

# Older Women under Institutional Care: A study on their Insecurity Issues and Challenges

Dr. Swagatika Samal

Assistant Professor  
Department of Social Work  
Sambalpur University, Odisha, India

**Abstract:** Indian society since the advent of twenty-first century, is witnessing demographic transitions with its “graying population” as well as “feminization of ageing”. High prevalence of emerging nuclear families has affected elderly care structure to such an extent that old age homes have come up as alternative elderly care for the needy. As a result, the older people mainly elderly women, in lack of proper family care and attention, being felt as abandoned and neglected, are compelled to live with insecurities in such alternative living arrangements which further aggravate their life situations. Against these backdrops, the study aims to assess the various insecurities the elderly women in old age homes are confronting with. It further aims to understand various dimensions and extent of the elderly insecurities which debar them to live a life with dignity and pride. For the study, all the female inmates of four old age homes in and around Sambalpur city have been covered and data has been collected through interview schedules and focus group discussions. The study found that the elderly women in old age homes do have old age insecurities. They have showed both physical and emotional insecurities and the extent of insecurities whether severe, moderate or lower that varies from one old age cohort to the other.

**Keywords:** Feminization of ageing, old age homes, older women, elderly insecurities, insecurity dimensions.

## INTRODUCTION

Increase in older population or “graying population” as well as “feminization of ageing” have become most significant characteristics of the world demography in the current century. The proportion of older people aged 60 years and above is growing faster than any other age group in almost all the countries as a result of the increased life expectancy and decreased fertility rates (WHO, 2017). This has been the features of not only the developed countries but the developing countries too. India, having second largest population in the world, also stands second in aged population with 104 million (53 million females and 51 million males) after China and the old-age dependency ratios are 15.1 and 12.4 for rural and urban areas respectively (Central Statistics Office - GoI, 2011 & 2016).

The contemporary Indian society is experiencing indignity, disgracefulness, embarrassment, dishonour, disheartening, disregard, indifference, injustice, lack of care, psychological torture towards its elderly population. Millions of elderly are suffering emotionally from the growing phenomena of decay in traditional family support system, selfishness, growing materialism, etc.

(Gowry et al., 2003). Although an overwhelming majority of the old in our country still live with their family members, there is steady increase in vulnerability of an increasing number of older persons in Indian society. In the present scenario the elderly just cannot take it for granted that their young children would be capable enough to be their care taker and look after them properly when they need them during the extended period of dependency as a result of the expanding longer life span.

Old age is often associated with higher rate of illness, disability and multiple chronic conditions such as high blood pressure, arthritis, heart problems, diabetes, rheumatism, eye problems, difficulty in movements, breathlessness/asthma, chest pain, tiredness, shortness of breath and prolonged cough etc. Studies reveal that the old age health needs and other needs in case of half of the elderly in our country are not met properly and they are left on their own fate being neglected and humiliated. Sometimes, the prevailing generation gap make the younger generations feel that the health related expenditures on their aged parents as if wasteful investments (Ramamurti, 2002; Raju 2002). Consequently the elderly develop isolation, feeling of loneliness, depression and insecurity which further worsen their mental and physical health (Kuruvilla, 2010; Chowdhry, 1992).

Until the last few decades, the traditional Indian society as well as the age-old joint family system have been involved in safeguarding the social and economic security of the elderly people but with the growth of industrialization followed by urbanization and modernization, there have been prominent alterations in the elderly care and support leading to shifting of senior citizens to old age homes (Soneja, 2017; Kumar, 1995). Emerging high prevalence of nuclear families due to disintegration of traditional joint families in Indian society, care for the elderly has been at stake. To bear with the scenario, ‘Old age homes’ as alternative care structure for the elderly have come up in the scene which is rarely accepted whole-heartedly by the senior citizens who are compelled to live in it due to their life compulsions. For the elderly it is very difficult to leave their own homes and families and stay in old age homes. Staying in old age homes is still not a much preferred place for the elderly rather many of them wish to stay with their families if that can be possible. Thus, isolation, loneliness, insecurities and depression in case of the elderly are the outcomes due to failure of so called modern families to avail them proper care.

Studies on elderly in old age homes are very limited in our country and very recently have received attention of the researchers. Samant and Dhillon (1992) observe that institutionalized elderly especially the aged females have greater feelings of alienation, stress, depression and hopelessness. Lack of family support, dissatisfaction with children, absence of children, death of spouse and ill health are the common reasons for institutionalization of the ageing people. Moreover, it is the unmarried and widows, who are more commonly placed in old age homes/institutions contributing to the phenomenon of feminization of ageing in old age homes (Chandrika et al, 2015; Kegnall et al., 2019). The institutionalized elderly are found to be less active, less satisfied and have less social contacts, and hence are in underprivileged position than the elderly living in families (Pinto & Prakash, 1991; Chadha & Nagpal, 1991).

The old-age-home, as a substitute for the family to the elderly offers a possible solution to the problems affecting the senior citizens, particularly poverty, shortage of housing and often the harsh conflicting situations between young and old generations (Dandekar, 1996). No doubt, the old age homes are playing vital roles to support vulnerable elderly those who are neglected, frequently abused or abandoned, but the questions arise here that whether the problems of elderly get resolved by just placed in an old age home and what issues they confront that needs to be addressed timely and so forth. Against these backdrops, the present study was conducted to understand the insecurity problems of elderly living in old age homes.

## OBJECTIVES

The study was carried on to meet the following objectives

- To find out incidences and extent of old age insecurities the elderly women are experiencing in old age homes;
- To assess various dimensions of their insecurities;
- To understand the factors contributing to each dimensions of the insecurities; and
- To highlight the constraints of old age homes to address insecurity issues of the elderly

## METHODOLOGY

The study adopted a mixed method approach to proceed in the research study. As per the requirement of study women staying in old age homes in and around Sambalpur city were covered to collect primary data from them. Sambalpur, one among the thirty districts of Odisha is situated in the central table land which holds a traditional importance and position in the map of Western Odisha and is currently undergoing socio-cultural transitions. Very recently, Sambalpur city has got the status of the Municipal Corporation. Thus, it is purposefully selected to conduct the study in Sambalpur under such changing circumstances.

The said study covered four institutions located in Sambalpur i.e., Zara Nivas, at Phuljharan near Jujomura, Old Age Home at Dhankauda, Veer Surendra Sai Zara Nivas at Huma and Old Age Home at Maneswar. Those elderly, who were willing to participate in the study, were included in the sample. As per the institutional data at the time of study, all together, there were sixty-eight inmates residing in these old age homes out of which fifty-three were purposively selected as the sample of the study excluding the male inmates and those who were not in a condition to be interviewed due to their hearing incapacities and severe health issues. Data was collected with the help of interview schedule, and focus group discussions. Geriatric Depression Scale (Yesavage & Brink, 1983) was administered to assess the insecurity issues and its extent among the respondents and informal interviews too were conducted with the managers/authority of the old age homes to understand the institutional perspective on the issue.

## RESULTS

In the study, three age cohorts were taken where, 41.51 percent respondents belong to 65-74 years age group, 45.28 percent in 75-84 years age group and 13.21 percent elderly respondents in 85 years and above age group composed the sample size. The study found that almost all of the elderly women in old age homes do have old age insecurities. Regarding the extent of insecurities, it was found that there were significant differences in case of extent of insecurities between the three old age cohorts. The Extent of insecurity was measured in terms of different levels- high, moderate and low among the elderly respondents with the help of the Geriatric Depression scale. Elderly who scored in between zero to ten were considered as not having any insecurities, those who scored in between eleven to fifteen were considered as having low level of insecurities, those who scored in between sixteen to twenty-five were considered as having moderate insecurities and those scored above twenty-five i.e., in between twenty-six to thirty were considered as having high or severe insecurities. Table - 1 presents extent of insecurity where, it was found that 52.8 per cent of the respondents were having high level of insecurity whereas, rest of the 26.4 per cent were experiencing moderate level of insecurity. However, considering the age cohorts, it was found that a highest of 85.7 per cent respondents in old-old age group i.e., elderly aged 85 years and above were found to be having high insecurity issues.

Table – 1: Age Group and Extent of Insecurity

Sl.No.	Age group	High	Moderate	Low	Total
1	65-74 yrs.	7(31.8)	6(27.3)	9(40.9)	22
2	75-84 yrs.	15(62.5)	7(29.2)	2(8.3)	24
3	85 yrs. and above	6(85.7)	1(14.3)	-	7
Total		28(52.8)	14(26.4)	11(20.8)	53

N.B.: Parenthesis denotes percentage

The old age insecurities for the study were classified in to health insecurity, financial insecurity, and socio-emotional insecurity dimensions. In the study, a majority of the respondents basically showed both health and socio-emotional insecurities and some negligible financial insecurity as this particular need is taken care of by the concerned old age home as well as the government. The old age home authority manages to provide food, accommodation, healthcare cost and other basic materials for living and the government provides them some financial assistance in terms of old age pension to meet additional expenditures. The study found that 79.23 percent of the women elderly were experiencing health insecurity and 88.68 percent women elderly were experiencing socio-emotional insecurity (Table -2). It was observed that the women in old age homes were having heightened socio-emotional insecurities as depicted in Table -2.

Table - 2: Age Groups and Dimensions of Insecurity

Sl. No.	Age group	No. of respondents	Health insecurity	Socio-emotional insecurity
1	65-74 yrs.	22 (41.51)	14 (33.33)	19 (40.43)
2	75-84 yrs.	24 (45.28)	21 (50)	22 (46.8)
3	85 yrs. and above	7 (13.21)	7 (16.67)	6 (12.77)
Total		53	42(79.24)	47(88.68)

N.B.: Parenthesis denotes percentage

The factors which were responsible for the old age insecurities were traced for each dimensions of insecurity. It was found that a 40.5 percent of the respondents were having health insecurities particularly for their physical impairment which affects their performance in routine activities followed by 33.3 percent for constant sickness and 21.4 percent for their declining health (Table - 3). Few respondents also had insecurity for lack of support of their family members as health care-providers.

Table - 3: Factors Responsible for Health Insecurity

Sl. No.	Factors of health insecurity	Respondents (n=42)
1	Declining health	9 (21.4)
2	Constant sickness	14(33.3)
3	Physical impairment and difficulties to do routine work	17 (40.5)
4	Absence of family member as care-provider	2 (4.8)

The factors responsible for socio-emotional insecurity among the elderly in old age homes were studied and it was found that 44.8 percent elderly respondents were having the insecurity due to loss of spouse and loneliness followed by 29.8 percent for negligence by family members. Other factors contributive to their socio-emotional insecurities involved loss of social contacts and long and spare leisure time, inability to accept the changed role, troubled with own feelings, conflict relation with son or daughter-in-law etc.

Table - 4: Factors responsible for Socio-emotional Insecurity

Sl. No.	Factors of socio-emotional insecurity	Respondents (n=47)
1	Loss of spouse and loneliness	21 (44.8)
2	Conflict relation with son or daughter-in-law	5 (10.6)
3	Loss of social contact and Long & spare leisure time	3 (6.4)
4	Inability to accept the changed role	2 (4.2)
5	Troubled with own feelings	2 (4.2)
6	Negligence by family members	14 (29.8)

N.B.: Parenthesis denotes percentage

The focus group discussions with elderly respondents brought some more factors to the limelights that are influential to the elderly respondents' insecurity experiences. These were - inability to move, acute health problems, constant sickness, lack of access to good medical care, away from home and friends, loss of social contact, loss of relationship with family members and relatives, witnessing death of an inmates, conflict with other inmates, loneliness, low recreational facilities etc.

Regarding the constraints that the old age homes have, to address such insecurity issues included - shortage of staff, lack of discipline among inmates, financial problem as the financial support was inadequate to meet the various expenses such as food, clothing and other expenses of the elderly.

## ANALYSIS AND DISCUSSION

Insecurity issues and its implications are quite linked with the depression incidences during old-age. The onset of depression can be due to change in life events when a person achieves old-age. It is happening more in the modern societies, where the elderly are left alone and often abandoned. Thus, loneliness, isolation, depression are the common features of the elderly in contemporary society if they are not treated well in their family. Depression or depressive reaction occurs with combined physical and/or psycho-social impairment resulting in development of insecurity issues in case of the senior citizens. To understand these insecurities, their dimensions of insecurity problems the respondents basically were experiencing, the factors contributing to health, financial and socio-emotional insecurity were assessed in the study. This piece of study was conducted with the elderly respondents staying in old age homes in the study area.

The study found that the elderly respondents were experiencing insecurities which were the byproducts of the life situations they were going through. Living in old age home is still not a preferable option for the elderly to stay away from their own family or even village. But ironically, almost all the respondents were compelled to live in the old age homes due to unfavourable circumstances in their previous place of stay. Some of them were ill treated by their family members, where as some due to loss of spouse became alone and in absence of other family members as care takers at this stage of life, they had to suffer a lot and finally referred by kind hearted persons or far relatives to the old age homes. Every elderly found with a pathetic background for their stay in old age homes. The extent of insecurities, the respondents were having had been classified as high or severe, moderate and low insecurities in the study. It was found that there were significant differences in case of extent of insecurities between the old-old (85 years and above), middle-old (75 years to 84 years) and young-old (65 years to 74 years) age groups. The study also observed that a significant number of respondents in the young-old age group i.e., in between the age group of 65 years to 74 years old were found to be physically active and emotionally strong compared to other two age groups of the elderly in the study. But, at the same time, when we gradually move to the lower age cohorts of the respondents, it was found that the high insecurity cases decreases. Further, the number of respondents showing low level of insecurity in each age group was comparatively low. Hence, it can be stated here that old-age brings lot of problems and difficulties which create insecurity problems for the elderly. It is more in case of the elderly who are staying in old age homes as alternative care structure in the modern society. This age wise comparison also reveals that, the percentage of responses reflecting extent of insecurity is in descending order i.e., 85 years & above age group reflected high percentage of high level insecurity followed by 75-84 yrs. age group and 65-74 yrs. age group. It is so because of the declining health conditions as well as mental abilities with increase in the chronological age. Mere absence of the dear ones in their life affects the elderly the most.

Various dimensions of elderly in the study were found as health insecurity, financial insecurity, and socio-emotional insecurity. As the minimum economic needs were taken care of by the concerned old age home authorities and through the old age pensions by the government, financial insecurity for the elderly respondents was not found to be a matter of grave concern in the study. Thus, 79.23 percent of the women elderly were found to experiencing health insecurity and 88.68 percent women elderly were found to experiencing socio-emotional insecurity. It was observed that the women in old age homes were having more socio-emotional insecurities compared to health insecurity. It clearly depicts that they are not happy in their life. No doubt, their material requirements are fulfilled by supportive efforts of the old age homes and some kind hearted local donors, but fulfilling the socio-emotional gap in their life is still an unanswered question before the concerned old age home management. This is so because these old age homes also do have their own limitations and constraints. These constraints include limited staff, untrained staff, absence of a geriatric counselor position, financial inability and meager governmental support etc. in case of the old age homes.

The study also tried to trace out the factors which were responsible for both the health and socio-emotional insecurities of the respondents. It was found that a significant number of the respondents were having health insecurities particularly for their physical impairment which affects their performance in routine activities followed by constant sickness and their declining health. This compels them to seek for other's help and support. Few respondents in the study also shared their insecurity for lack of support of their family members as health care-providers, their inability to move, acute health issues, lack of access to good medical care etc. Children staying separately and negligence were also found contributive to such insecurities. Regarding the factors contributive to socio-emotional insecurity of the respondents, it was found that compared to the health insecurities, more share of the elderly respondents were having socio-emotional insecurity and that is mostly due to loss of spouse and loneliness followed by negligence by their family members. Although the old age homes allow for visits of family members to the old age home in specified timing of a day, it is rarely any family members visit them on regular basis. The other factors contributive to their socio-emotional insecurities involve loss of social contacts, least contact with family members and unproductive prolonged leisure time in the old age home. The old age homes itself lack opportunity for active ageing like engaging the elderly in some productive activities or

arranging for boosting up their emotional balance and so on. For this, very few and at the same time untrained staff engagement is a major reason behind such scenario in old age homes. The other contributive factors for their socio-emotional insecurities were found as their inability to accept the changed role, unwanted feeling, troubled with own feelings, conflict relation with son or daughter-in-law, loss of relationship with family members and relatives, witnessing death of an inmates, conflict with other inmates, loneliness, low recreational facilities, away from home and friends, etc.

To obtain information on various aspects related to service provisions (including health care), adequacy of the infrastructural facilities to ensure appropriate service provision as well as to understand the insecurity problems of the elderly from the institutional perspective, informal interviews were held with the managers of the institutes. The study found that all the old age homes are residential in nature and 3 of them are District Red Cross Society supported. The old age home at Phuljharan is completely managed by the District Red Cross Society. The intake capacity of this Old age home is 15 where as the members staying in it is 25 as reported by the manager of the home. There seems a demand of expansion of the intake capacity as many more distressed and destitute women were approaching the home for shelter purpose. The District Red Cross Society, Sambalpur pays Rs. 50.00 per head per day basis for management of the basic expenses. Local contributions (individual and corporate) are encouraged to meet emergency expenses and/or repairing and infrastructural expenses. The Veer SurendraSai Zara Nivas situated at Huma is managed by VeerSurendraSai Trust. It is financially supported by the District Red Cross Society, Sambalpur on the basis of number of inmates on Rs. 50.00 per head per day basis to the home for management of its various expenditures and rest of the expenditure is managed by the Trust. The District Red Cross Society also extends its support to the trust in case of severe illness of any inmates of the old age home.

The Old Age Home at Maneswar is managed by Maa Parvati Seva Samitee ( a local NGO). This old age home also receives the financial support from the District Red Cross Society, Sambalpur on Rs. 50.00 per head per day basis. Rest of the expenses is boreed by the concerned NGO. There is no case of religious organization as a source of funding. Whereas, the Old Age Home at Dhankauda was run by an NGO named - National Resources for Women Development (NRCWD) and the home was functioning in a rented building. There is provision for housing of 25 distressed old persons having no family or being deserted by their family. This institution was managed by the GIA received from Govt. of India.

All these homes covered under the study provide free accommodation to the vulnerable elderly who are placed in the homes through an application to the Collector, Sambalpur District. An assessment of the basic facilities and services in the homes, found that all the homes have their own kitchen with a cook and a helper. All the inmates wash their own clothes. Cleaning of own dishes, sweeping and mopping of their own room/dormitory in the homes is done by the elderly inmates whereas for cleaning of the utensils used for cooking and preparing meals is done by the cook and helper themselves. Each homes had a sweeper to clean the toilets and sick rooms.

About medical facility for the inmates, it was found that all the homes have part-time doctors who regularly visit the inmates. All the old age homes are equipped with one care taker only. No nursing staff was available in the old age home and thus facing problems at this point making it difficult to care for the sick or ailing elderly.

The provision of facilities for recreation, sports and games and entertainment was also explored. Out of the four old age homes, two of them do not have any facility for entertainment or recreation while two old age homes reported that it has some recreational facilities like TV, organizing trips to religious places once in a year, organizing religious activities such as *katha*, *bhajan* (spiritual deliberation and songs), availability of news papers, etc.

Finally, regarding management of death of an inmate, it was found that the procedure normally followed in the event of a death of an inmate that the authority informs the relatives or referee mentioned in the documents concerning the inmate. In the event if the person informed do not come to claim the body, the last rites are performed by the authority and the inmates collectively.

The quality of living and the service provisions in an institute is often influenced or affected by inadequate staff, infrastructural facilities, funds crisis and by the inter-personal relations among the inmates and between the functionaries and inmates. Information was therefore sought from the managers of the old age homes about the problems they are experiencing in ensuring good functioning of the institutes.

These institutes are found to be less equipped to look after ailing inmates. In fact it was found that old age homes do not have required staff and funds to even look after those elderly who may require hospitalization. The infrastructural facilities were also found inadequate as sufficient rooms and space is not there. It was found that most of inmates got accommodation on shared-room basis. There is again variation in case of number of inmates sharing the rooms. It ranges from two to five inmates staying in a small room with very less space for their mobility. The inability to construct new rooms or repair the old ones was also reported by the managers as additional constraint of these old age homes. During the study it was observed that there is dearth of recreational equipments in the old age homes which restricts the inmates to release their boredom and stress of life.

However, the common problems encountered by the old age homes were found as –

- Inadequate staff

- Difficulties in caring for the inmates who require prolonged hospitalization
- Lack of discipline among inmates
- Inadequate financial support to meet all expenses
- Inadequate or meager fund for medical care of the inmates
- Insufficient space for accommodation resulting to overcrowded accommodation arrangements
- Lack of fund for recreational activities
- Low salary to paid staffs discouraging efficient work contribution by the staff etc.

While asked about the smooth management of the old age homes, the concerned managers responded that paucity of funds, delay in receipt of inadequate grant from the govt. and lack of required infrastructural facilities are the major areas of concern that they confront for the management of the old age homes.

## CONCLUSION

Old age insecurities due to elderly negligence, loneliness, isolation, abuse etc. is one of the greater concern that the Indian society seldom address. But, it has its wider repercussions which debar the elderly to live a happy and fulfilling life. With the changing family structures, the society is witnessing a growth in old age homes as alternative care for the destitute and vulnerable elderly. Despite this truth, most of the elderly do aspire for spending their lives with their family members. To the elderly, the mere presence of any member in family gives ample scope of mental support whereas; the old in institutions or old age homes lack this. As the study observed heightened socio-emotional followed by health insecurities, the old-age homes require paying attention to the psychological and emotional health of the elderly inmates along with physical health and other material needs. The gradual change in the society in near future would demand for more formal support systems for the elderly for which there is a strong need of proper planning for the elderly. The government as well as civil society organizations should come forward not just to avail a place for stay but at the same time to extend all their possible supportive services to help the elderly to live a productive life. There is need for strengthening weak organizations/old age homes from trained geriatric staff/counselors and financial aspects. Efforts should be taken by all stakeholders that the rights of the elderly in no case should be violated and to give honour and status to the citizens of yesterdays.

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