

Chapter-1

INTRODUCTION

1.1: Introduction:

Problems of the ‘elderly’ have taken a serious form due to several socio-economic changes in the traditional social structure of our society. Problems are the creation of socio-culture as well as the economic structure of a society. In contemporary Indian society, the elderly have to face serious problems due to their changing role in society. One of the important factors of their changing role is the transformation of the rural economy into the industry based market economy. A number of health-related factors, including improved medical care, nutrition, sanitation, and housing have combined in the 21st century to help and promote longer lives for most Indians. According to UNICEF, life expectancy in India in 2008 is 68 years, a huge difference from 49 years in 1970. By 2050, it is estimated that nearly 20% of India’s population will comprise of people over the age of 60 (*Patricia, C. & A, Jennifer 2009,*). Thus, the present century in India can be described as a period of exceedingly rapid growth of the elderly population. In the States of North-East- India Manipur has the highest percentage of the 60+ population i.e., 6.55%, followed by Tripura (6.16%), Assam (5.69%), Nagaland (5.55%), Mizoram (5.50%), Sikkim (5.32%), Arunachal Pradesh (5.06%), and Meghalaya (4.74%) respectively. Manipur is projected to be the highest (10.16%) aged population by the year 2021. Assam is projected to be having a 9.34% aged population in 2021 (Census of India, 2011).

Population ageing is often called a silent revolution, a compelling demographic phenomenon with several implications to socio-economic and cultural aspects, all of which influence the quality of life of older persons in general and more particularly of older women. Globally, the older population 60 years and above is expected to increase

from about 810 million in 2012 to over 2 billion by 2050, representing an increase from 11.9 percent to 22 percent of the total population during that period. The number of people who turn 60 each year is nearly 58 million. By 2050 for the first time, the population of older persons will be larger than the number of children below 15 years. Japan is currently the only country with more than 30 percent population in the age group 60 years and above but by 2050 there will be 64 countries with over 30 percent older person. (UNFPA and Help Age International 2012).

In contemporary India, the problems of the elderly people have become a social problem due to the rising proportion of the elderly people in the population structure and their declining roles and status in the present society (*Mishra, S, 1989*). With the advent of industrialization, a tremendous transformation took place in social institutions and family was not an exception. The education and higher aspirations by the young gave way to migration from the native places to big cities/countries leaving behind the first generation to find for themselves with minimal means of survival. Thus, the structural changes in the Indian joint family resulted in inevitable functional modification (*Batra, S. & Bhaumik, K, 2007.*). The general concern of the elderly is that they have become redundant in their families, society, and the community. Having once been head of a house commanding respect and authority they now have to take a back seat. The pain is not just physical but psychological and emotional. Their once sharp senses get impaired which also adds to their vulnerability. They lose their morale. They have to adjust to a shift from once efficient and independent lifestyle to those of dependency and need, which for many of them is difficult to accept (*Dr. Rao Nirmala, 2009*). The increasing processes of industrialization, modernization, urbanization, and as a result of globalization and economic liberalization have had a negative impact on the traditional welfare institutions and socio –cultural values. These processes have also resulted in growing individualism, vulgar materialism, and selfishness. In this way changes in the

value system and institutional set-up have had a negative impact on the young and the old (*Phillipson 2002*).

The decline in physical health and agility often goes hand-in-hand with a gradual or sudden loss of self-esteem and enthusiasm for life as one approach old age. Even those who are physically in good condition often find themselves with a lowered morale with the prospect of old age looming large along with the supposed prospect of loneliness and isolation (*Patricia, C. & Jennifer, A, 2009*). Again, negative stereotypes prompted by media as well as old mindsets present an image of old age as a sad and cantankerous stage of life, especially because later life is commonly the stage where careers are shed, either voluntarily or compulsorily. Of course, the 'empty nest' syndrome contributes to the general feeling of lowness with parents often feeling that their offspring, around whom their lives have revolved for years, have taken wing. Very often limited finances and declining health translate into limited recreational opportunities (*Patricia, C. & Jennifer, 2009*)

Keeping in view all the problems and miserable conditions of the elderly people, it is very essential to interpret their problems in a systematic and scientific way so that the needs of the elderly can be meet adequately and their problems can be solved. The elderly people with their vast experience in different fields can contribute a lot to the maintenance of the social structure as well as can perform the role of proper leadership also. But our society fails to utilize the experience of this group. In fact, they are facing many problems in their social and familial life. In many instances, they are subjected to inhuman treatments from their offspring. The older people, who contributed a lot throughout their life to the development of the family members, and now when it is their turn to receive from their family they are now met with cold treatment (*Sati, P.N.1988*). Keeping in view the condition of the elderly in the changing scenario of the society, it is necessary to conduct a proper investigation on the needs and problems of the elderly in a

systematic and scientific way. Their problems can be solved only with the help of extensive Gerontological research. Such kind of study will pave the way for undertaking constructive measures for the elderly on the part of the government or for other voluntary organizations.

Elderly people cannot be considered as a homogenous category because there is variation in their problems as per caste, class, gender, tribe, etc. Again within the same category problems may vary. Therefore, this study aims at studying the problems of elderly women in rural settings to make the study-specific and in-depth. All women in rural and frontier areas are affected by access issues, specifically the lack of primary and specialty care. Rural areas also tend to have higher rates of chronic disease, including heart disease, diabetes, and cancer.

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-related cancers, than their urban counterparts.

In this study, an attempt is made to identify the 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 well-being as they go through the process of aging. Older adults who live in rural areas have the same concerns related to healthcare access as other rural residents. They may also face challenges related to:

1. Transportation to medical appointments, grocery shopping, and other essential and leisure activities
2. Housing quality and affordability, including how to pay for needed repairs and modifications.
3. Availability of home and community-based services and long-term care in their communities

The present study is concerned with the problems of rural elderly women such as their adjustment problem in the family as well as in the larger society, their health problems, economic adjustment problems, and such other problems related to old age. Through this study, an attempt has been made to familiar with the problems of elderly women in rural settings. It is very important from the sociological point of view to investigate and interpret the problems of the elderly women in a rural setting because elderly women are facing problems both for their age as well as women and their social settings make them more vulnerable. Proper interpretation of their problems in a comparative way will help the government as well as the different welfare organizations to make plans and programmers for their welfare.

1.2: Statement of the problem:

The proposed study is on the problems of elderly women in rural Assam. In our society, women have been neglected all along. As we know, the system of patriarchy sub-

ordinates women right from her birth by controlling her sexuality, reproduction, and labour through institutions such as marriage, religion, market, and state. Discrimination and devaluation that women are exposed to throughout their lives have a major impact on their health and well-being as they go through the process of ageing.

Problems of the Rural Elderly Women: - “A sociological study in Golaghat district of Assam”. Is selected keeping in view their increasing problems. The main reasons for selecting rural elderly women are:

- With increasing longevity and higher women to men ratio in old age, one would expect a large number of elderly women outliving men in the coming years. It only adds disability and dependency on her last years (Jammuna, 1995). Without institutional support their condition becomes vulnerable. When a woman becomes a widow, her economic condition deteriorates drastically. One reason for this is that most of the deceased husbands had been working before death and women were only housewives.
- Older women face special problems related to employment, income, health, social and emotional security, and their caregiving responsibilities. They are rarely cared for by their family members.
- The widowhood brings degrading changes in the life of the elderly women in most societies of the world, particularly the traditional societies. A widow in rural society is subjected to more vulnerable conditions.
- Giving of care is viewed in almost all societies/cultures as a women's work. Women provide more health care than all health services put together (UN, 1991). Elderly males are likely to be cared for by their spouses, the same may not be true for women.

1.3: Theoretical Framework:

Social scientists and gerontologists have used different Micro, Intermediate level, and Macro level Theories to understand the ageing phenomenon. A micro theory such as Role

theory; Activity theory, Disengagement theory; Continuity Theory is important. At the intermediate level, G.H. Mead's Interactionist Perspective, Labelling theory, and Social Exchange Theory are relevant to understand the ageing process. The theories at the macro label may be categorized as Marxist Theories including Conflict theory and Political of Ageing, and Non-Marxist Theories, which include Age Stratification Theory, Sub-culture Theory, and Modernization Theory (Srivastava, 2010). In the present study, the focus is mainly at the individual level; therefore, the micro-level theories are applied to interpret the problems of the elderly. The role theory is an important tool to understand the social behaviour of the elderly person in a given situation. Moreover, the role, theory, in, return guides the aged to learn how to perform new roles, adjust to changing roles, and relinquish old ones. This theory provides some directives about role learning, role change, and role transition for the aged. Keeping in view the changing role of the aged in the family and community, this theory can be considered as a proper theoretical framework to interpret the role of the elderly. Activity theory maintains that normal and successful ageing involves preserving as long as possible, the attitudes and activities of middle age. This theory assumes that aged people who are active will be more satisfied and better adjusted than less active elderly persons. To be happy in old age, individuals need to be active in old age, so, if existing roles or relationships are lost because of retirement, poor health, or otherwise, it is important to replace them with some adaptable or feasible ones. According to the proponents of 'disengagement theory', the process of mutual withdrawal of ageing individuals and society from each other is natural, inevitable, and 'necessary for 'successful' aging and orderly continuation of the society. The 'Continuity theory' starts with the premise that the individual will try to maintain as long as possible, his or her preferred lifestyle, and then holds that adaptation can go in several different directions on how the individual perceives his or her changing status and attempts to adjust to this change. These theories will help to interpret the problems of the aged and identify the correlates of good adjustment in old age.

1.4: Objectives of the Study:

1. To study the Problems of the elderly in Maintaining Family and Social Relation in old age:
2. To study the economic problems of elderly women.
3. To study the problems related to the maintenance of the physical and mental health of the elderly.
4. To explore the correlates of good adjustment in old age.

1.5: Research questions

1. Does a successful life of elderly women depend on the continuity of the attitudes and activities of middle age?
2. Do the elderly women who engaged in some occupation have fewer problems than who have no engagement never been in any occupation?
3. Whether mutual withdrawal of the elderly women and society from each other necessary for good adjustment in old age?
4. Whether good adjustment in old age depends on the continuity of one's preferred lifestyle as long as possible?

1.6: Review of Literature:

Anne E. Barrett and Cheryl Robbins (2008) article are about the multiple sources of women's ageing and their relationship with psychological distress. They are collecting the data from the National Survey of Midlife Development in the United States which was conducted between the years 1995-96. Their article is based on three sources of ageing anxiety, fertility-with social context of their lives, anxiety- Declining attractiveness, and health. They have left all the doors open to connect the dots between distress and Ageing anxieties. Their study reveals all sorts of anxieties related to attractiveness which is higher among women who are of lesser age, White, heterosexual, employed, separated/divorced,

less financially independent, and have unhealthy relationships. Distress related to health is larger among women who are of tender age, lighter skin, dependent, and the one not having a healthy relationship. Also, their study identifies that the fertility rate is higher among younger, high literates, heterosexual, and more financially independent, and single women. Stressing about health and attractiveness predicts greater distress. This research article recommends that the correlation and the consequences of mental health of aging anxiety have lesser similarities.

Audiarayana (1999) on the basis of a survey of the elderly widowed (274) and currently married (242) women reveals that the elderly widowed are more likely to live with their children. Generally both the widowed and married women are more inclined to live with their children when they belong to economically better households. Living in urban areas tends to increase significantly the likelihood of co-residence with children among the widowed elderly.

Bagga & Sakurkar (2000) studied Socio-Demographic Determinants of Mental Health in old age. Data were collected on a sample of 100 aged (60+ years) Maharashtrian Brahmin women of Pune city. Information regarding their general physical health and social-demographic information about the living arrangement, marital status, and educational attainment were collected using a structured questionnaire. Among the socio-demographic parameters under study, the most important feature that pushed the neuroticism score to the peak was living arrangements. Women living along with distant relatives or non-relatives showed the highest score as compared to women living with their spouses or families. Infact, women living with a spouse alone, showed a slightly higher score than the women living with their families constituting of their spouse and children,

Balamurugan, J. & Ramathirtham, G. (2012) conducted a research on health problems relating to the elderly people. ...To collect data about the required health needs of the

elderly this research was conducted and to understand their current health status this study was followed through... This research was descriptive in nature. An attempt is made to explain the current situation and major health problems that the elderly came across from among 213 elderly population of age 60 and above in three remote communities of Pondicherry. The findings showcased that higher number of the elderly, of both gender male and female are not healthy. Most common health issues faced by aged people include heart complaints, asthma, tuberculosis, skin diseases, eye sight, hearing, joint pains, nervous disorders, weakness, urinary problems etc. Women were reported to be suffering from health problems more than their male counterparts.

Batra (2004) had made a comparative study of the engaged and disengaged women after retirement to show the social components of active aging. The study reflected the problems, positive and negative consequences of engagement and disengagement on the wealth, economic and social status of retired women.

Bhindradiya and Kamla R. (1997) researches the responsibilities of the aged in the rural area of Saurashtra in order to find out the generational and gender difference between the two groups. And the findings of his study tells that with age the status of a person gets elevated which makes them participate in the decision-making process. And the dependency of the elderly makes them feel that their status has declined. Due to the change in the social structure, early retirement from economic activities contribute to the difficulties of old age as our generations have tended to become more materialistic.

Chandrashekhar (1993) in his studies that the financial aspect of aging is one of the most essential aspects of the lives of the elderly. Money is an important factor which can determine the healthy life of the elderly and also the longevity life of the aged economic aspect decides the quality of their lives, as a healthy nutritional diet on regular basis a well hygienic environment contributes to a healthy life. A good living condition and

better facilities is a result of good physical and mental health. Fair opportunities, good education leads to good social-economic conditions in life.

Dillon and Gupta (1992), reveals about two different class of society and their perspectives towards the elderly in their study that the low-income elderly saw their old age as a stage of sickness, insecurity, dependency, and lack of opportunities due to their regular economic hardships and fear of becoming a burden in later life. while the upper-middle strata observed old age as full of activity, moderately healthy, optimistic, and more in control due to their background of high education, prosperity, accessibility to facilities, and authority. The socio-economic status of the elderly helps in adjusting to a large extent, especially in terms of a healthy life, good academics, joint family living, and accessibility to their needs.

Fortuno, I. C., & Julio, M. P. M. (2018) had done a research on the problems of sleep of the elderly. The study on epidemiology have highlighted that 50% approximately elderly women have sleep problems which becomes the prime reason for the effects on physical, mental health and social functioning. But sleeping problems are often, and are inadequately treated in clinical practice. This research mainly concentrates on the diagnosis and treatment of the 2 most common sleep problems in elderly patient's insomnia and sleep apnea.

Gangadhar (1998) revealed in his report that devoting time to their grandparents and also sharing information about your academics interests them. It makes them happy when people tend to share with them stories related to their personal life it makes them affectionate and a feeling of joy runs in their heart and mind that the world is a place of love. Based on the qualities of the grandparents a healthy relationship is built among the grandparents and the grandchildren. Which is a sign of positivity that the world is a better place.

Ghimire, H et al., (2017) has done a study amongst the elderly living in old-age home and community to understand the existence of depression among them. 10 samples and

geriatric depression scale was used for the collection of data...The rate of females are more than males who suffers from depression in a community or old age home.... The study shows illiteracy, non-social support, female sex and low income as the predictors of depression.The productivity are lower of the elderly in old-age community and homes due to the existence of depression and a burden is placed among their family and society.

Goel (2006) had carried out a study on the nutritional status of the elderly in a Rural Area at block level Primary Health Centre of the Department of Community medicine, L.L. R.M. Medical College, and Meerut covering the area by a network of 24 sub-centers. 360 aged persons above 60 were collected for the study. The majority of the respondents were in the age group of 70 years and above (52.5%) and females outnumber males, 52.8% in comparison to 47.2% males. The majority (58.1%) of the elderly studied were economically dependent and about two-fifth (38.2%) of the elderly belonged to lower socioeconomic status.

Gopalan (1992) reveals about the Indian elderly, especially women, faces more risk of chronic due to lack of nutrition. There are several factors that affect the aged such as, poverty, family issues, unhealthy food, destitute environment, old beliefs, inability to digest food, feeling of isolation, infection from various diseases, lesser intake of proteins, poor hygienic facility all this has led her undernourished health.

HelpAge India (2001) has mentioned that the daily life in developed cities is determined by withdrawal from the labour market which an elderly is mostly dependent on at such high cost of living and expenses...An elderly person of the upper class even after his retirement lives a well maintained decent live due to the reason provided better education better occupation and well to do income. An elderly cannot fulfill his post-retirement ambitions or pursue his interests if he has financial restrictions and he may have other problems such as financial and social problems. A lower-class elderly after their retirement would feel that even contributing to so many years of labour and hard work

their savings may not be sufficient to fulfill their necessities for a sustainable period and shall need to find employment soon...There are programmes that help support basic necessities even after retirement and provides a smooth pathway for retirement in the urban areas and they can work half hours post-retirement.

Hemavathi, U & Rani S.B. (2014) has conducted a research on the situations that the elderly comes across in an institutionalized and non-institutionalized organization at Mannarupalli village and at Tirupati town. 100 samples of the Elderly were drawn for the study and it was divided into the age group in three categories 60-70, 70-80, 80 and above. Purposive random sampling technique was utilized to gather the data through an interview schedule by Kulai Reddy (1990). ...After the study the end results was to be known that higher number of people who joined the institution belonged to a nuclear family. Economic problems were being faced by the non-institutionalized elderly whereas the elderly Institutionalized were facing more of psychological problems ... Social problems like adjusting mental problems were being faced by the institutionalized elderly compared to non- Institutionalized People.

Karen Oprenhum Mason (1992) stated that the problem of care for the elderly is likely to be especially acute for older women, who constitute the majority of the elderly in virtually all low-mortality populations. Because women greater longevity in most countries of Asia and the tendency of men to marry younger women than themselves are more likely to end their lives as widows. The implication of this is a serious gender asymmetry in the support and care of the elderly. An older man can rely on their wives for their care as they go frail, but an older woman often after having first cared for an ageing parent-in-law, then for an ageing husband, are themselves left without a spouse or grown children to provide the care they need as. The problems that elderly women face are, moreover, frequently compounded by their difficulties in obtaining sufficient income because of their limited access to pensions and right to property.

The work of the above mentioned social scientists focused on the problems of the elderly women aged from various aspects. All these studies provide a lot of information about the socio-economic status of the elderly and their adjustment problems. The present study is differ from the above-mentioned studies especially because it aims at finding out the problems of the elderly women in the context of rural Assam which is almost an untouched area of the social scientists. It is important because the lifestyles of the people according to the social settings are differing from one another. This will definitely create separate problems for the aged in the two settings. Besides this, the majority of the aged people (80% according to the 2011 census) live in villages. So, it is necessary to know their problems in depth. With keeping in view, all these aspects the present study is undertaken.

Khan (1997) has gathered information from 22 voluntary organizations that work for the betterment of the elderly based in and outside Delhi. He has researched the aged 60 or above with support from secondary source data like old newspaper articles and also data collected from village headmen's etc. His study is to find out the basic problems faced by the elderly and to understand the developmental measures taken up by these organizations and the day-care centers for the betterment of the elderly. He has understood the health, economic, and social problems of the elderly people and also put forward his interest in matters of social security, the path towards social assistance, and healthcare. In the end, he came to conclude that NGOs can play an important role to bring in changes for the betterment of the elderly.

Kumari, P. (2015) conducted a research on the elderly who stays at old age homes: a comparative study of Lucknow and Banaras. The study was mainly conducted to compare the satisfaction and the background profile of the elderly living in old-age communities. With the help of a specially designed observation method and interview schedule 34 samples out 60 elderly women were drawn to collect the data. The study found that the

elderly women those who were residing in the old age homes of Lucknow were more satisfied than the elderly living in the old age home of Banaras.

Levkoff, S. E. et al., (1995) researched on the burden which affects the mental health issues of the elderly in an emerging world. It identifies the basis how demographic alteration, financial change, education, urbanization, modernization, war and displacement and widowhood affects elderly mental health. ...The condition of the aged those mentally ill throughout the modern world focuses on the positive directions for policy makers and to scrutinize for making policies and programs to improve the conditions of the aged.

Manna &Chakraborty (1989) has done a research on the elderly widows reflects that majority of the widows those who are suffering from isolation and aloneness. Although the elderly widows stays in a joint family they come across situations and problems like isolation and cannot participate in the family decision making, improper treatment and also comes into conflict with the younger members of the family. The elderly widows most of them doesn't receive proper and timely medical facilities and improper dietary habits leads to different problems of health...Due to their financial conditions the elderly widows face socio-psychological issues as said by the author.

Mishra (1989) had carried out a study on the social problems of adjustment in old age encompassing 800 retirees from two cities of India. Social, financial, and physical status of the aged was assessed with an interview schedule as situational factors. The attitudinal as situational factors were attitude towards social change, non-interference of in personal affairs of grown-up children, as well as popular beliefs. The behavioral factors were routine activities, the relationship with family, and friends' adjustment.

M.S.Gore (1996) in his study of —Studying problems of Ageingl, which was delivered at the xxiii All India Sociological Conference, Shivaji University, Kolhapur, said retirement

has many social, psychological, and economic consequences for a person. He revealed that retirement is a loss of monthly income which he earned before his retirement. Middle and lower class of the society who earns salary cannot depend on his savings after his retirement which leaves them financially dependent on either their children or other family members. After retirement one, part not only from their job but also have to part ways with their peers and colleagues which leaves them socially in isolation. He may feel that he has no authority to make decisions after retirement and may feel that his family decisions are forced upon him.

Nayar's (2000) A sample of 16,000 of the elderly of three generations from Kerala has put forward the fact that most persons which also include financially stable persons enter into old age without noticing the problems related to old age. Laying their trust fully on their children to take care of them during their old age.. Being aware of the fact that the loosing of affective ties and mounting costs of living and health expenditure will make the old, most vulnerable. An understanding of the need for the community based and community-supported service center for the elderly is a must and very necessary. Counseling centers and experienced management institutes are needed for the old aged. Healthcare facilities are an urgency in old aged homes.

Neelu Singh (2015) has done a research on Patterns and Differentials: Chronic Morbidity among Elderly Women in an Urban Setting of Tamil Nadu. Among randomly selected 414 aged women from Coimbatore city (Tamil Nadu) the research was done on the chronic morbidity. These elderly women were asked in a pattern of one to one survey particularly about their health and share some information about the disease through which they suffer and also the time period of that particular illness. As per the report it has shown that more than 50% of the aged women were in need of proper medical facilities as they were suffering from poor vision/cataract and rheumatism/arthritis and also suffering from blood pressure. Two-fifths of aged women were going through from

number of physical problems and illness. Aged Women who were suffering from 1 and 2 or more types of chronic morbidities were ($p < 0.01$) higher among old aged than the young-old elderly as per the research. Widows, having two or more children and those living with their children also seemed to have been suffering from more number of chronic diseases than the other aged old. Education played an important factor in lowering the co morbidities of the elderly. Suitable policies are suggested for future health purposes in relation to the elderly women.

N.K. Chadha et. al. (2006) had conducted a study on marital status and leisure activities among the elderly. The objective underlying the study was to see how effectively the elderly were able to spend their leisure time by involving themselves in various activities like cultural, social, solitary, and physical activities and how the difference in material statuses influences the leisure activities. The investigation was carried out on a sample of 200 persons ageing 60 years and over. The sample was taken from the National Capital Territory of Delhi. It consisted of 154 married and living with a spouse and 46 widowed elderly.

Ogundane O.M, et al., (2017) has conducted a research on 15 different dimensions of health and how they are associated with better quality and hygiene among the elderly in remote villages in Maharashtra, India. Their main aim is to recognize the reasons that influence the quality and health of life especially in remotely living aged. Samples of around 352 elderly from 10 villages were interviewed to estimate the existence of 15 sectors of health which physical activity vision, hearing, cognition, mental, social,, substance-use and physical-strength, independence in activities of daily living and instrumental, dental, nutrition, chronic-pain, sleep and safety. It was found that elders were physically active, independent and cognitively-intact, a minute of them was free from issues relating to vision, dental, nutrition, mental health and chronic pain...A

proactive and diverse approach to act all important dimensions of health should be approached to achieve comprehensive health and quality of life.

Rafiq & Nadeem (2007) had conducted a study on the adjustment issues in old age in Kashmir. The study included both rural and urban aged population of Kashmir. The same comprised of 400 respondents in the age group of 60-69 years. The study focused on the demographic background, adjustment pattern of the elderly, and a comparison between male and female, rural, and urban elder respondents in their adjustment. The study revealed that 58% of respondents lived in a joint family and 42% in a nuclear family.

Raja (1997) did a study on the elderly, their dire situations, and their future outlook in the state of Tamil Nadu which is a sponsored project under the Ministry of Welfare, Government of India. Raja has highlighted the reasons which contribute to the process of ageing quickly he has also brought to limelight the living conditions of their homes, health conditions their socio-economic status, and behavior of the aged towards their family and their community and given some suggestions to get along well together with the society.

Raju (2002) in his studies says that elderly widows are the most vulnerable groups that seek extra care and attention. Other weaker sections are the elderly men and women of disability, frail, destitute and orphan, whose occupations are of lower-income sources like the unorganized sector, peasant workers, small and marginal farmers, laborers with no formal knowledge of work, working in a contractual manner, migrant laborers, informal self-employed or wage workers in the urban sector, and domestic workers. The elderly who are not socially or financially capable, destitute, and orphan, naturally come in contact with various hardships due to poor socio-economic conditions because of which they suffer from mental stress and depression. So to conclude there is an urgent

requirement for a large-scale survey to understand the socio-psychological and economic conditions of the old-age pensioners.

Reddy (2002) exhorts that in the past years, psychological torture and a host of negative behaviors and indignity, disgracefulness, embarrassment, dishonor, disheartening, disregard, indifference, injustice, lack of care, attitudes are reflected in the society towards elderly. A large number of elderly have been facing emotional stress from the increasing phenomena of the changing circumstance, indifference among families, care for materials rather than emotions, selfishness, and degrade of relationships within the family members. In India majority of the elderly resides with their family but they are vulnerable in many aspects. The elderly cannot expect to be looked at and cared about by their children in the context of this generation as the older a person gets the more dependent he becomes.

Resnick, J. L. (1979) exhorted a study on Women and Aging. Majority of the older people constitutes of elderly women. There are similar problems faced by elderly men and women, but there are circumstances where women has to face more problems than men when compared... Women earn less when compared to the income of men. It can be concluded that women when compared to men doesn't receives pensions the percentage are lesser and also the treatments for the elderly women are less effective who is physically and mentally ill. Elderly women struggle with different kind of psychological issues and are vulnerable to medical and health problems. ...Society this days are much concerned about aging women and their problems whatever the political, social, political and biomedical fact in the future ...Resources and its access are important for the elderly women are important to meet the need of the elderly women.

Singh &Dhillon (2006) had conducted a study on 'understanding adjustment of the retirees with 'ISO' retired govt./semi govt. women employees residing in various locations in Delhi of which 50 were class 1 officers, 50 were class II officers and 50 were class III employees. The sample comprised teachers, section officers, clerical staff, etc. The

samples were selected based on the non-probability incidental sampling technique. The study was conducted with two objectives – (i) to understand and compare the adjustment of women retirees from different hierarchical levels: class I, class II and class III. (ii) To study and compare the adjustment of women retirees with different marital statuses: with a spouse, separated and widowed. The findings of the study showed that retired women with a spouse had a better adjustment on the whole, as well as, in all its areas (health, self, emotion, home, and social adjustment), as compared to separated and widowed followed by separated women retirees.

Siva Raju (2002) in his study has observed that the health issues the elderly faces at a later age include heart disease, high and low blood pressure, diabetes, Alzheimer's, etc. These are some of the most prevalent diseases that affect the health of old age. The lower class old age of the society differs from the upper class elderly when it comes to the share of diseases, the lower class elderly mostly suffers from diseases like, eye problems, difficulty in movements, tiredness chest pain, shortness of breath, prolonged cough, breathlessness/asthma, eye problems, difficulty in movements, tiredness whereas the upper class elderly mostly suffers from blood pressures, heart attacks and diabetes which are mostly diagnosed through clinical examination. The reason for the differentiation of diseases between upper class elderly and lower class elderly is due to their dietary habits and also the manner in which they live their lives.

Soodan (1975) in his study, —Ageing in India exhorts that more than 50% of the aged population are dependent on their children and relatives, and about one-third of them were still the only sole earner for their family. Most of them have no income source and yet they have responsibilities to educate and marry their children. This study has highlighted the major difficulties faced by the elderly such as a constant income source, medical and health adjustment to changing roles and status, and proper use of leisure time. He recommended a few programmes associated with financial assistance, medical

and healthcare, institutional care, recreational schemes which could help relieve some burden of the elderly shoulders.

Swarnalatha (2009) has conducted a study on Health Problems of the Aged Women in Rural Areas of Chittor district with a 400-sample size. The findings of the study showed that morbid conditions among clear women were eye problems (79.9%), dental problems (73.9%), anemia (64.3%), muscular-skeletal diseases (56.3%), cardiovascular diseases (44.8%), ear diseases (32.7%), oral cavity diseases (11.5%), gastrointestinal diseases (10.8%), respiratory (9.0%), skin diseases (8.5%), endocrinal diseases (6.0%), genitor-urinary diseases (5.3%), overall 86.8% of elderly women had one or more morbid conditions. The average number of morbid conditions per woman was 4.3.

Tyagi (2000) exhorts that the National Policy on elderly people believes in providing them proper counseling such as preretirement counseling, mental health, and other services, etc. Some of the social needs with regard to psychological aspects focus on the development and promotion of family values, providing knowledge to younger generations about interactions, and the creation of bonding with elderly persons to build up a strong family bonding. There should be provided allotment of homes and expenses for medical facilities to children's who stays with old aged parents or grandparents.

United Nations (1993) highlights that in the developed nations the capacity of a family to take care of an elderly is faced by many hindrances due to the reason of lesser housing capacity, the desire of a young member of the family to live separate lives, financial constraints. The result of socio-economic conditions followed by a large scale growing old age population has impacted one of the most important social-institution-the family and its design of functioning. The industrialization has contributed much to the isolation of the elderly and led to a decrease in family members from a large to a nuclear family.

WHO (1993) says that the support provided by the government for the elderly in the form of pensions has lessened some burden and provided a sense of financial security which

was earlier provided by the family of the elderly. Special medical attention such as geriatrics provides a well-defined remedial, preventive, and social aspect of the health of the elderly. Much researches to promote an active and productive life later, the financial condition and the situation of the elderly worker have been understood. The engagement of the elderly towards work has led to the development of employment policies despite their health conditions they have adjusted to the working conditions and research is further needed in this field.

Willigen, Chadha (1999) identifies that a large number of households in the samples were a large size family. The senior-most member of the family holds a high value in a joint family context. The link between the welfare of the aged and the nature of the family was clearly reported. The elderly say that it is important to lay stress on the interaction between the younger and the elderly generation. A study by a person stated, "A joint family is the best to live together amongst. One learns from his parents and children learn from their parents. My son looks after me very well in spite of my paralytic problem because they saw I took a lot of care of my own father that is why they are doing 58 a lot of seva. Then their children will see their father care of me and will do the same in return".

YogeshAtal, (2001) in his article —The United Nation and Aging¹ Ageing is a universal issue for women in the sense that its understanding is not of a uniform nature in every nation. In the ageing process, one common thing is extended longevity- due to the decreasing mortality rate and better fertility rate because of improvement in the healthcare facilities which is the sole reason for the rise of the ageing population. Due to which it has affected the labour market and its demography, a change in the lifestyle and way of consuming things have drastically changed, priorities in public spending, and the delivery of social services. But there has been an end to this uniformity. Societies are different and each would be affected in a different manner.

1.7 Summing Up

The study on the Problems of the rural elderly women and its above review from various books, articles, and sources highlights the problems of the elderly and the hardships they face on a daily basis. The study of the Problems of the rural elderly clearly display that stepping into old age is to be dependent on several social socio-economical, psychological and cultural aspects...There is the necessity to conduct research in a continuous phase so that awareness can be spread among the government and the masses as well as the elderly. Researches have been done keeping in mind the economic aspects of elderly persons but researches should be conducted on the basis of the necessity of the present situation of the elderly and by respecting their emotions. The need for every elderly might differ from person to person and we should understand the actual condition that an elderly might be facing in the current scenario and change our research conduct accordingly. Some of the elderly live a healthy and good life and there are also the elderly who lives in a dire situation. The research should be based on understanding the individual and also consider their personal experiences that they would want to share. There are elderly, who are living better lives and there are also such elderly who are living in the worst conditions. The women elderly of the rural are the most vulnerable and many lives such a harsh life despite attaining such an old age many in their 70s still do all their work like storing of waters, collecting of woods, etc. From the above review it was also observed that-

- Issues related to ‘elderly women’ is an area which has started receiving some attention of the researchers but is very few. It is yet to be recognized by the policy makers as a thrust area.
- Although a few serious attempts have been made to analyze issues relating to the aged women the efforts have been scanty and sporadic.

- The review reveals that most of the scholars focused on health/medical problems, aged and ageing in general, their socio-economic status, adjustment and loneliness problem in old age.
- One important findings of the review is that the elderly women are subjected to dual problems- as a woman and as elderly.

It is important to conduct a serious research on various aspects on the life of the elderly woman and also to sensitize policy makers so as to protect their interest

1.8: Significance of the study:

- i. The year 1999 has been declared as the “International Year of the Older Persons which is crucial for a country like India going through a revolution in its demographic, economic, social, cultural, and psychological status. The population of aged 60+ is increasing rapidly in our country from 56 million in 1991 by 70 million in 1998 and is expected to be 177 million by 2025. This ageing population provides a burden on the socio-economic health infrastructure of our society (*Rajan, Mishra, and Sarma, 1999*).

So, to undertake welfare measures for the aged and to mitigate their problems, it is necessary to interpret their problems in a scientific and systematic way.

- ii. The growing number of elderly persons in India is not in itself a social problem. Because of various health programmers and consciousness of the people, more and more people are leading a retired life for a longer span. Nation prize longevity, it should be recognized as an accomplishment, not a failure. The problems in the lack of preparation for the sudden appearance of a large number of elder people and also lack of consciousness about their problems on the part of the society, community, and the states.

So, the study of the problems of the aged is important to enhance the consciousness about the problems of the elderly.

- iii. To help the government, society as well as the younger generation to take plans and programmers for the welfare of the elderly by indicating the problems face by the rural and the urban dwellers separately.
- iv. One of the significances of this study is that it is an attempt to find out the correlates of good adjustment after the age of 60 yrs.
- v. Though the elderly people are less able to work and declining capabilities and skills, many of the elderly able to contribute a lot to the community. But society does not use their skills. This study will help to clarify the expectations and aspirations of these elderly.
- vi. The responsibility of supporting the elderly falls mostly on their children whose financial resources are hardly sufficient to provide adequately for the elderly. So, they are neglected by their own sons in the family as well as in society. Because of deterioration in their physical and mental health they are being neglected, isolated, and alienated by society. But this is not human. This study will make clear the expectations and aspirations of the aged and this will help to understand them by their offspring's as well as by the society.

1.9: Basic Concept of the Study- 'Elderly':

The basic concept of the present study is 'elderly'. When should be a person considered elderly? No limits of calling a person elderly have been set up by medical professionals or biologists. 'Encyclopedic Dictionary of Sociology' defines 'ageing' as the 'chronological process of growing physical disorder'. However, there is also a social dimension in which chronology is less important than the meanings attached to the process. Different cultural values and social expectations apply according to gender and group and therefore, there are socially structured variations in the personal experience of ageing.

Different countries have laws setting out of an age when one is called an elderly person, i.e. an aged. This age varies from country to country. It is an age when the person is considered to be less useful in the productive effort of society and when he is often in need of certain security, according to the modern concept of social security. In India, the attainment of the age of 60 has been mostly accepted for the purpose of classifying aged persons. Two factors appear to have influenced this discussion- the 'acceptance of this age in a majority of services as a criterion for retiring a person' and secondly, 'it's an adaptation in the decennial census operations of the country for enumerations of elderly persons'.

For the study purpose, the same criterion namely the age 60 has been adopted for classifying a person an elderly.

1.10: Chapterisation

The Thesis was organized and presented in the form of eight chapters for reference as follows.

Chapter-I: Chapter is covered the detailed introduction about the study area. It discusses about the statement of problem, theoretical framework of the study, aims and objectives of the study, Research question, in depth critical review of related literature and their summery-up was done by the researcher, significance of the study and Basic Concept of the Study- 'Aged'.

Chapter-II: Chapter second gives an over view of the field and research methodology and materials used for the conduct of the study which includes brief profile of the Golaghat, the background of the study, selection of the field, universe of the study, selection the respondents, collection of data, observation, classification ad tabulation of data, data analysis, field work experience and limitation of the study.

Chapter-III: The fourth chapter discusses the socio-economic background of the elderly women.

Chapter-IV: This chapter deals with Problems of the elderly in Maintaining Family

And social relation in old age and find out the findings.

Chapter-V: In this chapter, an attempt has been made to study in detail the economic problems of the elderly women in rural society.

Chapter-VI: This chapter is devoted to discussing the incidence of disease and other health related problems the elderly women have to face in maintaining their physical and mental health. An attempt has been made to find out the health needs of the elderly women and to provide suggestions to overcome the problems faced by them to meet their needs.

Chapter-VII: In this chapter, an attempt is made to find out the correlates of good adjustment from the respondents' perspectives.

Chapter-VIII: A comprehensive summary dealing with the findings, suggestions and conclusion of the study findings are discussed in this chapter.

1.11: The layout of the Thesis:

The Thesis is divided into the following Chapters

- I. Introduction
- II. Field and Methodology
- III. Socio-Economic Background of The Respondents'
- IV. Problems of Elderly women in Maintaining Family and Social Relation in Rural Society
- V. Economic problems of the elderly Society
- VI. Health-Related Problems of the elderly women in Rural Society.

VII. Correlates of Good Adjustment

VIII. Summary of the Findings and Conclusion

❖ *Bibliography*

❖ *Appendix 1*

❖ *Appendix 2*

❖ *Appendix 3*

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