



A sociological study of old age paradigms and senior citizens in India

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Abstract

The life cycle of human beings progresses with the growth and development and results finally in ageing. Ageing is associated with physical, psychological and socio economic factors. The phenomenon of ageing is globally experienced. The sociologists and psychologists have their own perspectives on the concept of ageing. The emphasis and focus is on sequence or the physical aspects. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age. The present study does a conceptual study of the Old Age and also associated aspects with old age on statutory front.

Keywords: old age, psychology, ageing

1. Introduction

Rapid growing of industry, modernization in India, it has also effected the people in many ways. The tradition of joint family in the culture of Indian society is disappearing slowly, which was based on the love, affection and tradition. It has also transformed the life of family. People have started in believing in "Nuclear family" rather than combined or joint. It has made people to live with his own family which including husband, wife and their children. This culture has also affected the emotion of each individual person. In today's time parents afraid from their children, that's why they have started refusing to live with them (children) (Lalan, 2014).

The term "old" can be associated with physical incapacity, biological deterioration or disabilities or even psychological factors. Many older persons find living with their adult children to be more difficult than living alone and many do not have a choice and have to live separately from their adult children. In these circumstances old age homes seems to be the choice for the older persons.

India like many other developing countries in the world is witnessing the rapid aging of its population. Urbanization, modernization and globalization have led to change in the economic structure, the erosion of societal values, weakening of social values, and social institutions such as the joint family. In this changing economic and social milieu, the younger generation is searching for new identities encompassing economic independence and redefined social roles within, as well as outside, the family. The changing economic structure has reduced the dependence of rural families on land which has provided strength to bonds between generations (Aruna Dubey, 2011).

Older persons living with their families are mainly dependent on the economic capability of their family unit for their economic security and well-being. Majority of older persons often do not have financial protection such as sufficient pension and other form of social security in India. The single most pressing challenge

to the welfare of older person is poverty, which is a multiplier of risk for abuse. Due to their financial dependence, older persons are most vulnerable to infections/old age related ailments and have low priority for their own health. It is important to ascertain the social aspects concerning aged in the country as they go through the process of ageing. Increased life expectancy, rapid urbanization and lifestyle changes have led to the emergence of varied problems for the older persons in India.

Problem Statement

Ageing in India is exponentially increasing due to the impressive gains that society has made in terms of increased life expectancy. With the rise in elderly population, the demand for holistic care tends to grow. By 2025, the geriatric population is expected to be 840 million in the developing countries. It is projected that the proportion of Indians aged 60 and older will rise from 7.5% in 2010 to 11.1% in 2025. In 2010, India had more than 91.6 million elderlies and the number of elderly in India is projected to reach 158.7 million. An aging population puts an increased burden on the resources of a country and has raised concerns at many levels for the government in India. The aging population is both medical and sociological problem. The elderly population suffers high rates of morbidity and mortality due to infectious diseases. The demographic transition in India shows unevenness and complexities within different states. This has been attributed to the different levels of socio-economic development, cultural norms, and political contexts.

Dimensions and Definition of ageing

Ageing has been defined in various ways by different scholars and it is measured in many ways according to the academic background of the person who study them. Some have regarded ageing as period of physiological deterioration, others regard it as simply the advancement of years and still others have emphasized that ageing involves a restriction on cultural roles.

- According to Bhatia (1983) the term ageing is a broad one and can be studied under three types – Biological, Psychological, and Socio-cultural.
- In the broadest sense, Charles S Becker (1959) defines ageing as those changes occurring in an individual, which are the result of the passage of time'. These may be, according to him, anatomical, physiological, psychological and even social and economic. He further adds: Ageing consists of two simultaneous components – anabolic building up and catabolic breaking down. In the middle years there is an essential balance between expansion and decay, while growth predominates in youth; degenerative changes which start occurring very clearly in life pre-dominate in the late life span.
- Edward J. Stieglitz (1960) defines ageing as the element of time in living. According to him, ageing is a part of living. Ageing begins with conception and terminates with death. It cannot be arrested unless we arrest life.
- According to Tibbitts (1960) ageing may be best defined as the survival of a growing number of people who have completed the traditional roles of making a living and child rearing and years following the completion of these tasks represent an extension of life. He also says, ageing is an inevitable and irreversible biological process.
- According to Hooyman and Kiyak (1994), the gerontologist view ageing in terms of the following four distinct process or dimensions:
- Four dimensions of ageing are commonly identified: chronological, biological, psychological and social ageing.

Chronological ageing refers to the number of years since someone was born. Chronological age also provides individuals with a means of distinguishing roles and relationships in terms of the behaviour and expectations that are linked to different chronological groupings. But it is generally not recognised as an adequate measure of the extent of ageing because, as a process, it is thought to vary between individuals.

Biological ageing, often known as senescence (declines of a cell or organism due to ageing) and sometimes functional ageing, refers to biological events occurring across time which progressively impair the physiological system so that the organism becomes less able to withstand disease, ultimately increasing its susceptibility to death. From this perspective, the ageing process stems from several physiological factors, and is modified throughout the life course by environmental factors (such as nutrition), experiences of disease, genetic factors and life stage. This is usually associated with decline in the regulation and proper functioning of the vital organs of the body. However, not all people experience decreased organ function in the same proportion. Some individuals have healthier hearts at age 80 than others do at age 60.

Problems of the elderly

- Though ageing is the natural stage of human life, it brings with it innumerable problems for the people who have grown old. A detailed analysis of the major problems of the aged in the light of the findings from various studies is explained below:

- **Economic Problems:** As far as economic problems are concerned, they are very basic to all the other problems faced by the aged. With superannuation, a person has to retire from the service, which not only results in loss of employment and social status but also a substantial reduction in his income level. Majority of the elderly face acute financial problems, which makes older persons economically insecure.
- **Physiological Problems:** With growing age, older persons experience various anatomical and physiological changes. These changes bring many psychological, behavioral and attitudinal changes in them. Consequently, they have to suffer varied sorts of physiological problems such as loss of physical strength and stamina, which become more acute as a person grows older.
- **Housing related Problems:** Housing for the aged should be suitable not only to the living pattern which they have established in optimum health, but also to conditions of failing health and illness, commonly associated with later years of life such as, failing eye sight of hearing, slowing and unsureness of step, diminishing energy and more acute disabilities, such as blindness, forgetfulness etc. On this pattern, the housing available to a majority of the senior citizens may be found inappropriate and unsuitable to their requirement. The sizeable populations of older widows as well as the older males have been facing the problem of “where to live peacefully”.
- **Problem of Elder Abuse:** Elder abuse is usually defined as any ill treatment to an older person. It refers to “infliction of physical, emotional or psychological harm on an older adult”. Around 81 per cent of the elderly persons face the problem of verbal abuse, while 53 per cent of them face neglect followed by material abuse (37 per cent) and physical abuse (23 per cent).

Review of literature

Lalan (2014) Government efforts are increasing rapidly in the field of contemporary, social, economic, public interest and other factors to reduce maltreatment against the old citizens. But in the present time, the situation against the old persons is changing, people have started hated them, they forcefully made them to move from their own homes. Due to this they become homeless and may move to old age homes (Lalan, 2014).

Lekshmi V Nair (2014) analyses how the recent development of globalization have changed the concept of ageing in India. The multifarious dimensions of ageing in India can sociologically be thought to be a series of transition from one set of social roles to another and such roles are structured by the social system. It may be mentioned that the process of ageing is not uniform for all individuals in the society. Thus, a change in the life of the old age, which is considered to be the *sanyas ashram* of the Hindu *ashram* theory, is influenced by the biological as well as the social and cultural systems. However, in recent times, the status and role of the old age population have been changed due to the technological developments that have colonized the outlook of the youths (Lekshmi V Nair, 2014). Sheykhi (2018) explores how change in demographic structure in Asia since 2000 has enhanced population aging—a phenomenon contributing to a variety of social problems in different Asian societies. Increasing median age has

created a better chance of higher life expectancies leading to population aging in general. But, many Asian countries do not know how to cope with the phenomenon. Yet, and in increasing cases major institutions of society-governments, economies, and the families loosely respond to the aging of a large number of individuals. In this way, various social problems including caring, nursing, pensions, homeliness, medication and so on are left with such aging population (Sheykhi, 2018).

Dhar (2017) makes an attempt to explore the usage of new media in everyday life of ageing population in India. The use of new media has been much highlighted by it for socialization, elections, business or peer to peer interactions and so on. It has added renewed dimensions to our existing social relations, i.e. speed and interactivity. Much has been written about youth and the use of new media. However, little is known about how ageing population use new media in the everyday life and their familiarity with the technology and adaptability with such technologies (Dhar, 2017).

Pradeep Kumar (2014) propounds that ageing is natural and universal phenomena. All living organisms including human beings go through the process from conception to infancy, childhood, puberty, and senescence during their life span. Ageing is considered as the closing period in the life span, as old age is connected with deterioration and changes in bodily functions. The reason for these changes is biological and environmental, socio-economic and cultural in nature. Many believe that ageing is an incremental phase in the life span and incremental phase of life cycle beside with which this is to be strictly considered that ageing is also associated with many health problems and diseases (Pradeep Kumar, P.C, 2014).

Verma (2015) propagates that old age people (Males and Females) who living in institution and in home are differ from each other due to lacking facility and opportunity and another reason is due to lack of financial and emotional support from family which reinforce better development of psycho-social factors. The various dimensions of psycho-social factors who living in home have better in comparison of old age people living in institution because they get enough opportunity and facility, financial security, meaningful roles, emotional and social support, proper care and warmth from their family members (Verma, 2015).

Experiences of older adults (Thomas, 2018)

Often older adults go to old age homes as they give them security and medical attention. They may experience loneliness but at the same time feel a sense of independence. On the other hand, some of them are forced to move to an old age home because they have experienced lack of emotional support, verbal and at times physical abuse, neglect and disrespect from their children. But, often in spite of this, they seem to prefer to be living in the comfort of their own home with their children and grandchildren^{1,2} (Kumar P, 2012)

Older adults living in old age homes face problems of adjustment with tight and rigid schedules; total or near-total separation from their family, friends and society; anxiety over entrusting oneself to a new environment; diminished

physical ability and close and frequent encounters with death and ailments in the institution. For many of them social support is almost absent and this leaves older adults with the feeling that he or she does not belong, is not loved or cared for, esteemed or valued (Kumar *et al.*, 2012)^[3]. These and other factors make older adults increasingly vulnerable to mental health problems and their undesirable effects (Help Age India, 2013)^[4]. Older adults have unpleasant experiences as they not only have to deal with change in their living environment but also have to get used to changes in daily life routines and social and support networks. They feel the loss of family and a sense of loneliness due to the loss of social interactions. They also feel a sense of powerlessness and their perceptions and fears had adverse effects on their adapting and settling into a new environment. Often they join the old age home because of the loss of a spouse, deterioration in health and the inability to look after oneself due to physical illness and disability, which leads to increased financial problems (Salarvand *et al.*, 2008; Sigaroudi *et al.*, 2013)^[5].

Older adults take time to be acclimatised to a new environment when they relocate to an institution, which they have to call home. They take time to adjust to and transform their perspective of themselves and their environment; they actively reflect on their life experiences and the struggles they experience and cope with, as this helps them to create a meaningful existence within the context of a care home. They eventually get completely involved in the life they are supposed to live. In addition to this, the holistic needs of older adults such as social, mental, financial, spiritual and physical needs are to be considered in order to promote a purposive and meaningful life for them (Stone, 2009; de Guzman, 2012)^[6].

Financial status of older people in India: An assessment

India, a demographic billionaire, has been witnessing burgeoning growth of elderly population. Every tenth person in the country i.e. above 1.2 billion population has crossed sixty. Though majority of the older persons continues to be reeling under confronting socio-economic, health and psychological problems, significant number has witnessed net worth value increasing dramatically over the years. India is a country full of diversity, where, people professing different religious communities, speaking different languages co-exist.

People from different castes and creeds, diverse geographical regions and varied socio-economic, educational and family backgrounds live together. It is discernible from the peep into their cultural pluralities and diversities that there is wide ranging disparity in financial status of old people in India. Traditionally, in Indian Societies, there lied inheritance rights of land, house property and other ancestral property with elderly members of family. However, the rapid increase in price of land owing to fast increasing population, the ongoing process of industrialization, generation of infrastructure, increasing

³ Kumar P, Das D and Rautela U (2012) Mental and Physical Morbidity in Old age Homes of Lucknow, India. *Delhi Psy J* 15(1): 111 -117.

⁴ HelpAge India (2013) HelpAge India marks world elder abuse awareness day. HelpAge news, pp. 4.

⁵ Salarvand, S, Abedi HA and Karimollahi M (2008) The final sign of failure of older people living in nursing homes. *Res J Med Sci* 2: 23-27.

⁶ Stone T (2009) Understanding consumption within a care home: an interpretation of George's experiences of life and death. *J Con Beh* 8: 166-178.

¹ Kumar P, Das D and Rautela U (2012) Mental and Physical Morbidity in Old age Homes of Lucknow, India. *Delhi Psy J* 15(1): 111 -117.

² HelpAge India (2013) HelpAge India marks world elder abuse awareness day. HelpAge news, pp. 4.

investment in real estate, Liberalization, Privatization and Globalization (LPG) of economy and consequent individualism & materialism and host of other factors contributed in the net worth of the people in general and the older persons in particular.

As compared to people inhabiting rural areas, the net worth of older persons increased comparatively much higher among those residing in urban and semi-urban locations. Now older people have started earning higher monthly income in terms of rent on land/house properties, interests, dividends on investments and the like particularly in the urban settings. Whereas inhabitants in the rural areas tend to earn higher incomes than ever before owing to higher growth of cash crops and ever increasing demand of their produce nationally and internationally. Still there is significant number of older persons, who face social, financial, and psychological problems due to unusual poor-rich gap as well as urban/rural divide. Owing to the change in financial status and ever increasing independence of older persons, particularly belonging to middle, upper middle and upper classes, their role in financial activities has also undergone significant change. Today, they can be observed to be active consumers of various products and services and embarking on other financial activities.

Needs of an ageing population

Empowering the senior individuals enables them to make informed and independent choices, more compliant to health care, enhances their contribution in financial and social fronts. Engaging in work predicts better self-health, functionality, life satisfaction and independent in decision making (Jain N, 2016).

1. Financial security: Employment and gainful activities, insurance policies, income and retirement benefits, pension plans enhance self-esteem and respect in society.
2. Ease of access to healthcare helps in decreasing the gap between the health care services and the elderly. Special out-patient departments in hospitals are crucial to address their basic problems and requirements.
3. Independence and Autonomy is crucial to enable the elderly for decision making and leading a life of self-esteem.
4. End of life care issues need to be addressed appropriately and a care taker has to be identified who may be actively involved in decision making. Older women seem to be more insecure financial and emotionally, have poor health deprived of shelter space and independence. Frailty and resultant disability in the elderly may further cripple their lifestyle.

Problems faced by ageing Individuals in India

The multifarious dimensions of ageing in India are a transition from one set of social roles to another. Age and ageing are equally related to role taking, value orientations and mode of behaviour. Some advocates it's a state of decay of role in society, financial and social decline. The function of family as primary care giver to the aged has undergone change due to structural changes both internal and external most important is nuclearization. Shift of caring responsibility of aged to family, society or government make them more vulnerable to neglected population. Quality of life in them is multidimensional. A micro analytic study identified the needs depending on age and sex

economic status, social and financial wellbeing (Jain N, 2016).

1. Chronic morbidities and disabilities among elderly individual's leads to economic shock, lack of autonomy, reduced social contact and increased loneliness.
2. Physical work participation of older persons 40.3% (60.2% in men and 20.9% for women). They require an elderly welfare scheme which may help in easing their daily struggles to earn a living.
3. Crumbling system of joint families leading to an increase in nuclear families has resulted in difficulty in maintaining long term care for older people. Tradition of caring for the older individual is changing as families are turning nuclear from joint families.
4. Migration of children/family bread earners are now seen drifting to cities or to foreign lands with a reluctance or inability of older parents to move with the children. This creates unique problems in long term care with no care taker left for their everyday problems.
5. Whereas there are numerous day care systems for children, there are hardly any for the elderly.

Gainful engagement: The strongest emerging need of old people

Gainful re-employment is an area of great concern, for many. Many want it because they find themselves completely active but retired. Some need it because of their yet unfinished responsibilities. For most of them, it is a question of survival; there are still many more who just want to keep themselves occupied. It has been observed that at the time of retirement (55-60 years) many of the individuals are at the peak of their occupation. After retirement, overnight they become redundant for all practical purposes.

Indeed it is ironical; that very few people prepare themselves for their life after retirement. Most of the people at the time of retirement have one or more of the following unfinished tasks in hand:-

- Settlement of Children
- Marriages – especially of daughters
- Medical treatment of family members / self
- Some court cases (i.e. getting house vacated)
- Old parents living with them
- Not much in terms of saving
- No house to live in

In addition, most of them are mentally and physically fit to work for some more years. First few days after retirement are welcome and good for a change, but afterwards time hangs on... especially if one has not planned the post retirement period properly. Most of the people have to look for alternatives to keep themselves occupied during the day. There are different categories of people who are seeking gainful employment. Most of the retired people feel that they are not required to work after retirement as their savings / pension will look after them for the rest of the life. If a person has retired with one or more of the problems mentioned above, his perceptions of sufficient gets diluted. On top of this, the cost of living, which is escalating in geometric proportions, compels him to look for a second career to complete his unfinished responsibilities. Many retired persons who are otherwise financially sound and do not have any of the above responsibilities, find it difficult to

spend the full day on their own and seek useful employment engagement because when they have nothing to do and time hangs on them.

Socio: Economic effects of aging

The inevitable harmful social and economic effects of aging is becoming obvious more than ever before with special reference to Asia. Most prominent among the concerns that are being voiced with respect to aging is how to fund social security programs in the face of increasing numbers of retired persons, and how to pay for rising health care costs generated by the elderly people [6]. These concerns have at times, led to the conclusion that population aging is bound to be more a catastrophic drain on economic resources. Actually speaking, while the Western (European) countries are and will continue to be rather well equipped to handle the present and projected increase in the older population, yet the emergence of the elderly social problems is something more recent. The whole scenario is more problematic for Asian countries rather than the Western European ones, wherein there are shortages of necessary infrastructures, and the societies that are rapidly changing to new cultural forms. Thus, the Asian elderly are much more socially and economically insecure in different dimensions. Living in a demographically diverse world, has also led to unprecedented aging change too. While the global population increased by 2 billion during the last quarter of the 20th century; reaching 6 billion in 2000, resources have not increased that much to respond the increasing elderly with special reference to Asia. As projected, the population will increase by another 2 billion during the first decades of the 21st century, and as nearly all the increase has been, and will be in the developing countries including Asia, aging problems will emerge more than ever before in the region.

We, as living in a world of unprecedented demographic diversity, should be more cautious, and planning-minded. As the traditional demographic groupings of countries are breaking down, more socio-economic problems of the aging populations are emerging. Over the next 25 years, increases in population in South Asian and the Middle East are expected to be larger than the past quarter of the century. In contrast, in European countries, and in East Asia, population growth has slowed or stopped, and rapid population aging has become a serious concern. Increasing levels of aging accompanied by increasing mobility and urbanization, are affecting economic and social outlooks of many countries (Sheykhi, 2018).

Un principles for older persons

1. Independence

- a. Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.
- b. Older persons should have the opportunity to work or to have access to other income-generating opportunities.
- c. Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.
- d. Older persons should have access to appropriate educational and training programmes.
- e. Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.

- f. Older persons should be able to reside at home for as long as possible.

2. Participation

- a. Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.
- b. Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.
- c. Older persons should be able to form movements or associations of older persons.

3. Care

- a. Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.
- b. Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.
- c. Older persons should have access to social and legal services to enhance their autonomy, protection and care.
- d. Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.
- e. Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

4. Self-fulfilment

- a. Older persons should be able to pursue opportunities for the full development of their potential.
- b. Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

5. Dignity

- a. Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.
- b. Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

Government policies and programmes for the aged in India

The goals of the policies are the well-being of older persons. It aims to strengthen their legitimate place in society and help older persons to live the last phase of their life with purpose, dignity and peace. The Policies visualizes that the State will extend support for financial security, health care, shelter, welfare and other needs of older persons, provide protection against abuse and exploitation, make available opportunities for development of the potential of older persons, seek their participation, and provide services so

that they can improve the quality of their lives (Sharma, 2014).

Constitutional provisions for elderly

Article 41 of the Directive Principles of State Policy in the Indian Constitution, specifies that the State shall, within the limits of economic capacity, provide for assistance to the elderly. In the Constitution, entry 24 in list III of schedule VII deals with the "Welfare of Labour, including conditions of work, provident funds, liability for workmen's compensation, invalidity and old age pension and maternity benefits". Item 9 of the State List and item 20, 23 and 24 of Concurrent List relates to old age pension, social security and social insurance, and economic and social planning. The right of parents, without any means, to be supported by their children having sufficient means has been recognized by Section 125 (1) (d) of the Code of Criminal Procedure, 1973, and Section 20(3) of the Hindu Adoption and Maintenance Act, 1956.

Older persons (Maintenance, Care and Protection) bill 2005

The Central Government introduced a bill in Parliament for better care of rapidly growing elderly population in India. The bill titled "Older Persons (Maintenance, Care and Protection) Bill 2005" is intended to overcome the lacunae existing in the current legislation on maintenance and to make relief simpler, speedier and less expensive. It also aims to cover new areas of care and protection that have not so far been covered by any existing legislation. The bill has taken into account three thrust areas for legislation, viz., Maintenance, Care and Protection. Maintenance includes a) financial b) housing requirement c) protection of life and property d) recreational and spiritual needs e) grievance redressals. Maintenance from the family will hitherto be a matter of right for the older persons. Care embraces a) financial b) housing requirement c) clothing requirement d) health requirement e) companionship requirement, from families and/or the state government in the case of persons without family support or living below the poverty line.

The National Social Assistance Programme (NSAP)

The National Assistance Programme is a welfare programme being administered by the Ministry of Rural Development. The programme is being implemented in rural areas as well as in urban areas. The Government of India launched NSAP as a centrally sponsored scheme w.e.f. August 15, 1995. It included three schemes:

1. National Old Age Pension Scheme

Under the scheme, destitute aged 65 years and above were entitled to a monthly pension of Rs.75.

2. National Family Benefit Scheme

The benefit under the scheme to below the poverty line household was lump sum amount of money on the death of primary breadwinner aged between 18 and 64 years. The ceiling of the benefit was Rs. 5000/- for death due to natural causes, and Rs. 10,000/- for accidental death.

3. National Maternity Benefit Scheme

Under the scheme, lump sum cash assistance of Rs.300 per pregnancy was provided as maternity benefits to women of BPL households up to 2 live births.

Conclusion

Old age is that stage in one's life that requires both mental and social support from others, both of which are interconnected. The old age homes lack facilities and opportunities to the inhabitants. The old age people need financial and emotional backup from family. This enhances and reinforces better development of psycho-social factors. However, though there is a need to create awareness among older adults and their families; and caregivers of old age homes, about the needs, experiences and coping styles of older adults; it would be more beneficial to empower older adults to be emotionally vibrant about living positive and fulfilling lives. This will help to reduce the stress and difficulties of living in a home and also enable older adults to experience the joys of living in their twilight years. The legal provisions could also help them benefited if they get an access to the same.

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