

SOCIO-ECONOMIC AND MENTAL HEALTH PROBLEMS FACED BY RURAL ELDERLY IN GOLAGHAT DISTRICT OF ASSAM: - A SOCIOLOGICAL STUDY

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Abstract:-Ageing is a process where over time an individual experiences a decline in performance, productivity and health. In our traditional society aging care is in the hand of family members and there are lot of people available to take care of elderly but now a days it is miserable due to break down of traditional joint family system into nuclear. The emergence of nuclear family has changed the pattern of life enormously. In today society the institution of family slowly – slowly fading almost to none. Rural elderly of Golaghat district faces many challenges in welfare for its elderly. This research paper highlighted the Socio-economic and mental health related issue faced by rural elderly lives in Golaghat district of Assam.

Keynote – elderly, socio economic problem, rural

INTRODUCTION

Population ageing is an obvious consequence of the process of demographic transition and it creates an imbalance in the age structure over a period of time. The developed regions of the world have already experienced its consequence, while the developing world is facing a similar scenario. The constant increase in the number or percentage of the aged has caused short and long term effects on society (Sati, 1988). Various factors can be made responsible for the increasing life span and a subsequent high percentage of the elderly population in many parts of the world (Rao, 2007). The factors can be identified as increasing the birth rate, the control of pre-natal and infant mortality, improvement in nutrition, basic health facilities and control of communicable diseases, etc. (Sati, 1988, Rao, 2007)

The global demographic trend, however, tells us that, with the passage of time, the countries have experienced ageing of population. The proportion of older persons in the population of a country has increased. Due to economic well-being, better health care system, good medicines, etc. there is substantial reduction in mortality in the society. Reduced mortality has led to reduction in fertility too. These factors together have resulted in increasing number of elderly persons in the population. This phenomenon, called population ageing, is a dynamic demographic trend all over the world.

The concept of “old age” is multidimensional, which includes chronological (based on a birthdate), biological (related to human body ability), psychological (concerned with psycho-emotional functioning) and social age (related to social roles such as grandparents). This brief adopts the definition of the United Nations that uses 60 years or over to refer to older persons, while recognizing the diversity of older persons in terms of their needs, capabilities, lifestyles, experiences and preferences that are shaped by their age, gender, health, income, education, ethnicity and other factors. Population ageing takes place alongside other megatrends such as persistent poverty, rising inequalities within countries, climate change, conflicts and migration (Dugarova and Gülasan 2017)

According to Population Census 2011 there are nearly 104 million elderly persons (aged 60 years or above) in India; 53 million females and 51 million males. Rural senior women are more likely to be disabled, widowed, older and poorer than urban or suburban senior women. They also lack access to many of the human services available to their urban and suburban counterparts. This can impair the care, well-being, independence, and quality of life of older rural women. For example, senior women experience more health issues that affect their ability to drive than men. Rural areas often have limited public transportation, and residents must travel greater distances to access health care, social opportunities, healthy food options, and other necessities. These issues force many rural seniors to move to locations with more human services or to enter a nursing home earlier. Diseases such as age-related macular degeneration, some types of cancer and Alzheimer's disease occur most frequently in adult and aging women. Rural areas lack many social and health services to care for older women such as primary care physicians trained in gerontology and geriatrics, geriatricians and other specialists, social workers, nurse managers, and caseworkers. The result is that rural senior women receive fewer health services, such as screening for age and sex related cancers, than their urban counterparts.

In this study, an attempt is made to identify the socio-economic and mental health problems of the elderly women of Rural Assam. As we know, in a society like the one in India, women have been neglected all along. Discrimination and devaluation that women are exposed throughout their lives have a major impact on their health and mental well-being as they go through the process of aging.

THE PROBLEMS OF AGING IN ASSAM: AN OVERVIEW

Old age and aging is a natural phenomenon and it is a continue process of human life. In many countries this phenomena has been considered as a serious attention of policy maker of the government. There is a growth in the number of older people, we need to realize that there are many subsequent serious issues related to the situation. Assam is facing several challenges in the form of weak economic growth, weak pension system, and null infrastructure for ageing people, and above all lack of political will along with political instability makes life miserable for the elderly. Like other countries the ageing population in India has been increasing gradually. Similarly the population in Golaghat district of Assam has increased during last four decades. The increasing number of ageing population in Assam there are several factor which are responsible which includes better quality of life, better job opportunities, improved health condition and increased in literacy rates. First of all a nuclear family which is the desirable norm today and is a direct offshoot of socio-economic, health and demographic compulsions.

In Assam the situation is even more distressing if we take note of the fact that life expectancy in India as a whole has increased by five years in the period between 2001-2005 and 2011-2015, primarily due to better healthcare. In Assam, this is not the reality and the society as a whole, healthcare service providers and all other stakeholders must accept responsibility for the same. The elderly population has a vital function to play in society. Their experience and maturity serves as the necessary balancing factor for the youthful enthusiasm of the young, and helps maintain a peaceful society that all of us seek to live in. According to the study, **the percentage of population above the age of 60 years in Assam stood at 5.9%, according to the Census of India 2011. In comparison, the national average for the percentage of population above 60 years of age stood at 6% as far back as 1971!** Statistics available from the Union Ministry of Health and Family Welfare pegs the national figure at 8% in 2011, demonstrating how Assam has lagged behind significantly.

Today, modernization and industrialization in Assam has led to the breakup of joint families and the growth of nuclear families. Children tend to take charge of the families, and old people have lost their earlier position as the heads of the families. Certain moral values like respect, tolerance, acceptance, dignity, love etc. are disappearing from the families and the societies. In recent trend of Assam due to break down of family system the role of Indian women gradually change. Women, who have conventionally been the care givers in the home are facing a new challenge. Due to changing role of women in our Society working women whether they are daughters or daughter-in-law, have dues demands of mother hood a career gives for elderly. The care of the elderly has emerged as a major issue in our society. Given our Socio-cultural values hold the elderly in great veneration; it is difficult for people to admit openly that there is a problem here which is being shoved under the carpet.

Data on Elderly Population in India

I. Population and Vital Statistics

Table1.1. Elderly population (aged 60 years & above) in India

(In millions)

Source	Total			Rural	Urban
	Person	Female	Male		
Census 1961	24.7	12.4	12.4	21.0	3.7
Census 1971	32.7	15.8	16.9	27.3	5.4
Census 1981*	43.2	21.1	22.0	34.7	8.5
Census 1991**	56.7	27.3	29.4	44.3	12.4
Census 2001***	76.6	38.9	37.8	57.4	19.2
Census 2011***	103.8	52.8	51.1	73.3	30.6

Source: Population Census Data * the 1981 Census could not be held in Assam owing to disturbed conditions. The population figures for 1981 of Assam were worked out by 'interpolation'.

** The 1991 Census was not held in Jammu & Kashmir. The population figures for 1991 of Jammu & Kashmir were worked out by 'interpolation'.

*** The figures include the estimated population of Mao Maram, Paomata and Purul sub-divisions of Senapati district of Manipur.

The growth in elderly population is due to the longevity of life achieved because of economic well-being, better medicines and medical facilities and reduction in fertility rates. In India, the decadal growth in general population has shown a decreasing trend since 1961 and so is the growth in elderly population till 2001. In the last one decade, however, that is between 2001 and 2011, the growth in elderly population has shot up to 36 per cent while the same was

25 per cent in the earlier decade. The general population has grown by merely 18 per cent vis-à-vis 22 per cent in earlier decade. It is observed that in India, the growth in elderly population has always been more than the growth in general population. Very high growth rate in elderly population vis-à-vis of general population was observed earlier also in the two decades between 1961 and 1981.

Table1.2. Decadal growth in elderly population vis-à-vis that of general population.

(% change)

Period	in general population	in elderly population
1951-61	21.6	23.9
1961-71	24.8	33.7
1971-81*	24.7	33.0
1981*-91**	23.9	29.7
1991**- 2001***	21.5	25.2
2001*** - 2011***	17.7	35.5

Source: Population Census Data * The 1981 Census could not be held in Assam owing to disturbed conditions. The population figures for 1981 of Assam were worked out by 'interpolation'.

** The 1991 Census was not held in Jammu & Kashmir. The population figures for 1991 of Jammu & Kashmir were worked out by 'interpolation'.

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Percentage share of elderly persons in the population of India is ever increasing since 1961. While in 1961, 5.6 per cent population was in the age bracket of 60 years or more, the proportion has increased to 8.6 per cent in 2011. The trend is same in rural as well as in the urban areas. In rural areas while the proportion of elderly persons has increased from 5.8 per cent to 8.8 per cent, in urban areas it has increased from 4.7 per cent to 8.1 per cent during 1961 to 2011. It is observed that the difference of percentage share of elderly population in whole population in rural and urban areas is narrowing.

RESEARCH METHODOLOGY

The present study has been conducted on the elderly/aged population living in Golaghat district of Assam. The study is based on 200 aged people living in 10 villages of Podumoni Anchalik Panchayat of Golaghat district. Here, elderly refers to an individual who has attained the age of 60 and above. In India, the attainment of the age 60 has been mostly accepted for the purpose of classifying aged persons because the 'acceptance of this age in a majority of services as a criterion for retiring a person' and secondly, 'it's adaptation in the decennial census operations of the country for enumerations of elderly persons'. The list of retirees was prepared with the help of the statistics available in the District Collector's Pension Office. The list of the sample was prepared in such a way that equal numbers of male and female represent the sample size. So, from the pensioner list available in the pension office, a list of 235 retirees was prepared and from that 200 samples were selected. The selected samples constituted 100 males and 100 females. It was purposefully done so that equal number of samples could represent both the sexes and also for the purpose of easy comparison in the later analysis of the study. The study is mainly based on primary data and for data collection personal interview was conducted with the help of interview schedule. Group discussion method was also adopted for the same.

The aim of present study is to examine the problems faced by elder people in Golaghat district of Assam.



SOURCE- www.mapsofindia.com

Objectives of the study: In this paper an attempt is made to interpret the 'socio-economic and health problems of the aged male and female living in rural settings. The objectives of the study are-

1. To study the socio-economic and other health related problems of the aged.
2. To study the problems faced by the aged in maintaining their physical and mental health.

Result and Discussion:

Social-Background of the respondents:

The analysis of different gerontological literature on health shows that seeking and using health care among older individuals vary according to health status, socio-economic factors and sex and that these three factors are independently related to health care use in later life (Barreto et al, 2006). Here, a brief overview of the study population is provided with respect to several socio-economic characteristics such as age, education, income, size of the family, income of the respondents' family members, marital status, care giving responsibility of the respondents, engagement in income generating activities and living arrangement of the respondents. Results indicate that a higher percentage of women (54%) are belonging to the age group of 65-70 years in comparison to the 34 percent of their male counterpart. However, as high as 29 percent of women are aged 80 and over which is higher than the male i.e. 16 percent. The vast majority of women are found as widowed (64%), while the incidence of divorce (1%) and unmarried (3%) is a rare occurrence in the study area. On the contrary, majority of the male respondents are found as married (78%) and 12 percent have to live their later life without spouse due to the death of the later and all of them belonging to age group 70 and above. Data reveals that comparatively, more female have to live alone in the later phase of their life due to the death of their partner than their male counterpart. It may be the effect of the prevailing tradition of early age at marriage for females in the study area. This has negative impact on physical and mental health of the elderly women. In the absence of their spouse the elderly are always deprived from the support of their partner in the most vulnerable phase of their life. Majority (78%) of the elderly women have their educational qualification below HSLC. The fraction of the women who have been educated up to HSLC is very small. On the other hand 52 percent of the male have been educated up to HSLC. It may be due to gender discrimination in terms of educational attainment. One of the elderly women stated, "...In my childhood I was not encouraged to go for schools. I have to engage myself in different household activities like cleaning the house, washing cloth of my brothers and sisters, helping my mother in cooking....it is not only me, girls of my age have to perform the same household activities for their respective families..." Data reveals that only 12 percent of the elderly women have their engagement in income generating activities, however, vast majority of them (84%) actively engage in household activities which is unpaid. 79 percent of the elderly women stated that care giving responsibility of the family member is bestowed on their shoulder. Against this 18 percent of elderly men have their engagement in income generating activities, 24 percent actively engage in household activities and only 9 percent of them have their care giving responsibility to their family members. Results indicates that elderly women have to continue their roles and responsibility in the family which they used to play in their middle ages, but opposite to this abrupt changes have taken in the role and life style of the elderly men. They are subjected to force disengagement from the role they used to engage in their middle ages. The available gerontological literature shows that force disengagement from In the present study it was observed that the elderly women (54%) with a lot of ailments continue to perform their role they used to play for the family. Due to their poor health although they want to disengage themselves from some of the role, the situational needs and demands of the family members does not allow them to do so. It is not that elderly women are voluntarily engage themselves in household activities or to escape from role less situation in old age but to satisfy the needs of the family members. Therefore, it reflects that elderly men and women are subjected to different physical and mental health problems. When the respondents were asked about the attitude of their family members towards them 68 percent of male and 45 percent of female stated about negative attitude of the members. The study reveals that the women have continued their services for their family members and therefore higher percentage of them receiving good treatment from their family members than their male counterpart. The male elderly who have received positive treatment from their kin members' majority of them have some amount of economic contribution to the family monthly budget. The elderly who have received bad treatment from the family members' majority of them, neither in a position to provide financial support (46%) nor they can support in other household activities irrespective of their sex. The follower of exchange theory of aging stated that the system of social exchange largely responsible for measurable condition of the elderly. They have argued that the

aged are systematically deprived of valued resources needed for favorable social exchanges. 45 percent of elderly women and 70 percent of men have dependent members in the family on their income ranging from 2 to 8 numbers. Their income source is the pension which is not sufficient for maintenance of the family. Poor income of the elderly, their forceful engagement in household and income generating activities in spite of the presence of ailments results deterioration of their health. With abrupt changes in their life style after retirement, the male become isolated in the family with role less situation and they become mentally sick. They face lots of mental ailments such as depression and deprivation, psychosis, Alzheimer's diseases anxiety, mood disorder etc. Among these depression is the most common mood disorder in the elderly. If untreated it can lead to physical and mental impairments and impede social functioning. Like depression anxiety is also a very common mood disorder among the elderly. Statistics or study shows that nearly half of older adults with anxiety also experience depression bipolar disorders or Manu depression are often misdiagnosed in senior citizens because the symptoms presented are typical with the aging process, especially related to dementia and Alzheimer's disease. Bipolar disorder occurs equally among the elderly men and women. Eating disorders like anorexia nervosa and bulimia nervosa (binge eating) are necessary day by day.

The living arrangements of the elderly population are often considered as the basic indicator of the care and support provided by the family (Munsur, et. al, 2010). A plethora of evidence from the developing world suggest that family is the key institution for elderly care and their living arrangements are a fundamental determinant of their well-being (Albert & Cattell, 1994 ;). Data reveals that 8 percent of the respondents irrespective of their sex living alone, 14 percent living only with spouse, 36 percent living with unmarried children and 2 percent with other family members. The elderly those who are living alone and those who are living only with their spouse, their children migrated to the urban centers for the search of better livelihood and they have a very few visits of their parents and they have almost withdrawn the responsibility of their parents. Similar is the picture of those sons who are living separately in the same locality.

The study conducted regarding the ailments of the aged revealed that, in comparison to females greater percentage of the males had Eye problems; Dental problems; Anemia, Cardio-vascular disorders, Ear problems, Oral Cavity diseases, Respiratory disorders, and Skin disorders, Nervous disorders and Endocrinal disorders. On the other hand greater percentage of females had Cancer, Genitor urinary disease, Gastro-intestinal diseases and Muscular-skeletal disorders in comparison to males. Females outnumbered males in case of the Gastro-intestinal disease and 'Muscular skeletal disorders'. Higher percentage of male was suffered from 'Anemia' than female. But the health statistics of Assam reveals that greater percentage of female have to suffer from Anemia in comparison to males. In the present study, regarding Anemia, data contradicts with the report of health statistics.

Many studies worldwide on the health of the elderly found that a greater proportion of elderly women than men had established temporary disabilities. There is good evidence that older women disproportionately suffer from chronic disabling conditions, such as arthritis, that are not life threatening, but increase the need for health care (Barreto et. al, 2006). In the last two or three decades of life elderly females are dominated by two broad categories of health disorders: gynecological disorders accumulated during their reproductive years and compounded by post-menopause morbidities; and the clinical disorders commonly associated with ageing diseases like diabetes, hypertension, osteoporosis and cardiovascular disorders (Srivastava , 2010).

In the present study, it was observed that majority of the respondents unable to perform common tasks of daily activities like going to toilet, dressing, getting up from bed etc. Aged women suffer more from these infirmities as compared to the aged men. The elderly women who have more care taking responsibility and who have more dependent members among them rates of morbidity are high. There poor health is a result of life time's inadequate nutrition, hard physical work, repeated pregnancies, systematic gender discrimination and lack of access to primary health care. Older men are subjected to mental illness specially depression as a result of isolation. One of the respondents in the present study reveals – *"I am suffering from pain for last two years. It is very difficult for me to move here and there. I cannot stand continuously for 10 minutes. But, I have the responsibility of my family members living with me. Even I am not getting time to take food on proper time. If I am not going to continue my daily tasks who will take care of them?"* "In spite of suffering from ailments majority

of the respondents actively engage in household activities. As we know, the rural women are known to shoulder extremely heavy physical workloads, both at home and at work. In spite of their formal jobs women used to provide water and fuel, carrying heavy loads and walking long distances. These constraints can lead to musculoskeletal disorders and reproductive problems. Washing and cooking expose women to water-related diseases such as 'schistosomiasis', malaria and worm. Women cooking on open stoves risk burns and exposure to smoke containing toxic pollutants. An Indian study suggests that the use of biomass fuels increase risk of tuberculosis, particularly in rural areas (ibid). In the present study, higher percentage elderly women have been suffering from cancer, muscular skeletal disorders and gastrointestinal disorder in comparison to the elderly male.

RECOMMENDATION

The researcher would like to suggest few recommendations for the development and betterment for elderly.

1. The Grandparents, old and elderly are treasure to be valued.
2. Give as much importance as you can to the elderly and try to understand their point of view, accommodate accordingly.
3. Always give priority to elderly people and make some time for elderly to listen to their stories and share a few laughs. It will benefit from what insights they have to offer.
4. Whenever any family member goes for shopping, always ask if there is anything they need.
5. Teach them how to use modern technologies like mobile phone and computer. After speaking to many people of about sixty plus, I have come to a conclusion that most importantly they (Sarfaraz & Riaz, november 2015) (Sarfaraz & Riaz, november 2015) (Sarfaraz & Riaz, november 2015) (Sarfaraz & Riaz, november 2015) need some activity or hobby to keep them away from negative thinking. It helps them to tackle depression that can become a common ailment when approaching old age.
6. Elderly people love to spend more time with their grandchild's, so make sure of that.
7. Showing of love and affection to elderly in time to time is necessary.
8. Monthly routine check and daily walk and engaging elderly in to small work is necessary for their betterment.
9. It is suggested that priority must be given to the elderly patients during hospital visits, examination and treatment along with 50% reduction in charges. Government can establish geriatric ward in hospitals.
10. It is suggested to arrange vocational courses for postretirement periods, in addition to increase earning capacity during old age.
11. It is suggested that day care centers instead of old homes would be more appropriate. In such places elderly people can come in the morning and will provide different activities such as library reading room, indoor games, recreation area music, rest room and kitchen and return to their respective homes at evening. These centers will serve as key points from where the aged can make use of their talents and skills for nation day's activities, and also keep themselves within the mainstream of society. On the other hand, homes for destitute elderly having no family ties, especially widowed men without support, to be established within the main cities of all provinces in the country
12. The aged who remains physically and mentally strong at the age of sixty and above stated about the habit of physical activities and light exercise, habit of

morning walk, good eating habits and avoidance of certain habits such as taking alcohol, cigarette, tobacco etc.

CONCLUSION

At last, there are many elderly people who are living with their families, but are, miserable. They face lots of problems whether it is socio-economic or health related problems from younger members of their families. It is due to conflict and misunderstanding among their family members. Beside these other family members feel that the elderly members are useless and they have no role in the family. So depression anxiety become more day by day in the elderly. So the most important factor to solve this problem is – “Elderly people shouldn’t be treated as burden to our society but they should be treated as blessing to our society.” Because even though the elderly face lots of socio- economic and health related problems but their knowledge and experience cannot be denied. In the whole world , we see, the greater leaders from different field fields like politics, industry, literature, art and culture are above sixty years aged peoples and their contribution to the nation are not less but it is immense. What does it signifies? It signifies that an elderly cannot be useless. Even though due to the aging process they face lots of physical, mental and socio economic problems. They are very much experienced and knowledgeable. Though their experience and knowledge we can move forward to a greater level. So they are our resources not burden. So we should take care of their health and socio- economic related issues as possible as we can. Then only we can move forward by their vast experience and knowledge. So it is the time to address the issue timely and strategically so the benefits can be fruitful for the betterment of our society.

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