 ●		Engage in Physical Exercise	71.28 ●		Funds Utilised under NPHCE-NHM	9.72 ●	
Education attainment and employment		36.65 ●	Physical Safety		60.44 ●	Psychological well being and care		79.90 ●	Enabling environment		28.07 ●
Currently working	60.13 ●		Crime against the Elderly	40.83 ●		Hospitalisation cases	32.65 ●		Aware of any concession given by government	100 ●	
Employed Person under MNREGA	33.65 ●		Experience of Ill-Treatment	66.66 ●		Mean expenditure on last hospitalisation	69.40 ●		Aware of MWPS Act	21.86 ●	
Aged persons with 10 or more years complete schooling	33.33 ●		Living Arrangements of the Elderly - Living alone	72.85 ●		Out of pocket expenses for healthcare	79.90 ●		Awareness of IGNOAPS	17.30 ●	
Aged persons with no schooling	53.37 ●					Prevalence of Alzheimer's Disease and Dementia	95.18 ●		Awareness of IGNWPS	35.91 ●	
Elderly with graduate level of education	23.82 ●					Prevalence of Depression	98.52 ●		Covered under work related pension scheme	6.52 ●	
Elderly with post graduate level of education	7.62 ●					Prevalence of Neurological Problems	89.68 ●		Receiving Benefits from IGNOAPS	0 ●	
Literate	53.37 ●					Prevalence of Psychiatric Problems	69.09 ●		Receiving Benefits from IGNWPS	18.82 ●	
Seeking job	38.63 ●										
Work Force Participation rate	66.06 ●										

Financial Well Being		Social Well Being		Health System		Income Security	
Economic Empowerment	51.82 ●	Social Status	67.52 ●	Basic Health	73.52 ●	Social Security	29.96 ●
Mean Monthly Individual Earnings from all Sources	12.85 ●	Aged Persons: Need help for ADL & IADL Limitations	87.07 ●	Physical Mobility	57.89 ●	Covered Under Provident Fund	0 ●
State of Economic Independence – fully dependent on Others	77.01 ●	Currently Married	60.98 ●	Chronic Illness by own Perception	91.80 ●	Currently Receiving Retirement Pension	34.06 ●
State of Economic Not Independence – fully dependent on Others	51.78 ●	Satisfied with their Current Living Arrangement	6.97 ●	Engage in Physical Exercise	63.07 ●	Funds Utilised under NPHCE-NHM	98.78 ●
Education attainment and employment	35.08 ●	Satisfied with their Own Life	24.94 ●	Health Insurance Coverage	0.75 ●	Received any Concession or Benefits	17.22 ●
Currently working	66.97 ●	Sex Ratio	60.74 ●	Life Expectancy at 60+ years	51.55 ●	Enabling environment	32.65 ●
Employed Person under MNREGA	72.96 ●	Physical Safety	88.24 ●	Percentage Distribution of Ailments at 60+ Years	78.62 ●	Aware of any concession given by government	20.80 ●
Aged persons with 10 or more years complete schooling	32.68 ●	Crime against the Elderly	94.66 ●	Poor Self Rated Health (SRH)	79.29 ●	Aware of MWPS Act	22.29 ●
Aged persons with no schooling	46.20 ●	Experience of Ill-Treatment	81.19 ●	Psychological well being and care	78.98 ●	Awareness of IGNOAPS	74.57 ●
Elderly with graduate level of education	32.18 ●	Living Arrangements of the Elderly - Living alone	89.28 ●	Hospitalisation cases	52.04 ●	Awareness of IGNWPS	48.45 ●
Elderly with post graduate level of education	3.70 ●			Mean expenditure on last hospitalisation	63.21 ●	Covered under work related pension scheme	1.39 ●
Literate	46.20 ●			Out of pocket expenses for healthcare	40.01 ●	Receiving Benefits from IGNOAPS	30.34 ●
Seeking job	97.72 ●			Prevalence of Alzheimer's Disease and Dementia	90.18 ●	Receiving Benefits from IGNWPS	4.70 ●
Work Force Participation rate	1.20 ●			Prevalence of Depression	92.05 ●		
				Prevalence of Neurological Problems	95.15 ●		
				Prevalence of Psychiatric Problems	87.27 ●		

Financial Well Being		Social Well Being		Health System		Income Security	
Economic Empowerment	45.68 ●	Social Status	81.55 ●	Basic Health	81.03 ●	Social Security	15.74 ●
Mean Monthly Individual Earnings from all Sources	34.19 ●	Aged Persons: Need help for ADL & IADL Limitations	85.39 ●	Physical Mobility	31.57 ●	Covered Under Provident Fund	10.34 ●
State of Economic Independence – fully dependent on Others	51.72 ●	Currently Married	7.17 ●	Chronic Illness by own Perception	100 ●	Currently Receiving Retirement Pension	14.41 ●
State of Economic Not Independence – fully dependent on Others	62.50 ●	Satisfied with their Current Living Arrangement	57.10 ●	Engage in Physical Exercise	46.66 ●	Funds Utilised under NPHCE-NHM	0 ●
Education attainment and employment	32.87 ●	Satisfied with their Own Life	65.82 ●	Health Insurance Coverage	69.53 ●	Received any Concession or Benefits	0.35 ●
Currently working	56.03 ●	Sex Ratio	100 ●	Life Expectancy at 60+ years	51.55 ●	Enabling environment	23.46 ●
Employed Person under MNREGA	47.13 ●	Physical Safety	91.89 ●	Percentage Distribution of Ailments at 60+ Years	88.69 ●	Aware of any concession given by government	15.68 ●
Aged persons with 10 or more years complete schooling	21.21 ●	Crime against the Elderly	99.25 ●	Poor Self Rated Health (SRH)	100 ●	Aware of MWPS Act	12.73 ●
Aged persons with no schooling	57.02 ●	Experience of Ill-Treatment	93.16 ●	Psychological well being and care	87.04 ●	Awareness of IGNOAPS	32.61 ●
Elderly with graduate level of education	44.11 ●	Living Arrangements of the Elderly - Living alone	83.57 ●	Hospitalisation cases	75.51 ●	Awareness of IGNWPS	8.82 ●
Elderly with post graduate level of education	0 ●			Mean expenditure on last hospitalisation	78.41 ●	Covered under work related pension scheme	22.37 ●
Literate	57.02 ●			Out of pocket expenses for healthcare	71.19 ●	Receiving Benefits from IGNOAPS	51.23 ●
Seeking job	0 ●			Prevalence of Alzheimer's Disease and Dementia	100 ●	Receiving Benefits from IGNWPS	14.11 ●
Work Force Participation rate	0.89 ●			Prevalence of Depression	100 ●		
				Prevalence of Neurological Problems	87.96 ●		
				Prevalence of Psychiatric Problems	81.81 ●		

Financial Well Being	54.42 ●	Social Well Being	75.94 ●	Health System	77.23 ●	Income Security	31.55 ●
Economic Empowerment	69.56 ●	Social Status	62.42 ●	Basic Health	75.65 ●	Social Security	28.11 ●
Mean Monthly Individual Earnings from all Sources	47.22 ●	Aged Persons: Need help for ADL & IADL Limitations	79.77 ●	Physical Mobility	89.47 ●	Covered Under Provident Fund	51.09 ●
State of Economic Independence – fully dependent on Others	67.81 ●	Currently Married	56.05 ●	Chronic Illness by own Perception	86.88 ●	Currently Receiving Retirement Pension	27.94 ●
State of Economic Not Independence – fully dependent on Others	78.57 ●	Satisfied with their Current Living Arrangement	94.37 ●	Engage in Physical Exercise	0 ●	Funds Utilised under NPHCE-NHM	15.48 ●
Education attainment and employment	39.28 ●	Satisfied with their Own Life	59.74 ●	Health Insurance Coverage	100 ●	Received any Concession or Benefits	6.15 ●
Currently working	48.74 ●	Sex Ratio	26.12 ●	Life Expectancy at 60+ years	51.55 ●	Enabling environment	34.98 ●
Employed Person under MNREGA	69.74 ●	Physical Safety	89.46 ●	Percentage Distribution of Ailments at 60+ Years	78.62 ●	Aware of any concession given by government	16 ●
Aged persons with 10 or more years complete schooling	17.96 ●	Crime against the Elderly	86.03 ●	Poor Self Rated Health (SRH)	82.81 ●	Aware of MWPC Act	30.78 ●
Aged persons with no schooling	91.15 ●	Experience of Ill-Treatment	99.14 ●	Psychological well being and care	78.81 ●	Awareness of IGNOAPS	67.68 ●
Elderly with graduate level of education	4.55 ●	Living Arrangements of the Elderly - Living alone	82.85 ●	Hospitalisation cases	87.75 ●	Awareness of IGNWPS	39.31 ●
Elderly with post graduate level of education	5.79 ●			Mean expenditure on last hospitalisation	82.14 ●	Covered under work related pension scheme	35.89 ●
Literate	91.15 ●			Out of pocket expenses for healthcare	61.14 ●	Receiving Benefits from IGNOAPS	37.92 ●
Seeking job	0 ●			Prevalence of Alzheimer's Disease and Dementia	70.37 ●	Receiving Benefits from IGNWPS	0 ●
Work Force Participation rate	0.46 ●			Prevalence of Depression	100 ●		
				Prevalence of Neurological Problems	57.81 ●		
				Prevalence of Psychiatric Problems	89 ●		

Financial Well Being		51.27 ●		Social Well Being		61.63 ●		Health System		71.49 ●		Income Security		18.69 ●																									
Economic Empowerment		74.77 ●		Social Status		57.80 ●		Basic Health		71.62 ●		Social Security		20.99 ●																									
Mean Monthly Individual Earnings from all Sources	7.74 ●	Aged Persons: Need help for ADL & IADL Limitations	100 ●	Physical Mobility	94.73 ●	Covered Under Provident Fund	31.34 ●	Chronic Illness by own Perception	88.52 ●	Currently Receiving Retirement Pension	32.75 ●	Funds Utilised under NPHCE-NHM	3.40 ●	State of Economic Independence – fully dependent on Others	82.75 ●	Satisfied with their Current Living Arrangement	68.63 ●	Health Insurance Coverage	0.45 ●	Life Expectancy at 60+ years	51.55 ●	Received any Concession or Benefits	0.70 ●	State of Economic Not Independence – fully dependent on Others	58.92 ●	Satisfied with their Own Life	29.97 ●	Percentage Distribution of Ailments at 60+ Years	39.75 ●	Poor Self Rated Health (SRH)	89.23 ●	Enabling environment	16.39 ●						
Education attainment and employment		27.77 ●		Physical Safety		65.45 ●		Psychological well being and care		71.35 ●		Aware of any concession given by government		0 ●		Aware of MWPS Act		0 ●		Awareness of IGNOAPS		33.99 ●		Awareness of IGNWPS		19.96 ●		Covered under work related pension scheme		29.60 ●		Receiving Benefits from IGNOAPS		21.20 ●		Receiving Benefits from IGNWPS		4.31 ●	
Currently working	75.39 ●	Crime against the Elderly	83.36 ●	Hospitalisation cases	67.34 ●	Mean expenditure on last hospitalisation	47.18 ●	Out of pocket expenses for healthcare	64.92 ●	Prevalence of Alzheimer's Disease and Dementia	12.96 ●	Prevalence of Depression	100 ●	Prevalence of Neurological Problems	100 ●	Prevalence of Psychiatric Problems	100 ●																						
Employed Person under MNREGA	74.75 ●	Experience of Ill-Treatment	97.43 ●	Living Arrangements of the Elderly - Living alone	15.71 ●																																		
Aged persons with 10 or more years complete schooling	29.43 ●																																						
Aged persons with no schooling	44.24 ●																																						
Elderly with graduate level of education	14.46 ●																																						
Elderly with post graduate level of education	0.37 ●																																						
Literate	44.24 ●																																						
Seeking job	0 ●																																						
Work Force Participation rate	0.76 ●																																						

Financial Well Being		41.50 ●		Social Well Being		66.09 ●		Health System		74.34 ●		Income Security		33.81 ●	
Economic Empowerment		58.69 ●		Social Status		52.81 ●		Basic Health		67.06 ●		Social Security		12.52 ●	
Mean Monthly Individual Earnings from all Sources	1.03 ●	Aged Persons: Need help for ADL & IADL Limitations	75.56 ●	Physical Mobility	63.15 ●	Covered Under Provident Fund	6.89 ●	Chronic Illness by own Perception	62.29 ●	Currently Receiving Retirement Pension	9.17 ●	Funds Utilised under NPHCE-NHM	17.49 ●	Received any Concession or Benefits	21.61 ●
State of Economic Independence – fully dependent on Others	54.02 ●	Currently Married	58.74 ●	Engage in Physical Exercise	85.47 ●	Received any Concession or Benefits	21.61 ●	Engage in Physical Exercise	85.47 ●	Enabling environment	55.11 ●	Aware of any concession given by government	16.8 ●		
State of Economic Not Independence – fully dependent on Others	46.42 ●	Satisfied with their Current Living Arrangement	63.53 ●	Health Insurance Coverage	88.53 ●	Aware of MWPCS Act	23.14 ●	Health Insurance Coverage	88.53 ●	Awareness of IGNOAPS	85.91 ●	Awareness of IGNOAPS	85.91 ●		
		Satisfied with their Own Life	35.42 ●	Life Expectancy at 60+ years	60.16 ●	Awareness of IGWPS	94.42 ●	Life Expectancy at 60+ years	60.16 ●	Covered under work related pension scheme	3.96 ●	Receiving Benefits from IGNOAPS	58.51 ●		
		Sex Ratio	38.63 ●	Percentage Distribution of Ailments at 60+ Years	62.36 ●	Receiving Benefits from IGWPS	80.58 ●	Percentage Distribution of Ailments at 60+ Years	62.36 ●						
Education attainment and employment	24.30 ●			Poor Self Rated Health (SRH)	62.94 ●			Poor Self Rated Health (SRH)	62.94 ●						
Currently working	60.59 ●	Physical Safety	79.36 ●	Psychological well being and care	81.70 ●			Psychological well being and care	81.70 ●						
Employed Person under MNREGA	46.40 ●	Crime against the Elderly	95.84 ●	Hospitalisation cases	87.75 ●			Hospitalisation cases	87.75 ●						
Aged persons with 10 or more years complete schooling	12.33 ●	Experience of Ill-Treatment	75.21 ●	Mean expenditure on last hospitalisation	77.78 ●			Mean expenditure on last hospitalisation	77.78 ●						
Aged persons with no schooling	46.34 ●	Living Arrangements of the Elderly - Living alone	67.85 ●	Out of pocket expenses for healthcare	86.54 ●			Out of pocket expenses for healthcare	86.54 ●						
Elderly with graduate level of education	3.17 ●			Prevalence of Alzheimer's Disease and Dementia	98.88 ●			Prevalence of Alzheimer's Disease and Dementia	98.88 ●						
Elderly with post graduate level of education	4.64 ●			Prevalence of Depression	96.17 ●			Prevalence of Depression	96.17 ●						
Literate	46.34 ●			Prevalence of Neurological Problems	90.78 ●			Prevalence of Neurological Problems	90.78 ●						
Seeking job	22.72 ●			Prevalence of Psychiatric Problems	32.72 ●			Prevalence of Psychiatric Problems	32.72 ●						
Work Force Participation rate	23.48 ●														

Financial Well Being		Social Well Being		Health System		Income Security	
Financial Well Being	57.17 ●	Social Well Being	64.93 ●	Health System	44.36 ●	Income Security	45.63 ●
Economic Empowerment	71.92 ●	Social Status	53.08 ●	Basic Health	36.08 ●	Social Security	25.66 ●
Mean Monthly Individual Earnings from all Sources	33.32 ●	Aged Persons: Need help for ADL & IADL Limitations	60.11 ●	Physical Mobility	0 ●	Covered Under Provident Fund	17.24 ●
State of Economic Independence – fully dependent on Others	100 ●	Currently Married	25.56 ●	Chronic Illness by own Perception	73.77 ●	Currently Receiving Retirement Pension	27.51 ●
State of Economic Not Independence – fully dependent on Others	44.64 ●	Satisfied with their Current Living Arrangement	74.79 ●	Engage in Physical Exercise	100 ●	Funds Utilised under NPHCE-NHM	0 ●
		Satisfied with their Own Life	15.72 ●	Health Insurance Coverage	9.50 ●	Received any Concession or Benefits	45.86 ●
Education attainment and employment	42.42 ●	Sex Ratio	74.49 ●	Life Expectancy at 60+ years	51.55 ●		
Currently working	43.28 ●			Percentage Distribution of Ailments at 60+ Years	9.54 ●	Enabling environment	65.59 ●
Employed Person under MNREGA	75.86 ●	Physical Safety	76.77 ●	Poor Self Rated Health (SRH)	35.61 ●	Aware of any concession given by government	62.08 ●
Aged persons with 10 or more years complete schooling	45.88 ●	Crime against the Elderly	100 ●			Aware of MWPS Act	100 ●
Aged persons with no schooling	68.67 ●	Experience of Ill-Treatment	85.47 ●	Psychological well being and care	52.64 ●	Awareness of IGNOAPS	72.89 ●
Elderly with graduate level of education	17.81 ●	Living Arrangements of the Elderly - Living alone	45.71 ●	Hospitalisation cases	87.75 ●	Awareness of IGNWPS	62.53 ●
Elderly with post graduate level of education	21.98 ●			Mean expenditure on last hospitalisation	56.87 ●	Covered under work related pension scheme	36.59 ●
Literate	68.67 ●			Out of pocket expenses for healthcare	76.97 ●	Receiving Benefits from IGNOAPS	75.38 ●
Seeking job	2.27 ●			Prevalence of Alzheimer's Disease and Dementia	66.66 ●	Receiving Benefits from IGNWPS	32.94 ●
Work Force Participation rate	0.19 ●			Prevalence of Depression	61.76 ●		
				Prevalence of Neurological Problems	34.37 ●		
				Prevalence of Psychiatric Problems	9.09 ●		

Financial Well Being		Social Well Being		Health System		Income Security	
Economic Empowerment	41.18 ●	Social Status	71.35 ●	Basic Health	61.68 ●	Social Security	29.23 ●
Mean Monthly Individual Earnings from all Sources	13.05 ●	Aged Persons: Need help for ADL & IADL Limitations	83.42 ●	Physical Mobility	47.36 ●	Covered Under Provident Fund	24.13 ●
State of Economic Independence – fully dependent on Others	43.67 ●	Currently Married	63.67 ●	Chronic Illness by own Perception	50.81 ●	Currently Receiving Retirement Pension	7.42 ●
State of Economic Not Independence – fully dependent on Others	44.64 ●	Satisfied with their Current Living Arrangement	59.24 ●	Engage in Physical Exercise	45.81 ●	Funds Utilised under NPHCE-NHM	0.55 ●
Education attainment and employment	30.85 ●	Satisfied with their Own Life	54.92 ●	Health Insurance Coverage	7.54 ●	Received any Concession or Benefits	12.30 ●
Currently working	43.50 ●	Sex Ratio	20.09 ●	Life Expectancy at 60+ years	95.12 ●	Enabling environment	45.61 ●
Employed Person under MNREGA	68.83 ●	Physical Safety	88.70 ●	Percentage Distribution of Ailments at 60+ Years	66.60 ●	Aware of any concession given by government	17.44 ●
Aged persons with 10 or more years complete schooling	24.24 ●	Crime against the Elderly	91.47 ●	Poor Self Rated Health (SRH)	62.73 ●	Aware of MWPS Act	4.03 ●
Aged persons with no schooling	43.82 ●	Experience of Ill-Treatment	82.05 ●	Psychological well being and care	69.88 ●	Awareness of IGNOAPS	67.68 ●
Elderly with graduate level of education	18.63 ●	Living Arrangements of the Elderly - Living alone	92.85 ●	Hospitalisation cases	37.75 ●	Awareness of IGNWPS	53.87 ●
Elderly with post graduate level of education	10.24 ●			Mean expenditure on last hospitalisation	64.09 ●	Covered under work related pension scheme	43.82 ●
Literate	43.82 ●			Out of pocket expenses for healthcare	77.83 ●	Receiving Benefits from IGNOAPS	78.17 ●
Seeking job	61.36 ●			Prevalence of Alzheimer's Disease and Dementia	77.77 ●	Receiving Benefits from IGNWPS	40.98 ●
Work Force Participation rate	14.50 ●			Prevalence of Depression	83.52 ●		
				Prevalence of Neurological Problems	75 ●		
				Prevalence of Psychiatric Problems	60 ●		

Financial Well Being		Social Well Being		Health System		Income Security	
Economic Empowerment	38.61 ●	Social Status	65.53 ●	Basic Health	75.98 ●	Social Security	38.30 ●
Mean Monthly Individual Earnings from all Sources	10.43 ●	Aged Persons: Need help for ADL & IADL Limitations	75.28 ●	Physical Mobility	63.15 ●	Covered Under Provident Fund	12.25 ●
State of Economic Independence – fully dependent on Others	50.57 ●	Currently Married	75.78 ●	Chronic Illness by own Perception	78.68 ●	Currently Receiving Retirement Pension	14.84 ●
State of Economic Not Independence – fully dependent on Others	50 ●	Satisfied with their Current Living Arrangement	64.61 ●	Engage in Physical Exercise	59.14 ●	Funds Utilised under NPHCE-NHM	4.96 ●
Education attainment and employment	20.16 ●	Satisfied with their Own Life	7.12 ●	Health Insurance Coverage	59.42 ●	Received any Concession or Benefits	33.91 ●
Currently working	48.29 ●	Sex Ratio	52.85 ●	Life Expectancy at 60+ years	52.03 ●	Enabling environment	59.04 ●
Employed Person under MNREGA	46.83 ●	Physical Safety	79.55 ●	Percentage Distribution of Ailments at 60+ Years	69.08 ●	Aware of any concession given by government	37.76 ●
Aged persons with 10 or more years complete schooling	15.58 ●	Crime against the Elderly	90.93 ●	Poor Self Rated Health (SRH)	67.28 ●	Aware of MWPS Act	21.23 ●
Aged persons with no schooling	23.03 ●	Experience of Ill-Treatment	72.64 ●	Psychological well being and care	85.10 ●	Awareness of IGNOAPS	87.90 ●
Elderly with graduate level of education	11.62 ●	Living Arrangements of the Elderly - Living alone	75.71 ●	Hospitalisation cases	44.89 ●	Awareness of IGNWPS	67.80 ●
Elderly with post graduate level of education	9.32 ●			Mean expenditure on last hospitalisation	81.54 ●	Covered under work related pension scheme	9.55 ●
Literate	23.03 ●			Out of pocket expenses for healthcare	64.98 ●	Receiving Benefits from IGNOAPS	100 ●
Seeking job	15.90 ●			Prevalence of Alzheimer's Disease and Dementia	100 ●	Receiving Benefits from IGNWPS	63.72 ●
Work Force Participation rate	40.08 ●			Prevalence of Depression	94.41 ●		
				Prevalence of Neurological Problems	82.81 ●		
				Prevalence of Psychiatric Problems	100 ●		

Financial Well Being		40.39 ●	Social Well Being		65.42 ●	Health System		74.40 ●	Income Security		23.06 ●
Economic Empowerment			55.55 ●			Social Status			47.92 ●		
Mean Monthly Individual Earnings from all Sources	18.18 ●		Aged Persons: Need help for ADL & IADL Limitations	67.69 ●		Physical Mobility	89.47 ●		Covered Under Provident Fund	20.19 ●	
State of Economic Independence – fully dependent on Others	62.06 ●		Currently Married	52.21 ●		Chronic Illness by own Perception	68.82 ●		Currently Receiving Retirement Pension	17.71 ●	
State of Economic Not Independence – fully dependent on Others	37.5 ●		Satisfied with their Current Living Arrangement	44.96 ●		Engage in Physical Exercise	55.67 ●		Funds Utilised under NPHCE-NHM	2.58 ●	
Education attainment and employment			25.23 ●			Physical Safety			82.92 ●		
Currently working	59.55 ●		Crime against the Elderly	93.02 ●		Life Expectancy at 60+ years	54.55 ●		Received any Concession or Benefits	19.53 ●	
Employed Person under MNREGA	58.16 ●		Experience of Ill-Treatment	85.21 ●		Percentage Distribution of Ailments at 60+ Years	64.31 ●		Enabling environment		
Aged persons with 10 or more years complete schooling	19.94 ●		Living Arrangements of the Elderly - Living alone	70.92 ●		Poor Self Rated Health (SRH)	79.94 ●		Aware of any concession given by government	16.02 ●	
Aged persons with no schooling	49.27 ●					Psychological well being and care			79.30 ●		
Elderly with graduate level of education	2.19 ●					Hospitalisation cases	67.78 ●		Aware of MWPS Act	28.81 ●	
Elderly with post graduate level of education	0 ●					Mean expenditure on last hospitalisation	70.92 ●		Awareness of IGNOAPS	50.33 ●	
Literate	49.27 ●					Out of pocket expenses for healthcare	77.89 ●		Awareness of IGNWPS	29.30 ●	
Seeking job	22.40 ●					Prevalence of Alzheimer's Disease and Dementia	78.04 ●		Covered under work related pension scheme	18.68 ●	
Work Force Participation rate	0.20 ●					Prevalence of Depression	95.29 ●		Receiving Benefits from IGNOAPS	36.75 ●	
						Prevalence of Neurological Problems	80.62 ●		Receiving Benefits from IGNWPS	9.21 ●	
						Prevalence of Psychiatric Problems	77.01 ●				

Financial Well Being		47.34 ●		Social Well Being		52.86 ●		Health System		56.94 ●		Income Security		34.57 ●	
Economic Empowerment		60.44 ●		Social Status		57.80 ●		Basic Health		44.86 ●		Social Security		22.38 ●	
Mean Monthly Individual Earnings from all Sources	20.30 ●	Aged Persons: Need help for ADL & IADL Limitations	97.75 ●	Physical Mobility	57.89 ●	Covered Under Provident Fund	14.10 ●	Chronic Illness by own Perception	65.57 ●	Currently Receiving Retirement Pension	23.14 ●	Funds Utilised under NPHCE-NHM	17.46 ●	Received any Concession or Benefits	33.91 ●
State of Economic Independence – fully dependent on Others	57.47 ●	Currently Married	0 ●	Engage in Physical Exercise	63.41 ●	Received any Concession or Benefits	33.91 ●	Health Insurance Coverage	50.52 ●	Funds Utilised under NPHCE-NHM	17.46 ●	Enabling environment	46.76 ●	Aware of any concession given by government	55.52 ●
State of Economic Not Independence – fully dependent on Others	55.35 ●	Satisfied with their Current Living Arrangement	15.01 ●	Life Expectancy at 60+ years	56.09 ●	Aware of any concession given by government	55.52 ●	Percentage Distribution of Ailments at 60+ Years	43.63 ●	Aware of MWPC Act	50.95 ●	Awareness of IGNOAPS	78.25 ●	Aware of MWPC Act	50.95 ●
Education attainment and employment	34.24 ●	Satisfied with their Own Life	79.03 ●	Poor Self Rated Health (SRH)	0 ●	Awareness of IGNOAPS	78.25 ●	Psychological well being and care	69.02 ●	Awareness of IGNOAPS	78.25 ●	Awareness of IGNOAPS	78.25 ●	Awareness of IGNOAPS	78.25 ●
Currently working	64.92 ●	Sex Ratio	61.20 ●	Hospitalisation cases	54.08 ●	Awareness of IGNOAPS	78.25 ●	Hospitalisation cases	54.08 ●	Awareness of IGNOAPS	78.25 ●	Awareness of IGNOAPS	78.25 ●	Awareness of IGNOAPS	78.25 ●
Employed Person under MNREGA	66.38 ●	Physical Safety	47.92 ●	Mean expenditure on last hospitalisation	63.93 ●	Crime against the Elderly	64.39 ●	Mean expenditure on last hospitalisation	63.93 ●	Mean expenditure on last hospitalisation	63.93 ●	Mean expenditure on last hospitalisation	63.93 ●	Mean expenditure on last hospitalisation	63.93 ●
Aged persons with 10 or more years complete schooling	30.30 ●	Experience of Ill-Treatment	79.48 ●	Out of pocket expenses for healthcare	77.46 ●	Experience of Ill-Treatment	79.48 ●	Out of pocket expenses for healthcare	77.46 ●	Out of pocket expenses for healthcare	77.46 ●	Out of pocket expenses for healthcare	77.46 ●	Out of pocket expenses for healthcare	77.46 ●
Aged persons with no schooling	50.42 ●	Living Arrangements of the Elderly - Living alone	0 ●	Prevalence of Alzheimer's Disease and Dementia	79.62 ●	Living Arrangements of the Elderly - Living alone	0 ●	Prevalence of Alzheimer's Disease and Dementia	79.62 ●	Prevalence of Alzheimer's Disease and Dementia	79.62 ●	Prevalence of Alzheimer's Disease and Dementia	79.62 ●	Prevalence of Alzheimer's Disease and Dementia	79.62 ●
Elderly with graduate level of education	17.69 ●			Prevalence of Depression	73.52 ●			Prevalence of Depression	73.52 ●	Prevalence of Depression	73.52 ●	Prevalence of Depression	73.52 ●	Prevalence of Depression	73.52 ●
Elderly with post graduate level of education	5.49 ●			Prevalence of Neurological Problems	51.56 ●			Prevalence of Neurological Problems	51.56 ●	Prevalence of Neurological Problems	51.56 ●	Prevalence of Neurological Problems	51.56 ●	Prevalence of Neurological Problems	51.56 ●
Literate	50.42 ●			Prevalence of Psychiatric Problems	82.72 ●			Prevalence of Psychiatric Problems	82.72 ●	Prevalence of Psychiatric Problems	82.72 ●	Prevalence of Psychiatric Problems	82.72 ●	Prevalence of Psychiatric Problems	82.72 ●
Seeking job	13.63 ●														
Work Force Participation rate	55.01 ●														

Financial Well Being		41.50 ●		Social Well Being		50.13 ●		Health System		46.54 ●		Income Security		14.57 ●					
Economic Empowerment		63.87 ●		Social Status		43.88 ●		Basic Health		56.29 ●		Social Security		2.83 ●					
Mean Monthly Individual Earnings from all Sources	8.77 ●	Aged Persons: Need help for ADL & IADL Limitations	100 ●	Physical Mobility	52.63 ●	Covered Under Provident Fund	1.25 ●	Chronic Illness by own Perception	55.73 ●	Currently Receiving Retirement Pension	4.36 ●	Funds Utilised under NPHCE-NHM	0 ●	Received any Concession or Benefits	4.04 ●				
State of Economic Independence – fully dependent on Others	57.47 ●	Currently Married	45.29 ●	Engage in Physical Exercise	43.24 ●	Health Insurance Coverage	47.36 ●	Life Expectancy at 60+ years	35.77 ●	Percentage Distribution of Ailments at 60+ Years	65.72 ●	Poor Self Rated Health (SRH)	65.83 ●	Enabling environment		26.32 ●			
State of Economic Not Independence – fully dependent on Others	58.92 ●	Satisfied with their Current Living Arrangement	14.74 ●	Health Insurance Coverage	47.36 ●	Life Expectancy at 60+ years	35.77 ●	Percentage Distribution of Ailments at 60+ Years	65.72 ●	Psychological well being and care		36.78 ●		Aware of any concession given by government	1.44 ●	Aware of MWPSC Act	9.34 ●		
Education attainment and employment		19.13 ●		Physical Safety		56.38 ●		Hospitalisation cases	53.06 ●	Awareness of IGNOAPS	26.03 ●	Awareness of IGNWPS	34.36 ●	Covered under work related pension scheme	1.86 ●	Receiving Benefits from IGNOAPS	31.73 ●		
Currently working	74.25 ●	Crime against the Elderly	52.87 ●	Experience of Ill-Treatment	82.05 ●	Living Arrangements of the Elderly - Living alone	33.57 ●	Mean expenditure on last hospitalisation	45.28 ●	Out of pocket expenses for healthcare	77.34 ●	Prevalence of Alzheimer's Disease and Dementia	46.29 ●	Prevalence of Depression	17.64 ●	Prevalence of Neurological Problems	0 ●	Prevalence of Psychiatric Problems	50.90 ●
Employed Person under MNREGA	88.49 ●	Experience of Ill-Treatment	82.05 ●	Living Arrangements of the Elderly - Living alone	33.57 ●									Receiving Benefits from IGNWPS	80.98 ●				
Aged persons with 10 or more years complete schooling	16.88 ●																		
Aged persons with no schooling	19.38 ●																		
Elderly with graduate level of education	13.76 ●																		
Elderly with post graduate level of education	1.18 ●																		
Literate	19.38 ●																		
Seeking job	9.09 ●																		
Work Force Participation rate	15.26 ●																		

Financial Well Being		47.55 ●	Social Well Being		63.10 ●	Health System		63.79 ●	Income Security		22.26 ●	
Economic Empowerment		69.94 ●	Social Status		42.56 ●	Basic Health		68.99 ●	Social Security		12.90 ●	
Mean Monthly Individual Earnings from all Sources	0.10 ●	●	Aged Persons: Need help for ADL & IADL Limitations	96.06 ●	●	Physical Mobility	52.63 ●	●	Covered Under Provident Fund	28.21 ●	●	
State of Economic Independence – fully dependent on Others	59.77 ●	●	Currently Married	63.22 ●	●	Chronic Illness by own Perception	93.44 ●	●	Currently Receiving Retirement Pension	9.60 ●	●	
State of Economic Not Independence – fully dependent on Others	67.85 ●	●	Satisfied with their Current Living Arrangement	17.96 ●	●	Engage in Physical Exercise	72.13 ●	●	Funds Utilised under NPHCE-NHM	0 ●	●	
Education attainment and employment		25.17 ●	●	Satisfied with their Own Life	21.38 ●	●	Health Insurance Coverage	39.81 ●	●	Received any Concession or Benefits	4.74 ●	●
Currently working	57.85 ●	●	Sex Ratio	29.52 ●	●	Life Expectancy at 60+ years	51.55 ●	●	Enabling environment			31.63 ●
Employed Person under MNREGA	54.11 ●	●	Physical Safety		83.63 ●	●	Percentage Distribution of Ailments at 60+ Years	85.68 ●	●	Aware of any concession given by government	2.56 ●	●
Aged persons with 10 or more years complete schooling	14.28 ●	●	Crime against the Elderly	92.96 ●	●	Psychological well being and care		58.59 ●	●	Aware of MWPS Act	39.94 ●	●
Aged persons with no schooling	46.57 ●	●	Experience of Ill-Treatment	85.47 ●	●	Hospitalisation cases	32.65 ●	●	Awareness of IGNOAPS	43.49 ●	●	
Elderly with graduate level of education	9.28 ●	●	Living Arrangements of the Elderly - Living alone	72.85 ●	●	Mean expenditure on last hospitalisation	72.66 ●	●	Awareness of IGNWPS	2.01 ●	●	
Elderly with post graduate level of education	2.75 ●	●				Out of pocket expenses for healthcare	7.97 ●	●	Covered under work related pension scheme	18.41 ●	●	
Literate	49.57 ●	●				Prevalence of Alzheimer's Disease and Dementia	89.25 ●	●	Receiving Benefits from IGNOAPS	77.08 ●	●	
Seeking job	11.36 ●	●				Prevalence of Depression	81.47 ●	●	Receiving Benefits from IGNWPS	29.60 ●	●	
Work Force Participation rate	1.33 ●	●				Prevalence of Neurological Problems	62.5 ●	●				
						Prevalence of Psychiatric Problems	22.72 ●	●				

Financial Well Being		Social Well Being		Health System		Income Security	
Financial Well Being	48.14 ●	Social Well Being	70.39 ●	Health System	77.94 ●	Income Security	41.39 ●
Economic Empowerment	64.34 ●	Social Status	59.92 ●	Basic Health	68.17 ●	Social Security	33.89 ●
Mean Monthly Individual Earnings from all Sources	13.05 ●	Aged Persons: Need help for ADL & IADL Limitations	90.73 ●	Physical Mobility	52.63 ●	Covered Under Provident Fund	24.13 ●
State of Economic Independence – fully dependent on Others	58.62 ●	Currently Married	56.05 ●	Chronic Illness by own Perception	83.60 ●	Currently Receiving Retirement Pension	51.96 ●
State of Economic Not Independence – fully dependent on Others	60.71 ●	Satisfied with their Current Living Arrangement	69.70 ●	Engage in Physical Exercise	87.69 ●	Funds Utilised under NPHCE-NHM	18.18 ●
Education attainment and employment	31.94 ●	Satisfied with their Own Life	42.13 ●	Health Insurance Coverage	31.22 ●	Received any Concession or Benefits	28.82 ●
Currently working	43.50 ●	Sex Ratio	43.74 ●	Life Expectancy at 60+ years	67.47 ●	Enabling environment	48.9 ●
Employed Person under MNREGA	58.01 ●	Physical Safety	80.86 ●	Percentage Distribution of Ailments at 60+ Years	72.08 ●	Aware of any concession given by government	34.08 ●
Aged persons with 10 or more years complete schooling	25.75 ●	Crime against the Elderly	99.25 ●	Poor Self Rated Health (SRH)	69.97 ●	Aware of MWPS Act	15.49 ●
Aged persons with no schooling	49.29 ●	Experience of Ill-Treatment	77.77 ●	Psychological well being and care	87.71 ●	Awareness of IGNOAPS	61.86 ●
Elderly with graduate level of education	15 ●	Living Arrangements of the Elderly - Living alone	66.42 ●	Hospitalisation cases	84.69 ●	Awareness of IGNWPS	71.82 ●
Elderly with post graduate level of education	16.33 ●			Mean expenditure on last hospitalisation	71.98 ●	Covered under work related pension scheme	43.82 ●
Literate	49.29 ●			Out of pocket expenses for healthcare	78.98 ●	Receiving Benefits from IGNOAPS	40.09 ●
Seeking job	61.36 ●			Prevalence of Alzheimer's Disease and Dementia	87.96 ●	Receiving Benefits from IGNWPS	73.13 ●
Work Force Participation rate	3.56 ●			Prevalence of Depression	95.29 ●		
				Prevalence of Neurological Problems	89.68 ●		
				Prevalence of Psychiatric Problems	100 ●		

Financial Well Being	48.19 ●	Social Well Being	50.58 ●	Health System	38.21 ●	Income Security	27.04 ●
Economic Empowerment	60.93 ●	Social Status	32.92 ●	Basic Health	44.31 ●	Social Security	21.07 ●
Mean Monthly Individual Earnings from all Sources	3.17 ●	Aged Persons: Need help for ADL & IADL Limitations	85.39 ●	Physical Mobility	57.89 ●	Covered Under Provident Fund	28.21 ●
State of Economic Independence – fully dependent on Others	48.27 ●	Currently Married	39.46 ●	Chronic Illness by own Perception	22.95 ●	Currently Receiving Retirement Pension	16.15 ●
State of Economic Not Independence – fully dependent on Others	58.92 ●	Satisfied with their Current Living Arrangement	16.35 ●	Engage in Physical Exercise	73.84 ●	Funds Utilised under NPHCE-NHM	20.75 ●
		Satisfied with their Own Life	0 ●	Health Insurance Coverage	24.58 ●	Received any Concession or Benefits	19.15 ●
Education attainment and employment	35.45 ●	Sex Ratio	30.44 ●	Life Expectancy at 60+ years	48.78 ●		
Currently working	49.65 ●			Percentage Distribution of Ailments at 60+ Years	49.11 ●	Enabling environment	33.02 ●
Employed Person under MNREGA	54.40 ●	Physical Safety	68.23 ●	Poor Self Rated Health (SRH)	39.54 ●	Aware of any concession given by government	23.36 ●
Aged persons with 10 or more years complete schooling	28.13 ●	Crime against the Elderly	96.58 ●			Aware of MWPS Act	36.51 ●
Aged persons with no schooling	49.57 ●	Experience of Ill-Treatment	35.04 ●	Psychological well being and care	32.11 ●	Awareness of IGNOAPS	34.60 ●
Elderly with graduate level of education	23.71 ●	Living Arrangements of the Elderly - Living alone	75 ●	Hospitalisation cases	43.87 ●	Awareness of IGNWPS	48.91 ●
Elderly with post graduate level of education	5.85 ●			Mean expenditure on last hospitalisation	79.57 ●	Covered under work related pension scheme	17.48 ●
Literate	49.57 ●			Out of pocket expenses for healthcare	79.47 ●	Receiving Benefits from IGNOAPS	22.44 ●
Seeking job	77.27 ●			Prevalence of Alzheimer's Disease and Dementia	0 ●	Receiving Benefits from IGNWPS	44.70 ●
Work Force Participation rate	49.89 ●			Prevalence of Depression	0 ●		
				Prevalence of Neurological Problems	48.43 ●		
				Prevalence of Psychiatric Problems	0 ●		

REFERENCES

- CRISIL. (April 2017). *Financial security for India's elderly : The imperatives*.
- (2019). *Economic Survey 2018-19 Volume 1*.
- (2016). *Elderly In India*. Ministry of Statistics and Programme Implementation.
- (2017). *India Ageing Report*. UNFPA.
- Kumar, Roy, & Kar. (2012). Disability and rehabilitation Services in India: issues and challenges. *J Family Med Prim Care*, 69-73.
- Kundu, S. I. (2018). Atal Pension Yojana : A Critical Appraisal. *EPW*.
- Lee, J. S., Fischer, J. G., & Johnson, M. A. (2010). Food insecurity, food and nutrition programs, and aging: experiences from Georgia. *Journal of nutrition for the elderly*, 116- 149.
- OHCHR. (2021). Retrieved from <https://www.ohchr.org/EN/Issues/RightSocialSecurity/Pages/SocialSecurity.aspx>.
- UNDP. (2017). Ageing, Older Persons and the 2030 Agenda for Sustainable Development.
- (2018). WHO. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- WHO. (2021). Retrieved from <https://www.who.int/about/governance/constitution>
- MOSPI. (2011). Retrieved from http://mospi.nic.in/sites/default/files/publication_reports/elderly_in_india.pdf
- MOSPI. (2016). *Elderly in India : Profile and programmes*. Retrieved from http://mospi.nic.in/sites/default/files/publication_reports/ElderlyinIndia_2016.pdf.
- National Informatics Centre, N. (2021, July 8). Retrieved from National Social Assistance Programme: <https://nsap.nic.in/#>
- Paramita Sengupta. (2016). Food Security among the Elderly: An Area of Concern. *Journal of Gerontology & Geriatric Research*.
- (2019). *Pensions at a Glance* .
- (2020). *Poverty measurement in India : A status update*. Working Paper No. 1/2020, Ministry of Rural Development.
- Ranjan A, S. T. (2019). Progress towards universal health coverage in context of rheumatic disease in India. . *International J Rehum Disease*.
- Teulings, C., & Baldwin, R. (2015). *Secular Stagnation: Facts, Causes and Cures*. Centre for Economic Policy Research Press.
- Tewari, S. (2016). *Ageing India: South India Oldest, Northeast Younges*. IndiaSpend.
- UNFPA. (2017). *Caring for Our Elders:Early Responses*. UNFPA.
- Decade of Healthy Ageing (2020)



Institute for Competitiveness, India is the Indian knot in the global network of the Institute for Strategy and Competitiveness at Harvard Business School. Institute for Competitiveness, India is an international initiative centered in India, dedicated to enlarging and purposeful disseminating of the body of research and knowledge on competition and strategy, as pioneered over the last 25 years by Professor Michael Porter of the Institute for Strategy and Competitiveness at Harvard Business School. Institute for Competitiveness, India conducts & supports indigenous research; offers academic & executive courses; provides advisory services to the Corporate & the Governments and organises events. The institute studies competition and its implications for company strategy; the competitiveness of nations, regions & cities and thus generate guidelines for businesses and those in governance; and suggests & provides solutions for socio-economic problems.

The Institute for Competitiveness

U24/8, U-24 Road, U Block, DLF Phase 3, Sector 24, Gurugram, Haryana 122022

info@competitiveness.in | www.competitiveness.in