



## **RECENT TRENDS OF SOCIO-ECONOMIC EMPOWERMENT OF ELDERLY- INTERVENTIONS TOWARDS BROAD BASED BENEFITS IN INDIA**

**M. D. Pradeep\* & Charan Raj\*\***

\* Assistant Professor, Social Work Department, Srinivas Institute of Management Studies, Mangalore, Karnataka

\*\* Research Scholar, School of Social Work, Roshni Nilaya, Mangalore, Karnataka

### **Abstract:**

*The old age is defined as the age of retirement in which there is a decline in the functional capacity of the organs of the human body, which occurs mostly due to physiological transformation. The study of physical and psychological changes that occur in old age is called "gerontology". It is presumed that 177 million population will be geriatrics in 2025. Ageing is a natural process, which inevitably occurs in human life cycle and in our country the age limit for senior citizen is fixed at 60 years and above. Despite advances in health care however, many elderly people are suffering from chronic, incurable and progressive diseases who, need assistance through medical care for leading the normal life. The greatest challenge faced by all along with the growth of age is the tension to prevent physical disability and eagerness to extend the "active life expectancy". Fortunately, recent studies suggest that healthy aging is achievable, with sound planning for old age. Illnesses like diabetes, mellitus, congestive heart failure, and some forms of dementia can be delayed or even prevented. Even loss of muscle strength with aging is partly preventable. Most importantly perhaps, a positive attitude will enable to overcome illness and personal losses to face future uncertain life effectively. Students, Social Workers and Common people should join together to work for the welfare of the elderly. Each family having old people should focus towards protecting their physical and mental health by adopting a healthy life style. It is the duty of the government to protect, preserve and propagate the welfare of the elderly. This paper critically analyse the problems and interventions for the empowerment of elderly for the broad based benefits in the Indian society.*

**Index Terms:** Gerontology, Age, Health, Attitude, Interventions & Welfare

### **1. Introduction:**

Ageing is considered to be the common problem for all after reaching late adulthood. Manisha Singh (2006) Social interactions among older people is less which result in social withdrawal from the society. Ageism is the feeling that old age is linked to loneliness, poor health, senility, weakness and is the barrier for a good quality life due to which the young people are afraid of aging. It is very important that people should not start thinking that elderly is worthless part of the community. Instead, should realize that Old age is a common phenomenon in human life cycle and we all should learn to manage this age well. Personality traits pass from generation to generation through the genes. Bhatia SPS, Swami HM (2007) The body changes according to age. Social and cultural factors will affect the overall well being of a person. For instance women tend to live longer than men, hence they experience more deaths of family members and friends generally these aspects influence psychologically towards ageing. Biological, Social and Psychological differences between the sexes gives rise to different thoughts about ageing among men and women. According to Gautham Chaudary Traditional Indian Society has deposited a sense of honour and authority to the elders by assigning the power of decision making in the family. They were appreciated for their experience and wisdom. The transition to modern society and

disintegration of the joint family system led to the destruction of traditional authority of older people. The problems faced by the aged largely depend upon their socio-economic conditions. Other factors like illiteracy, ignorance, lack of medical care and personal attention has added to their sufferings. They are the victims of mental disorders due to their fear for death, feelings of dependency, anxiety, boredom, loneliness and helplessness which even their family may not be aware.

All over the world, the elderly population is rapidly growing. The total elderly population in the world was estimated to 524 million in 2010 comprising 8 % of the whole population of the world which is expected to triple to reach 1.5 billion by 2050 representing 16 %. Old people are more in less developed countries than developed countries. This ratio is expected to increase by more than 250 % among developing countries and 71 % in developed countries by 2050. Carl Haub and James Gribble (2011) India is second largest in having more than 60 years elders in the world. It is estimated that the proportion of elderly will increase from 7.7 % in 2001 to 11 % by 2020. Life expectancy at birth in India climbed from 37 years in 1950 to 65 years in 2011 expected to reach 74 years by 2050. Fertility rates in India have declined to 2.6 children per women, from 5.9 % which prevailed during early 1950s, hence less children are entering the population domain. As per United Population Division (UN 2012) older population in India will bypass 323 million which is greater than the total population of United States of America by 2050. The National Institute on Aging (NIA) supports research on the health, social support, and economic security of Indian elderly. According to Lakshmanasamy T (2012) the absence of sufficient and reliable income will make the elderly dependent. The most vulnerable elders are those who do not have any productive assets, have no savings and investments in their name, no pension or retirement benefits and do not have family to care for them. Somnath Chatterji et al. (2008) India will experience the reduction of working age people to support the elderly population. Older persons aged 60 and above years depending upon the people between 15-59 years will raise to 31 from 12 per 100 elderly by 2050. By 2024, the elder population will exceed children and youths. But according to David E Bloom (2011) the burden of old age dependency will come down gradually or either balanced by the decline in youth dependency due to decline in fertility. Laishram Ladusingh and Narayana (2011) Major share of family support goes to the young persons for their education inspite of having public funding facility and very little is diverted towards the elderly health care by way of private funding from the family which has countered the general assumption that in the absence of viable public social security, the family will take care the elderly in India. On December, 16, 1991 The United Nations General Assembly adopted 18 principles divided into 5 clusters of independence, participation, care, self fulfillment and dignity of older person. In 1992 it adopted proclamation to observe 1999 as the International year of the older persons.

## **2. Problems of the Aged:**

Normally, Aged people face economic problems due to loss of employment, income deficiency and less savings. They are the victims of physical and physiological problems, nutritional deficiency and inadequate housing. They face psycho-social problems like psychological and social maladjustment resulting in Ageism and Harassment. The major problems are discussed below.

**Health Issues:** Old age is not a disease in itself, but the elderly are vulnerable to long term diseases like cardiovascular illness, cancers, diabetes, musculoskeletal and mental illness. They have multiple symptoms due to decline in the functioning of various body functions. Normally, they suffer from poor nutrition, poor eye sight, hearing

impairment, joint pains etc. In North West Malaysia, studies have shown the prevalence of depression among the elderly in the community to be as high as 48.4% (Rashid et al. 2006). Dementia is another non communicable disease associated with old age. Lee and colleagues examined the cognitive function of older Indians who participated in 2010 LASI pilot and found that the women had lower cognitive function than men. This disadvantage among older Indian women contrasts with findings from studies in industrialized countries where women score the same as or better than men after controlling for socio-economic, health, and demographic differences Kenneth Langa et al. (2009). Economic development and urbanization have brought lifestyle changes that have led to unhealthy nutrition, physical inactivity, and obesity contributing to the prevalence of diabetes and hypertension. According to Chatterji et al. (2008) Indians behaviour towards (26 %) smoking, (18 %) inadequate physical activity has facilitated for ill health among Indians. According to National Surveys almost one-half (47 %) have at least one chronic disease such as asthma, angina, arthritis, depression, or diabetes. Ashoke S. et. al. (2008) by 2030, the one half (45 %) of India's disease burden shall be borne by the older adults with high levels of chronic conditions. (10 %) have health insurance from private or public sources, and about (72 %) health care expenditure is spent from the pocket. According to National Surveys, the elderly are prone to chronic non communicable diseases and disabilities. Due to the demographic change and increase of elderly population, society should learn to deal with a new set of health challenges. Suresh K (2008) many studies conducted in India and other developing countries reveal that a majority of elderly people are socially and economically dependent on their family members. They cannot afford to seek health care to themselves. Rahul Prakash et al. (2004) As per the result of cross-sectional study of morbidity status of geriatric population in the Department of Community Medicine, RNT Medical College, Udaipur. 300 (190 males and 110 females) elderly over the age group of 60 years 36% were found to have respiratory diseases 6.3% males had chronic bronchitis and 11.5% had bronchial asthma. 14.6% had musculoskeletal problems in which 8.42% males and 17.3% females were suffering from arthritis of knee joints and 2.6% males and 2.7% females were suffering from spondylitis.

**Desertion of Parents:** Many old age people have reached Old Age Homes due to desertion by children, admission by children on payment basis, harassment by the daughter in law, mental torture of family member etc. Mishra A. J. (2003) A study was conducted in the old age home in Kanpur which comprised 10 elderly between the age group 65-74 to study the loneliness of elderly at old age home, majority expressed that they do not feel lonely in the environment of old age home as they were engaged in various works. It can be understood that the task which they carry make them engaged and relieve them from loneliness.

**Dependency:** The Dependency is a state of life in which one person will rely upon other person or upon society to meet the primary needs of food, shelter and clothing. According to Madhava Rao P (2007) normally, there are two phases of dependency in any person's life. The first phase is the period from the day of birth until the day when he starts earning and the second phase starts when a person ceases to work or got retires from active work life due to old age.

**Social Problems:** Ageism is psychological state of mind among young people to show case negative stereotyped views about older people which gives rise to discriminative approach towards them. In most of the cases old people are neglected, discriminated, exploited, harassed and disrespected in the society. Singh C et al. (1995) Normally elders according to a cross sectional study of 464 elderly who are above 60 years of age

to assess their social problems in rural area of Meerut. Among 376 elderly who live in Joint Families, 207 (55%) were respected, 71(18.9%) were treated indifferently and 98(26.1%) were being neglected by family members. Saxena D.P. (2003) according to an exploratory study conducted to verify sociological perspectives of the aged in Uttar Pradesh, India where, 240 elderly comprising university teachers, civil servants, lawyers and doctors 60 each were interviewed to assess the intensity of deprivations they face in their old age. The result showed that majority were deprived of care from their family. (65%) do not have any one to take care of them as their sons live separately and few don't had children. Only (22%) elders were taken care of by their relatives and 12% were taken care by their son & grandsons.

**Special Needs:** According to Shah A.M. (1999) the elderly who are widows, issueless, living alone and disabled have special needs in their life. Widows and issueless face the problem of concern even in joint families. They have demands for food, shelter, medicine and care. Rural elderly have less psychological and social needs because of strong neighborhood ties and relationship which is absent among urban elderly.

### **3. Legislative Framework towards Welfare of the Elderly:**

Legislators, Social Thinkers and Social Workers are working for the betterment of elderly. Taking care of them when they become weak and infirm is the need of the day. Good measure is saving money, keep some property and socialize their children so as to recognize their social responsibility towards their parents. The poorest, issueless and widow worry much with regard to their security during old age. Life is very harder for the elderly women than men. Living alone itself is very difficult for women both in urban and rural areas. In India the concern for old age priority began after India participated in the World Assembly Conference in Vienna in 1982, and adopted United Nations International Plan of Action on Ageing to adopt programmes to provide care and protection for elders recognizing old people as a social category who needs specialized attention. The principle of gender equity is enshrined in the Indian Constitution in its Preamble, Fundamental Rights and Directive Principles of State Policy. It also empowers the state to adopt measures for the Elderly welfare in the country.

**Legal Protection under Personal Laws:** Taking care of the Elderly parents during their old age is considered to be the moral duty of every person. The liability varies from community to community. Under Hindu law, Children shall maintain their aged parents who cannot maintain themselves out of their own earnings or property. It was a personal obligation and do not depend upon the family property and enforceable by the sovereign. The statutory provision for maintenance of parents is specified under Sec. 20 of the Hindu Adoption and Maintenance Act, 1956. The children are liable to maintain the parents who are unable to maintain themselves. Under Muslim law, according to Mulla, Children in easy circumstances are bound to maintain their poor parents even if parents may be able to earn something for their life. A son even under stringed circumstances is bound to maintain his mother. A son even if he is poor is earning something, is bound to support his father who cannot earn. According to Tyabji, parents and grandparents in indigent circumstances are entitled to get maintenance from children and grand children who have the means, even if they are able to earn their livelihood under Hanafi Law. Both sons and daughters are vested with same degree of accountability in this regard upon having the means to do so.

**Criminal Laws:** Section 125(1) (d) of Code of Criminal Procedure, 1973 is a provision on Indian law whereby a Magistrate can order children to make payment of monthly allowance as maintenance to their parents (father and mother) if they are unable to

maintain themselves. The fulfillment of parental obligation is not a pre-condition to claim maintenance. Daughter is liable to pay maintenance to parents. Adoptive mother can claim maintenance. Step mother can claim maintenance application for maintenance to be filled when the son/daughter lives. Supreme court in *Kirtikant D Vadodaria v. State of Gujrat and another* (1996 (4) SCC 479) said a childless step mother may claim maintenance from her step son provided she is a widow or her husband if living is also not capable of supporting and maintaining her.

**Legal Policies:** National Policy for Older Persons was approved by the Government of India on January 13, 1999. This policy aimed to constitute Pension Fund for the security of unorganized sector, Construction of old age homes and day care centers for every 3-4 districts, Establishing resource centers and re employment bureau for the elderly, 30 % concession in train and 50% in Indian Airlines, enacting legislation to establish compulsory geriatric care facility in public hospitals. The Ministry of Justice and Empowerment started National Council for Older Persons known as Age Foundation to make old age life easier. Government encourages students, social work trainees to work with the elderly. Elderly Help Line with toll free number 1090 was constituted to work for the elderly 24/7. Government policy is liberalized regarding prompt settlement of Pension, Provident Fund, and Gratuity to reduce their hardship. Making Elder sensitive taxation policies. High priority was emphasized towards health care of the elderly. Income tax reduction is permitted according to Sec. 88-B, 88-D and 88-DDB of Income Tax Act. Life Insurance Corporation of India (LIC) has initiated special policies like Jeevan Dhara Yojana, Jeevan Akshay Yojana, Senior Citizen Unit Yojana, Medical Insurance Yojana etc. It is also proposed to allot 10% of houses constructed under government schemes for the older persons of urban and rural areas who have lower income through allotting easy loan. The Madurai Bench of the Madras High Court under Sec. 47 of Persons with Disability (Equal Opportunities, Protection of Rights and full Participation) Act, 1995 cannot be confined to sever medical conditions of blindness, low vision, cured leprosy, hearing impairment, locomotor disability, mental retardation and mental illness. A Division Bench comprising Justice F.M. Ibrahim and Justice K. Venkataraman said that act is not directly related to aged person but seven mentioned conditions prescribed under the act are common symptoms of the aged person.

**Broad Based Benefits for old age People:** These principles will focus broad based benefits for the older people. They should be provided with ample opportunities of employment and option of retirement. They should be integrated in the society and involved while making policies affecting their life. They should be facilitated with health care to maintain their physical, mental and emotional well being. They shall be able to develop fully through the opportunities of education, cultural, spiritual and recreational provisions in the society. They should be free from exploitation, mental and physical abuse thereby ensure dignity and security to their life.

**Social Security Measures:** According to National Policy on Older Person (1996) well being of older person has been mandated in the Article 41 of constitution of India, which directs that the State shall within the limits of its economic capacity and development make effective provision for securing the right to public assistance in case of old age. According to Chenery H et al. (1974) Mechanisms to prevent Poverty, Destitution and Uncertainties are very important to safeguard people from the contingencies of life. The social security Programmes implemented in Industrialised countries may not be applicable socially or politically in poor economies. The targeted Interventions, mode of public participation and integration of social and economic policies in the economies of China, Costa Rica, Jamaica, Chile, Cuba, Srilanka and selected South Indian states will

perform central role to maintain the living standard and well being of the vulnerable population.

**(National Social Assistance Scheme:** It is a centrally sponsored scheme which provides financial assistance to the elderly, widows and persons with disability in the form of Social Pension. The following are the components of this scheme.

- ✓ **The Indira Gandhi National Old Age Pension Scheme (IGNOAPS):** It is launched by Ministry of Rural Development in August, 1995 comprising a non contributory old age pension scheme that covers Indians who are above 60 years who live below the poverty line. The pension scheme is part of the National Social Assistance Programme (NSAP). The beneficiaries aged 60-79 receive monthly pension of Rs. 200 and who are above 80 years will receive Rs. 500 per month.
- ✓ **Indira Gandhi National Widow Pension Scheme (IGNWPS):** Widow aged above 40 years who are living below poverty line, will be getting Rs. 300 per month and those who are above 80 years of age will get Rs. 500 per month.
- ✓ **Indira Gandhi National Disability Pension Scheme (IGNDPS):** Individuals who are above 18 years with more than 80% of disability and living below the poverty line will get Rs. 300 per month and Rs. 500 for those who are above 80 years.
- ✓ **National Family Benefit Scheme (NFBS):** In the event of death of a bread winner in a household who is between 18-60 years of age in every case of death, the affected family will receive lump sum assistance of Rs. 20,000
- ✓ **Annapurna Scheme:** This scheme provides food security to meet the requirements of senior citizens who are uncovered under IGNOAPS. Under the scheme, 10 k.g. of free rice is provided for every month to the beneficiary.

#### 4. Methodology:

The study is descriptive in nature. The researcher referred secondary data from books, journals, government reports and other internet sources for this study. The study is conducted to critically analyse the problems of elderly in Indian society and to study the various legislative measures for the welfare of elderly.

#### 5. Analysis and Discussion:

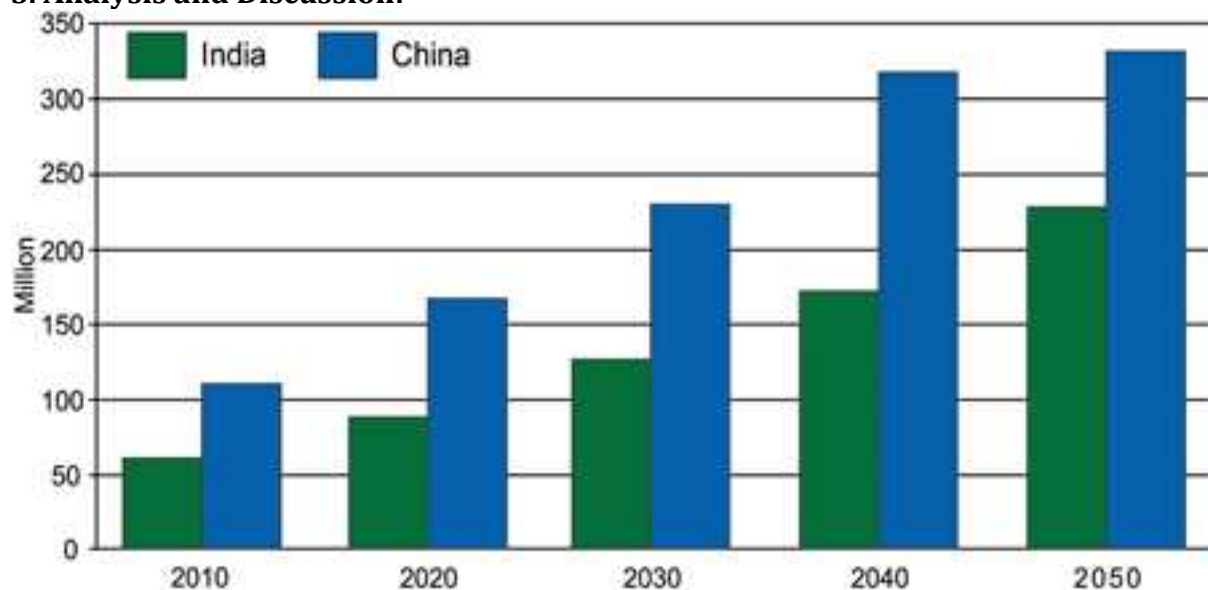


Figure 1: Growth of the Population Aged 65 and Older in India and China

Source: United Nations. World Population Prospects: The 2010 Revision. Available at: <http://esa.un.org/unpd/wpp>.

**Growth of Older Population:** The older population of a country will impact upon the infrastructure towards health systems. China's present older population who are above 65 years will increase from 110 million to 330 by 2050. In case of India, the present 60 million will exceed 227 million by 2050 with an increase of 280 % from today. It is estimated that by the middle of this century, there could be 100 million Chinese elderly people above the age of 80 years. (Figure No-01)

**Dental Insurance:** According to Isman & Isman (1997) Asthma, Hypertension, diabetes etc are prevalent common diseases among older adults. Dental insurance is an important predictor of dental care in America as dental insurance is usually acquired as part of job benefit package. In some states, Medical insurance provides limited coverage for routine dental care for low income and disabled elderly persons. The Dental Insurance schemes can also introduced in India.

**Official Immunization Programme:** There is no official immunization policy for any of the elderly population. According to Noakes et al. 2006 Streptococcus Pneumoniae is a major cause of invasive bacterial infections in the elderly and in groups at higher risks such as those with chronic heart and lung disease.

**Dependability on Pension:** According to Uppal, Sharanjith and Sarma (2007) One fifth of older people in India depends upon some kind of pension as private savings is difficult because of low earnings, informal economic activity, lack of tie for cash exchange, 70% of elderly live in rural areas and do not have a bank accounts. The Government of India has urged State Governments to make matching contributions with the aim of doubling the monthly pension amounts. The table below shows monthly pension amounts in various states (Refer Table No-02)

State	Old Age Pension	Widow Pension	Disability Pension
Uttar Pradesh	300	400	300
Tamil Nadu	400	400	400
Sikkim	600	500	600
Rajasthan	500	500	250
Odisha	300	300	300
Maharashtra	600	600	600
Kerala	600	800	800
Jammu and Kashmir	400	400	400
Himachal Pradesh	550	550	750
Haryana	1200	1200	1200
Delhi	1000	1500	1500
Bihar	400	400	400
Andra Pradesh	1000	1000	1000

Table 2: Increase of Pension amount by State Governments

## 6. Conclusion

Traditionally, after 50 years of one's life one has to detach from the responsibilities of 'Grihasthashrama' to third stage of human life 'Vanaprishthashrama' which is meant for devoting next 25 years of life by inculcating mana, vachana and karma for the selfless service for the sufferings of humanity and society in return to the services received from the society during the first 50 years of his life. The elderly people shall be encouraged to make membership of clubs, actively involve with some

productive activities, mingle with neighbors to avoid boredom. Collective efforts family, community and state should be needed for the enhancement towards economic independence of the older people by adopting unique approaches. Habibullah Ansari (2007) The facilities of old age homes, income tax benefits, provident fund facility, railway and ticket concessions and other relief measures shall be enriched further. The social security shall be reinvestigated to verify the actual benefit of the schemes. Social, financial, medical and psychological support shall be rendered according to the marginalized and vulnerable categories. The strategies and approaches shall be oriented to involve the senior citizens in socio-economic development process in a much larger scale so as to reduce their isolation to increase their general satisfaction towards life. The schemes and policies should try to give better quality of life through well designed social security benefits for the senior citizens. The society and state should focus to create conditions of life where senior citizens can live peacefully, constructively and satisfactorily. Potentially, utilize the treasure of knowledge and life experiences of older persons for productive purposes. Parliament has passed The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 to provide for more effective provisions for the maintenance and welfare of parents and senior citizens who are above 60 years of age guaranteed and recognised under the Constitution and for matters connected to establishment of old age homes, Medical facilities for senior citizens in government hospitals through allowing separate queues , treatment of chronic, terminal and degenerative diseases, facilitating research, medical facility at district hospitals. Problems of the elderly must be addressed with utmost care. Protection of aged person shall be brought within the perview of the fundamental rights.

#### **7. References:**

1. Ashoke S. Bhattacharjya and Puneet K. Sapra, 'Health Insurance in China and India: Segmented Roles for Public and Private Financing', Health Affairs 27, No. 4, Page Number 1005-15, 2008.
2. Bhatia S.P.S., Swami H.M, et.al. 'A study of health problems and loneliness among the elderly in Chandigarh', Department of Community Medicine, Govt. Medical College, Chandigarh, India, Indian journal of Community medicine, Vol. 32, Issue 4, Page Number 255-258, 2007.
3. Carl Haub and James Gribble, 'The World at 7 Billion', Population Bulletin, Vol. 66, No. 2 2011.
4. Chenery H, Ahluwalia M S, Bell C L G, Duloy J H, Jolly R. ' Redistribution with Growth: Policies to Improve Income Distribution in Developing Countries in the Context of Economic Growth', Oxford University Press, London, 1974.
5. David E. Bloom, 'Population Dynamics of India and Implications for Economic Growth', Harvard Program on the Global Demography of Aging Working Paper 65 (January 2011), retrieved from at [www.hsph.harvard.edu/pgda/working.htm](http://www.hsph.harvard.edu/pgda/working.htm), on March 15, 2016.
6. Gautam Chaudhary, 'Comparative study on physical & mental health status of elderly in institutional & non- institutional setting - A case study of Delhi', Under project National Initiative on care for Elderly (NICE), Old Age Care Division National Institute of Social Defence, Delhi Autonomous Body Ministry of Social Justice and Empowerment Government of India.
7. Habibullah Ansari Indian Elderly among Marginal Sections Programmes and Policies in the Era of Globalisation Reterieved from eSS Working Papers/Ageing/Ansari July 2007 on Jan 16, 2016.



8. Isman & Isman, Oral Health America White Paper: Access to Oral Health Services in the United States and Chicago, IL., Oral Health America, 1997.
9. Kenneth Langa et al., 'Cognitive Health among older Adults in the United States and in England', BMC Geriatrics, Vol. 23, No. 9, 2009.
10. Lakshmanasamy T., 'Ageing & Security: Savings & Transfers Behaviour of Indian Households', Indian Journal of Gerontology, Vol. 26, No 4, Page Number 484-501, 2012.
11. Laishram Ladusingh and Narayana M.R., The Role of Familial Transfers in Supporting the Lifecycle Deficit in India', Population Aging and the Generational Economy: A Global Perspective, ed. Ronald Lee and Andrew Mason (Cheltenham, England and Northampton, Mass.: Edward Elgar Publishing, 2011).
12. Manisha Singh. 'A Study on Family and Psychosocial Health Status of Middle-Aged Working Women of Varanasi City', Centre for Women's Studies and Development , Banaras Hindu University, Varanasi, India, The Internet Journal of Third World Medicine, Volume 3, Number 2, 2006.
13. Madhava Rao P., 'Social Security Administration in India: A study of Provident Funds and Pension Schemes', Icfai Publication Press, Hyderabad, First Edition, Page Number 2, 2007.
14. Mishra A. J., 'A study of loneliness in an old age home in India: A case of Kanpur', Indian Journal of Gerontology, No. 17, Page Number 136-46, 2003.
15. National Policy on Older Persons, Page Number 4-6, 1996.
16. Noakes K, Pebody R.G., Gungabissoon U, Stowe J Miller E, Pneumococcal Polysaccharide Vaccine uptake in England, 1989-2003, Prior to the Introduction of a Vaccination Programme for Older Adults, Journal of Public Health, 28(3), Page Number 242-247, 2006.
17. Rahul Prakash S.K., Choudhary and Uday Shankar Singh, 'A Study Of Morbidity Pattern Among Geriatric Population In An Urban Area Of Udaipur Rajasthan', Indian Journal of Community Medicine, Vol. XXIX, No.1, Jan-Mar, 2004.
18. Rashid A.K, Narayan K.A. & Azizate A.M, 'The Prevalence of cognitive impairment and depression and their associated factors in an elderly population in two villages in Kedah', MJPHM, 6(1), Page Number 29-37, 2006.
19. Saxena D.P., A Study of Sociological Perspective of the Deprivations to the Aged', Indian Journal of Gerontology, No. 17, Page Number 197-204, 2003.
20. Shah, A. M., 'Changes in the Family and the Elderly', Economic and Political weekly, Vol. XXXIV, No. 20, May 15, Page Number 117-119, 1999.
21. Singh C. et al., 'Social Problems of aged in a Rural Population. Indian Journal of Community Medicine, No 20, Page Number 24-8, 1995.
22. Somnath Chatterji et al., 'The Health of Aging Populations in China and India', Health Affairs, Vol. 27, No. 4, Page Number 1052-63, 2008.
23. Suresh K. 'The old age problems and care of senior citizens', Thalavoor Panchayat of Kerala, Nursing Journal of India, 2008.
24. United Nations Population Division (UN), World Population Prospects: The 2010 Revision (New York: United Nations, 2011), accessed at <http://esa.un.org/unpd/wpp/index.htm>, on Jan. 12, 2012.
25. Uppal, Sharanjit and Sarma, Sisira, 'Aging, Health, and Labor Market Activity: The Case of India', World Health and Population, Vol. 9, No. 4, Page Number 79-97, 2007.