

# Abstract

Demographic transition in the form of population ageing generates challenges for society and the state, particularly in developing countries. One of the major areas of concern relates to the health status and socio-economic vulnerability of the aged. The thesis examines changes in these two aspects over the last decade using unit level data from National Sample Size Organisation (NSSO) surveys, conducted in the years of 2004-05 and 2014.

The study begins with an analysis of self-reported health status. Results of our analysis indicate that deterioration in self-reported health status among the urban aged over the study period. Although self-reported health is a commonly used measure of health, it is conditioned by the socio-cultural context. This may generate inconsistencies, confirmed by results using a bivariate probit.

Therefore, we move to symptomatic health measures – the existence of chronic morbidity and physical immobility. Our analysis indicates that percentage of the aged with at least one chronic ailment has increased over the study period; this is observed across gender and place of residence. Expectedly, women, poorer respondents and respondents from socially backward socio-religious communities are more likely to suffer from chronic ailments. A similar pattern is observed with respect to respondents suffering from mobility-related problems.

The study of determinants of symptomatic health indicators also suggests that chronic morbidity is common among the socially privileged sections, while immobility is predominant among the economically disadvantaged sections.

Finally, we examine socio-economic vulnerability. This is captured using three indicators—financial dependency, living arrangement, and offspring-proximity. Using the information on these three variables, we have formulated an index of social vulnerability using principal component analysis based on the polychoric correlation. Over time, vulnerability seems to have decreased. Analysis reveals variations in vulnerability across regions, gender, and social status.

The study ends by calling for measures to promote health awareness among the aged, improve health facilities for the poor and strengthen institutional support to reduce vulnerability among aged.

**Keywords:** *India; Ageing; Self-reported Health; Inconsistency in Health Responses; Objective Measures of Health; Socio-economic Vulnerability.*