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Socio-Economic Conditions of the Elderly: A Micro Level Study of Village, Herian, (Shahid Bhagat Singh Nagar) Punjab

Abstract

The present study is undertaken to examine the socio-economic and health conditions of the rural elderly in village Herian, Punjab. Primary data was collected from 125 elderly persons (55 males and 70 females) belonging to different segments of society. This study also explores the gender differences of the rural elderly population in terms of their socio-economic and health conditions. Results revealed that economic insecurity was the most pressing problem of the elderly population in the village as most of the elderly did not have adequate income to meet their basic needs. Majority of the elderly reported about their poor health status. The health status of the elderly of general population was reported to be better than scheduled caste and backward caste elderly population as the elderly of general population enjoyed adequate economic support, high level of social awakening and proper health facilities.

Keywords: Rural elderly, family structure, health and medical facilities.

Introduction

Ageing is a natural part of human life. It is a universal phenomenon. Ageing of population is also known as demographic ageing. It is a term for shifts in the age distribution of a population towards older ages. Population ageing is the most significant result of the process known as demographic transition with decline in both fertility and mortality rates and consequent increase in the life expectancy. The term 'ageing' does not have a universal definition. In the Oxford Advanced Learner's Dictionary, the term 'ageing' means 'the process of growing old or changes that occur as the result of passing of time'. The United Nations defined a country as ageing where the population of people over 60 reaches 7 per cent (U.N., 1998).

Twenty first century is defined as the century of old (Leibig and Singh, 2003). In recent years, there has been a sharp increase in the number of older persons worldwide (Hafez, et al. 2000) and more old people are alive nowadays than at any time in history (McMurdo, 2000). Population ageing has emerged as a phenomenal issue in India as it has emerged as "aging India" in the beginning of the 21st century. According to 2011 Census, India had 8.6 per cent of 60 plus population to total population. This proportion is projected to reach 12.6 per cent in 2025. During the period 2000 and 2050, the overall population of the country is expected to grow by 60 per cent, but the population of the elderly will grow by 360 per cent and the number of older females will exceed the number of older males by 18.4 million (Tandon, 2012). Population ageing studies are concerned with territorial distribution and dynamics and socio economic conditions of ageing population. It is noted that although more than half of older people in the world live in rural areas, it was not until mid-2000 that the First Global Rural Ageing Conference was held in United States of America. Since then rural elderly population is a topic that is beginning to attract more attention from researchers (Wenger, 2001). In 2011, in India, there were more than 100 million people whose age was 60 years or above. Nearly 75 per cent of elderly population was residing in rural areas. Its proportion in rural area was high (8.8 per cent) as compared to urban areas (8.1 per cent) (Census of India, 2011). The elderly population is suffering from various socio-economic and health problems especially in rural areas. They are working in unorganized sector as agricultural workers, casual workers, and landless labourers. Due to the pressing needs of family and their personal requirements they have to

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work as long as they live. Moreover, their conditions become more complicated when their children start neglecting them. Thus they face psycho-social problems coupled with economic and health problems.

Objectives of the Study

The specific objectives of the present study are:

1. To study the socio-economic status of elderly population in terms of age, education, marital status, family, occupational structure, income, expenditure, health etc.
2. To study the male-female differences in socio-economic and health conditions of elderly population.
3. To give the suggestions to improve the socio-economic conditions of the elderly in old age.

Data and Methods

In India as mentioned above the proportion of elderly population was 8.6 per cent in 2011. Kerala was on the top (12.6 per cent) followed by Goa (11.2 per cent), Tamil Nadu (10.4 per cent) and Punjab (10.3 per cent). In Punjab ShahidBhagat Singh Nagar district was on the top with highest proportion (12.1 per cent) (Table 1). In the present study keeping in view the highest proportion of elderly population in the district sampling unit (one village) was selected out of 462 villages randomly to know socio-economic conditions of elderly persons. More than one tenth (12.6 per cent) of population was selected for present study out of 992 total persons in the village. Data collected from 125 elderly persons comprising 55 males and 70 females who were selected randomly. The required data pertaining to demographic, social, economic and health aspects of elderly population

S.No.	State/District	Percentage of elderly population to total population
0	Punjab	10.3
1	ShahidBhagat Singh Nagar	12.1
2	Mansa	11.9
3	Hoshiarpur	11.7
4	Moga	11.6
5	Sangrur	11.0
6	Barnala	11.0
7	Rupnagar	10.8
8	Kapurthala	10.7
9	Muktsar	10.5
10	Faridkot	10.5
11	Fatehgarh Sahib	10.5
12	Bathinda	10.4
13	Jalandhar	10.2
14	Tarn Taran	10.1
15	Patiala	10.0
16	Amritsar	9.7
17	Firozpur	9.4
18	SahibzadaAjit Singh Nagar	9.4
19	Ludhiana	9.3

Source:Census of India, 2011

were collected with the help of a well-administered pre-tested interview schedule. The data collection was done during the period of three months, December, 2011–March, 2012.

Profile of the Study Area

The districtShahidBhagat Singh Nagar, located on the eastern part of Punjab is characterised by the highest proportion of elderly population and one of the backward districts in the state in terms of urbanization and industrialisation. Its development mainly depends on agriculture. Within this district, Herian village was selected by simple random sampling method.

This village is situated at a distance of 8 km from Banga tehsil and 6 km. from Mukandpur Block. It is located near InderpuriGurudwara. Data based on 2011 Census, shows that it had a total population of 992 persons comprising 511 males and 481 females. This village had one Primary School, one Senior Secondary School, and Primary Health Centre with one Doctor for six hours in day time. This village had also one private clinic. More than 70 per cent of population in the village was engaged in agriculture. In the present study an attempt was made to examine the socio-economic conditions of rural elderly in the above mentioned village.

I.Social Characteristics of the Elderly

Socio-economic status is often measured as a combination of education, income, and occupation. Socio-economic status is relevant to all realms of behavioural and social science, including research, practice, education and advocacy. The social world of the elderly is different from that of the younger people because in every society age plays an important role in defining social status. As the people rich in age, their sets of social obligations and expectations change. Therefore certain kinds of behaviour are appropriate for some age groups but not for others (Visco, 2001). Similarly the typical pattern of sex-differences in mortality is likely to enable females to live longer and their number will exceed that of males (Visaria, 2001). In the present study an attempt is made to examine various socio-economic aspects of life of the elderly. These aspects include age, sex, literacy level, marital status, family structure, number of children, role and status in the household, utilization of leisure or free time and mutual relationship in family, neighbourhood etc.

(i) Age and Sex Composition

Age of the elderly is one of the important determinants of their health and economic independence. Perhaps the greatest factor influencing older adults' participation in education and the workforce is age (American Council on Education, 2007).

Age group (in years)	Total (%)	Male (%)	Females (%)
60-70	62 (49.6)	28 (50.9)	34 (48.6)
71-80	34 (27.2)	16 (29.1)	18 (25.7)
80+	29 (23.2)	11 (20)	18 (25.7)

Source: Computed from primary data

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Age stratification and generational separation have been considered as determinants of the status of older people in society (Phillipson and Baars 2007). In the present study, the age of the aged persons has been categorised as young old, old-old and oldest-old, in the age groups of 60-70, 71-80 and above 80 respectively. The corresponding figure of younger old, old-old and oldest-old in the sample was 62, 34 and 29 respectively (Table 2).

(ii) Caste and Religion

In India, caste is the base of social stratification and a very important factor, which shapes the thinking, living conditions, norms, and values of people. The allocation of social, cultural and occupational role in society may, to a large extent, be decided by calling of the caste. In the present study elderly were categorised into three castes; General, Backward Castes/Other Backward (BCs/OBCs) Castes and Scheduled Castes (SCs). Majority (57.6 per cent) of the elderly reported that they belonged to general caste followed by SCs and BCs/OBCs. The number of the elderly males was lower as compared to their female counterparts in general and Scheduled Castes. However, they outnumbered females in

Caste	Total (%)	Male (%)	Females (%)
General	72 (57.6)	32 (58.2)	40 (57)
SC	44 (35.2)	17 (30.9)	27 (38.8)
OBC	9 (7.2)	6 (10.9)	3 (4.2)
Religion			
Sikh	73 (58.4)	33 (60)	40 (57.1)
Hindu	52 (41.6)	22 (40)	30 (42.9)

Source: Computed from primary data

Backward Caste/Other Backward Castes (Table 3). The institution of religion is universal. Religious beliefs, rituals and practices are however, not uniform. They are most effective guides of human behaviour. Religion has deep effect on the personality of every individual especially in the twilight years of life. In the present study there is dominance of Sikh respondents (58.4 per cent) as the area selected for the study is located in Punjab. There was not much difference between the percentage of males and percentage of females in Sikh and Hindu religions (Table 3).

(iii) Marital Status and Literacy

Marital status plays an important role in general living conditions of the elderly. It is important to know the marital status of elderly, because that could influence the overall level of care and support they receive both from their family and society (Gulati, 1993). Especially for a woman in India, the marital status symbolizes the social status, respect, and authority in the family as well as in the society (Sivamurthy and Wadakkannavar, 2001). It is commonly observed that the ratio of widowed men to widowed women is much lower in extreme old age than at younger ages. Present study reveals that among the total respondents, about sixty per cent were married. It was found that three-fourths of

elderly males were living with their spouse while proportion of their female counterparts was less than a half. Only two elderly males were un-married and four were divorced or separated. There was only one elderly female who was separated. More than half of elderly females were widows as against 14.5 per cent widowers. Among the old-old and oldest old, 78 per cent were widows as compared to 22 per cent widowers (Table 4). This may be attributed to longer life span of females as compared to males and the general tendency among females to marry males older than themselves (Gulati and Singh, 1999). Moreover widowed males are much more likely to remarry and thus restore their earlier status. Widowhood makes life of the elderly insecure especially of females in India as they have additional problems due to their low level of literacy and economic dependency. Since education plays an important role in determining living conditions of any individual, educational attainment significantly affects older adults' expectation of continuing to work. In addition, adults with higher education levels are more likely than those with lower education level to

Marital Status	Total (%)	Male (%)	Female (%)
Married	74 (59.2)	41 (74.5)	33 (47.2)
Unmarried	2 (1.6)	2 (3.6)	---
Widowed	44 (35.2)	8 (14.5)	37 (51.4)
Divorced/ separated	5 (4)	4 (7.3)	1 (1.4)
Education			
Illiterate	80 (64)	23 (41.8)	57 (81.4)
Literate	33 (26.4)	21 (38.2)	12 (17.2)
High School and above	12 (9.6)	11 (20)	1 (1.4)

Source: Computed from primary data

participate in formal work related to education. Unfortunately, educational status of the elderly, in our country, gives a gloomy picture. The elderly of today are survivors of an era when the facilities for schooling and education were quite limited (Visaria, 2001). Illiteracy and lack of education are major hurdles that allow the society to marginalize the elderly in India. The present study reveals that in terms of education, majority of the elderly were illiterate and a little more than one-third were literate. Among the literate about one-tenth persons attained high school and above education while one-fourth were those who did not receive any formal education and knew how to read and write only. Among the elderly, literacy level was not only low it also revealed large difference in literacy rates between males and females. It has been rightly said that "no society treats its women as well as men" (UNDP, 1999). The same is true for India. In the present study literacy level of the elderly males was found to be higher as against the literacy rate of elderly females. One-fifth of elderly males had attained high school and higher education while the figure for the

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elderly females was only 1.4 per cent (Table 4). It is pertinent to point out that along with economic factors non-economic factors like level of education also play a crucial role in determining the status of females (Patel, 1979).

(iv) Family Structure/Family set-up

The family constitutes the most important source of social support and security. The most important function of family is to take care of the children, infirm, disabled and the aged family members (Goode, 1963). India is still characterised by its traditional ways of living where several generations live jointly within the same household. If we define any household, which has more than five members as a joint family, nearly 71 per cent of the households in India qualify this condition (Leibig and Singh, 2003). Living alone or with spouse is the most stable living arrangement for people who are very old; yet, for the oldest-old, living with a child or a grandchild, is the most stable arrangement (Wilmoth, 1998).

Present study reveals that majority of the elderly persons belonged to joint or extended traditional Indian families where in some cases it was found that 12 to 14 members were living together in a joint family, elderly were likely to get better attention including care during sickness. The number of elderly males who lived in joint family was higher as compared with their

female counterparts (Table 5). This may be due to social behaviour of the family members in the Indian society. As long as the elderly father who is considered as the head of the household, is alive, all the children whether married or unmarried, live with the old parents, and when the father dies the family gets disintegrated and children often start living separately by distributing the family property among themselves. The widowed mother is usually forced to live with one of the children. It was also found that about one-third of the elderly were living in small/nuclear families. In this respect again the number of elderly males was higher than their female counterparts (Table 5). Due to demographic transition and youth migrating out for economic reasons, there will be a drastic change in living arrangement of the elderly in rural areas (Tandon, 2012). In traditional societies including India, children are considered as security during old age. Particularly sons are considered to be the main source of social security and economic support to their parents, especially in the time of disaster, sickness and in old age (Cain, 1986). In our country, the traditional practice has been for people to live with their children in old age. The present study reveals that about ninety of the elderly persons had their own surviving children. Among those a large proportion of them had 4 or less than 4 children; about one-fifth persons reported that they had 5-6 children and only about one-tenth of the elderly had more than 6 children. One-tenth of the elderly were found without any surviving child (Table 5).

In India, as stated above, son is considered as the most important care provider for parents in their old age. It was found that more than one-tenth of the elderly did not have a surviving son. About half of the elderly had one or two sons, about one-fifth had three or four sons, and only 11 per cent had more than four sons (Table 5). It is interesting to note that 56 per cent of the elderly, who were living in joint family system, majority of them were living with their son(s). More than three-fourths of the elderly had daughters. However, only 4 per cent of the elderly were living with their daughters and all of them did not have any surviving son(s). This indicates the importance of son(s) in their life. In India, generally children leave the parental home for education and employment results in that elderly parents have to live alone at home until the children come back (Gaymu, 2003). During the survey it was reported that there were about half (48 per cent) of the elderly whose children were living far away from them in foreign countries and somewhere else in India. In most of such cases old parents were left behind alone in the native village while their children-married/unmarried were living in foreign countries with their families comprising their own children and spouse.

During the survey it was also observed that the elderly felt happy as their children especially sons went out for a job. It was a kind of status symbol for them if their children went out and earned money for them. Though the old parents had emotional problems as their children were not staying with them especially in old age when they needed their children more than ever. A very large number (84.7 per cent) of children of such

Table 5
Family Structure and Number of Children of Respondents

Type of Family	Total (%)	Male (%)	Female (%)
Single(all alone)	14 (11.2)	4 (7.3)	10 (14.3)
Nuclear	39 (31.2)	18 (32.7)	21 (30)
Joint	72 (57.6)	33 (60)	39 (55.7)
Number of Children			
With 4 or less than four children	70 (56)	30 (54.5)	40 (57.2)
With 5-6 children	30 (24)	16 (29.1)	14 (20)
With more than 6 children	12 (9.6)	4 (7.3)	8 (11.4)
No child	13 (10.4)	5 (9.1)	8 (11.4)
Number of Son(s)			
With 2 or less than 2 sons	62 (49.6)	30 (54.5)	32 (45.7)
With 3-4 sons	24 (19.2)	9 (16.4)	15 (21.4)
With more than 4 sons	14 (11.2)	4 (7.3)	10 (14.3)
No son	15 (12)	4 (7.3)	11 (15.7)
Number of Daughter(s)			
With 2 or less than 2 daughters	64 (51.2)	30 (54.6)	34 (48.6)
With 3-4 daughters	21 (16.8)	7 (12.7)	14 (20)
With more than 4 daughters	10 (8)	5 (9.1)	5 (7.1)
No daughter	30 (24)	13 (23.6)	17 (24.3)

Source: Computed from primary data

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elderly visit their old parents after a year or so, some of them visited even after 8 to 10 years. In such a situation elderly felt a sense of social insecurity especially when their son(s) were away from them in far-flung foreign lands. This was really unbearable for ailing and elderly parents.

(v) Role/Responsibility and Management of Time

The growth of individualism and desire for independence and autonomy of the young generation affect the status of the elderly (Serow,2001). Head of the household is one of the indicators which reflect the status, role and responsibility of older persons in their respective family. An elderly person being considered as the head of the household means to a large extent guarantee of availability of better care and support from the family members. This tradition has changed in the context of modernization and urbanization (Katrak, 2011). In the present study less than half (48 per cent) of the elderly reported that they were the head of their respective households, due to this they were generally respected in their families. Majority of the elderly males were the heads of their families. In the Indian society, because of the general prevalence of patriarchal family system, a male member of the family, more often the eldest male member is considered as the head of the household. A female member becomes the head only when she is living alone or when there are only female members in the family (Sivamurthi&Wadakannavar, 2001). This is true in the context of the present study there were less than one-third of the elderly females who were heads of their respective family. Most of them were living in single member family. Rest of the elderly females who were considered as heads of families were those women whose husbands were not alive and they were dependent always on other members in family matters, as they lacked financial intelligence or independence. Most of the elderly widows stated that as long as their husbands were alive their son(s) especially daughter(s)-in-law dared not question their superiority in the family. But with the death of their

female's status, her marital status and ownership of assets. Only one-fifth of the elderly indicated that their spouse was the head of the household, most of them were the elderly females. Almost one-third of elderly persons said that their children like son, daughter-in-law and close relatives were the head of the household (Table 6). The place of residence also determines the status of the elderly people. Moreover interaction of the elderly people with neighbours and friends, up to some extent, depends upon the location of residence in their respective locality. During the survey it was found that majority of the elderly were residing in the interior part of their locality. Almost all the elderly who belonged to scheduled caste were residing in the interior part of the village in small houses. Only one-fifth of the elderly availed the facility of main road or periphery area; most of such elderly people belonged to general caste and resided in huge houses. Their status was relatively high as compared to the elderly of interior of the village. Male-female difference of the elderly in terms of status was not conspicuous.

In traditional Indian society, it is the duty of the older persons to take decisions related to family matters while the younger generation is expected to honour decisions taken by elderly at every stage of life. Even today, elderly possess knowledge and skills that they had acquired through experience long ago. In the evening of life, because of rich experience of the past, perhaps they can put their talents to use (Bhutani and Nagpal, 2008). However this tradition is fast disappearing in the context of modernization. Decisions are now generally imposed on elderly in their twilight years (Prasad, 2011). In the present study, less than half of the elderly stated that they were the decision makers in the family matters, such as children's education and marriage, buying and selling property and arranging social events. There was a difference by age and gender in the elderly persons' role in the household affairs. It was noted that a greater proportion (58.2 per cent) of the elderly males irrespective of age within elderly age- groups who were decision makers in the family. On the other hand, there were about one-fourth of elderly females who had a privilege to be associated with decision making process. A large number of the elderly who were decision makers were living in single and nuclear or small families. Less than one-third of the elderly particularly males said that they were consulted before taking any important decision in the family. More than one fifth of the elderly complained that their role in decision making process was negligible (Table 6). Most of the elderly females especially widows complained that they are considered as care takers of the house and children. Many of such elderly women had ill- health and could not participate in household chores.

There is no doubt that old people face innumerable difficulties yet there is no dearth of lively old persons with strong will power who are not depressed and remain jovial. They cheerfully face the troubles peculiar to ageing and pursue their leisure, domestic and outdoor activities with zeal, enjoyment and stoic endurance. Elderly benefit a great deal from

Head of the Household/Family	Total (%)	Male (%)	Female (%)
Self	60 (48)	40 (72.7)	20 (28.6)
Spouse	25 (20)	3 (5.5)	22 (31.4)
Children	40 (32)	12 (21.8)	28 (40)
Role and Responsibilities			
Decision maker	50 (40)	32 (58.2)	18 (25.7)
Advisor	40 (32)	16 (29.1)	24 (34.3)
With no important role in decision making	35 (28)	7 (12.7)	28 (40)
Leisure of the Elderly			
More than 2 hour	90 (72)	38 (69.1)	52 (74.3)
1-2 hour	20 (16)	10 (18.2)	10 (14.3)
Nil	15 (12)	7 (12.7)	8 (11.4)

Source: Computed from primary data

spouse such widows may undergo humiliation and torture by their children. Sandhu et al (2002) found that there are two major factors which determined elderly

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some exercise, social contact and pleasurable activities of skill or fun (Singh, 2011). In the present study majority of the elderly had plenty of (more than 2 hours) free time. It is very interesting that in this respect, the number of elderly females was higher as compared to their male counterparts despite their intense involvement in household chores. Sixteen per cent of the elderly reported about 1-2 hours of free time and all of them were in 60-70 age group of elderly population. Only 12 per cent of elderly said that they had no free time (Table 6). All of them were profusely busy in their household activities and social obligations. Half of the elderly said that they utilized their free time by relaxing and getting engaged in household chores. Less than half of the elderly people utilized their free time by participating in spiritual activities; watching T.V; meeting friends; doing meditation, reading newspaper, etc. Rest of the elderly (almost all of them were females) in the age group of 71 -80 years were taking care of young children. The elderly females reported that to look after young children even for the whole day was one of the most important activities by which they could keep themselves busy. It was also mentioned that when the younger women of the family remained busy in work at home and at work place, the grandparents took care of their children. The United Nations (2003) on the International Day (1st October) for the Older Persons addressed healthy older people as a resource for their families, societies and the economy of their respective countries.

(vi) Care Takers of the Elderly

The elderly persons being less able to be independent need the care and support of others in several respects. This may be due to their declining capacity for self-care as they grow older (Palloni 2001). In India it is expected that older people will live and be taken care of within the homes of their families. Taking care of elderly refers mainly to emotional support; on the other hand support given to the elderly refers to financial and material support (Prasad, 2007). The traditional nature of Indian family, where, sons are supposed to take care of parents, the bond of relationship between young and old generation is unbreakable. Industrialization and urbanization have brought changes to family structure in India to a great extent. This has affected the position of the elderly in the family as well as the family's capacity to take care of the aged. However, in India the older people are still

cared for by the younger generations (Ghosh and Husain, 2010). The present study reveals that about half of the elderly have taken care by their spouse and less than half by the children (Table 7). Among these, some were totally dependent upon their children in sunset years of their life for daily activities like movement, bathing, eating etc. Most of such old people were above 80 years of age and were bed ridden. More elderly males than females were found to be dependent on their spouse for care and help.

(vii) Children's Attitude towards the Elderly

In the present study an attempt was also made to know the attitude of the younger members like son(s), daughter, daughter(s)-in-law and grandchildren towards the elderly of the family. More than seventy per cent of the children stated that they treat their elderly with honour, respect and care. They indicated that their elderly are as an asset because they contribute to their family in many ways like performing household chores, taking care of young children, advising on important family matters etc. Besides this sometimes old people help family in financial matters also. However, some of the children complained that elderly do not adjust in changing social environment and adverse conditions of the family. About 20 per cent said that elderly females were more affectionate to their young children as compared to elderly males.

(viii) Relations with Family Members and Neighbours

At any age, the family provides emotional, social, and economic support to the individual. The ability of the elderly to cope with the changes in health, income, social activities, etc. at the older age depends, to a great extent on the support the person gets from his/ her family members (Soldo and Agree, 1998). In the present study almost all (91.9 per cent) of the married elderly said that they had cordial relationship with their spouse. A few (8.1 per cent) of the elderly were not happy in their relationship with their spouse. Majority of the elderly living with their son/s or away from them enjoyed good relationship with them. They reported that their children considered them to be an asset for the family because they could take care of their grandchildren, besides keeping a watch on their house and guiding and advising them from time to time on important household matters. One-fifth of the elderly were not happy with their son/s because of property dispute and some other reasons. Most of such elderly particularly older-old complained that their children viewed them as a burden for the family.

It was also recorded that most (96.8 per cent) of the elderly had sweet relations with their daughters. Some of them admitted that though their daughters were not frequently visiting them yet emotionally they were more attached to them than son(s). Daughters are often considered to provide more emotional satisfaction to parents than their sons, (Dharmalingam, 1996) they typically become a member of their husband's family after marriage and may have little continuing contact with their natal family. Some respondents (3.2 per cent) however, were not happy with their daughters as there was some friction in the relationship due to their son(s)-

Care Taker of the Elderly	Total (%)	Male (%)	Female (%)
Self/Spouse	60 (48)	32 (58.2)	28 (40)
Children	55 (44)	20 (36.4)	35 (50)
Others/Relatives	10 (8)	3 (5.4)	7 (10)
Opinion of the Elderly about their Care			
Self	10 (8)	6 (10.9)	4 (5.7)
Children/Relatives	95 (76)	37 (67.3)	58 (82.9)
Government	20 (16)	12 (21.8)	8 (11.4)

Source: Computed from primary data

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in-law and in most of these cases elderly were living with their married daughters. About three-fourths of the elderly had warm relationship with their daughter(s)-in-law (Table 8).

Type of relation	Nature of Relationship	
	Good	Poor
Spouse	68 (91.9)	6 (8.1)
Son(s)	80 (80)	20 (20)
Daughter	92 (96.8)	3 (3.2)
Daughter(s)-in-law	70 (73.7)	25 (26.6)
Grandchildren	90 (94.7)	15 (15.8)
Neighbours	110 (88)	15 (12)

Source: Computed from primary data

A little more than one-fourth, of the elderly especially females, were not happy with their daughter(s)-in-law. Inter-generation conflict is often sharpest between the elderly female and her daughter-in-law. Lack of economic security, mobility and scope for social interaction increases her social isolation and vulnerability (Ghosh and Husain, 2010). In rural areas the elderly have strong neighbourhood and affinity (Shah, 1999). It encourages elderly to lead their life happily. A very large majority of the elderly had affectionate relationship with their grandchildren. Only a few (5.3 per cent) of the elderly complained that they were not happy with their grandchildren. This was because of bitter relationship with their own children like son/s and daughter(s) –in-law. It was also observed that about ninety per cent of the elderly were happy with the prevailing environment of their neighbourhood (Table 8). Most of them stated that they get relief from their anxieties, sorrows and grievances especially when they share and discuss these with their neighbourhood friends. The proportion of females sharing their experiences with their neighbours was higher as compared to their male counterparts.

II. Economic Characteristics of the Elderly

Among the socio- economic and health conditions of the elderly in our society, economic status occupies an important position. Ageing diminishes the capacity to work and earn. A reduced capacity for income generation and a growing risk of serious illness are likely to increase the vulnerability of elders to fall into poverty, regardless of their original economic status (Lloyd-Sherlock, P, 2000). The situation of the elderly poverty has been a consistent phenomenon in the third world as the older population is deprived of the basic needs (Keyfitz and Flieger 1990). A large number of elderly are working in unorganised sectors where there is no retirement. For poor elderly there is only one retirement, not from work, but from the world (Ansari, 2000). In rural areas they work in their fields or sell their labour to other landed people. Inadequate financial resources often times mentioned as one of the major problems of the Indian elderly. The financial inadequacy seems to be of a higher degree among the elderly females especially widows as compared to their male counterparts. They have no independent income; their

only source of livelihood is their children (Chen, 1998). They have to depend upon their children for economic security. Economic insecurity is considered to be the sole concern of elderly in barely sustainable household in rural areas. More elderly males participate in the economic activities compared to females. The bulk of the 60 plus workers are engaged in agriculture (Kujur and Ekka, 2010). The economic characteristics such as work participation, occupation, income source, average monthly income, expenditure, and economic dependency as revealed by the respondents of the present study are discussed in this section.

(i) Work Participation and Possessions

It is very important to know the work participation of the elderly to understand their economic dependence and social security. In India, the elderly in rural areas both males and females have historically been more likely to participate in economic activities than those in urban areas. Rural elderly continue to work but they reduce the number of hours worked, especially with increasing age (Singh et al., 1987). In the present study less than a half of the elderly were participating in economic activities while, more than a half of the elderly were not engaged in any economic activity (Table 9). Among working elderly, some of them were not even in a condition to work because of their deteriorated health. Economic necessity forces them to continue work as long as they are able, although perhaps at the reduced pace (Singh et al., 2003). There was a remarkable difference in male-female work participation. It was relatively higher (72.7 per cent) for elderly males than their female counterparts (21.4 per cent). The difference between the elderly males and females was mainly due to male dominating agriculture. Moreover the females were found to be engaged generally in

Work Participation	Total (%)	Male (%)	Female (%)
Working	55 (44)	40 (72.7)	15 (21.4)
Non-working	70 (56)	15 (27.3)	55 (78.6)
Caste wise work participation			
General	28 (50.9)	25 (62.5)	3 (20)
BC/OBC	4 (7.3)	3 (7.5)	1 (6.7)
SC	23 (41.8)	12 (30)	11 (73.3)
Occupation:			
Agriculture	40 (72.7)	34 (85)	6 (40)
Business	2 (3.6)	2 (5)	---
Others	13 (23.7)	4 (10)	9 (60)

Source: Computed from primary data

household chores. There was significant difference between work participation rate of general and SCs/BCs/OBCs castes (Table 9). The proportion of general caste elderly workers was relatively lower as compared to SC and BC/OBC elderly population.

This was the consequence of relatively high economic profile of general caste elderly population against the lower castes elderly population. There was

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not a large difference between males and females in scheduled castes and backward castes in the context of work participation (Table 9). This was attributed to desperate economic conditions of these castes. The proportion of elderly males of general caste, who were engaged in economically gainful activities, was higher than their female counterparts. Almost all the elderly males were engaged in agriculture as cultivators on their own land. On the other hand females were not allowed to participate in outdoor economic activities like agriculture in economically prosperous families. Caste norms also often discourage females and widows in particular, from working (Jensen, 2005). Among the working elderly, majority (72.7 per cent) of them were engaged in agriculture. As agriculture is a male dominating activity in Punjab, the proportion of elderly males was higher as compared to their female counterparts in this activity (Table 9). Among the elderly female workers, majority (60 per cent) of them were earning their livelihood by working as servants in upper caste houses. Only 40 per cent were involved in agricultural activities. Most of them belonged to lower castes, working as agricultural labourers.

(ii) Income of the Elderly and its Sources

In old age, because of physical disabilities, deterioration in work capacities is common; therefore, the source of income is also a big question. Elderly in India do not have adequate income to meet basic needs (UNDP, 2000). In the present study an attempt Source: Source:

was made to ascertain the income of elderly persons and its source. The income of the respondents' households was classified into two categories i.e. (i) elderly persons' earning income i.e. old age and service pension and other sources of income and (ii) elderly persons' family income. The income was relatively higher among the respondents aged below 65 years than those among aged 70 years and above. The majority (44 per cent) of the rural elderly had a personal monthly income of below Rs.1000/-. Most (39.2 per cent) of them had old age pension as their only source of income. It was an extremely meagre amount. There were only one-third elderly who were receiving amount of Rs.250/- per month. In general caste, their proportion was low while the proportion for SC and BC caste elderly was higher i.e. more than half (Table. 10). One-fourth (25.6 per cent) of the elderly had a personal monthly income between Rs.1000/- and Rs. 3000/-. Only 12 per cent of the elderly had a monthly income of more than Rs.3000/-.

Less than one-fifth of the elderly did not have an independent source of income. Such a situationphasizes the urgent need for social security scheme for those elderly who did not have any source of livelihood. While analysing the source of income, about one-third of the elderly said that their source of income is agriculture and property. In this respect the proportion of elderly males was higher as compared to females. Rest of the elderly were dependent on more than one source (Table 10). Traditionally in India family has been the key institution that provided psychological, social and economic support to the individual at different stages of life (Madhava Rao, 2002). During the survey it was reported that about forty five per cent of the elderly had a family monthly income of below Rs.5000/- only. In general category less than one-third of the elderly indicated a family monthly income of below Rs.5000/- while, in scheduled castes and backward castes corresponding figures were 68.2 per cent and 55.6 per cent respectively. Only 15.2 per cent of the elderly reported their family monthly income of between Rs.5000 and Rs.10000/-. The proportion of general caste elderly enjoying this income was high as compared to SCs and BCs (Table 10). One-third of the elderly reported their family income of more than Rs10, 000 monthly. Most of them belonged to general caste whose children were living abroad or had enough agricultural land as compared to SCs and BCs. Only 8 per cent of the elderly reported that they had no income at all. As far as family income is concerned, there was an insignificant male-female difference (Table 10).

(iii) Monthly Expenditure

Expenditure of the elderly persons to meet their daily basic needs and medical requirements reflects their wellbeing and standard of living. In the present study majority of the elderly reported that their monthly expenditure was below Rs.2000/-. There was a male-female difference. Further there was a difference on the basis of caste. Less than one third of the elderly of general caste were spending below Rs.2000 per month on their daily needs. On the other hand the corresponding figures were more than half for SCs and BCs (Table 11). This is a clear indication of low standard

Table 10
Income of Respondents and its Source

Monthly Personal Income (In Rupees)	Total (%)	Male (%)	Female (%)
Below 1000	55 (44)	20 (36.4)	36 (55.3)
1000-3000	32 (25.6)	20 (36.4)	12 (17.1)
Above 3000	15 (12)	7 (12.7)	8 (11.4)
Nil	23 (18.4)	8 (14.5)	15 (21.4)
Caste wise Personal Monthly Income	General	BC/OBC	SC
below 1000	24 (33.3)	5 (55.6)	26 (59.1)
1000-3000	23 (31.9)	2 (22.2)	7 (15.9)
Above 3000	14 (19.4)	----	1 (2.3)
Nil	11 (15.4)	2 (22.2)	10 (22.7)
Source of Income	Total (%)	Male (%)	Female (%)
Property	6 (4.8)	5 (9.1)	1 (1.4)
Agriculture	33 (26.4)	21 (38.2)	12 (17.2)
Service pension	11 (8.8)	3 (5.5)	8 (11.4)
Old age pension	49 (39.2)	13 (23.6)	36 (51.4)
Others	26 (20.8)	13 (23.6)	13 (18.6)
Family Monthly Income (In Rupees)			
Below 5000	56 (44.8)	20 (36.4)	36 (51.4)
5000-10000	19 (15.2)	11 (20)	8 (11.4)
Above 10000	42 (33.6)	20 (36.4)	22 (31.4)
Nil	8 (6.4)	4 (7.3)	4 (5.7)
Caste-wise family Income			
Rupees	General (%)	BC (%)	SC (%)
Below 5000	21 (29.2)	5 (55.6)	30 (68.2)
5000-10000	13 (18.1)	----	6 (13.6)
Above 10000	35 (48.6)	3 (33.3)	4 (9.1)
Nil	3 (4.1)	1 (11.1)	4 (9.1)

Source: Computed From Primary Data

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Table 11
Monthly Expenditure of Respondents

Rupees	Total (%)	Males (%)	Females (%)
Below 2000	52 (41.6)	20 (36.3)	32 (45.7)
2000-4000	35 (28)	19 (34.5)	16 (22.9)
Above 4000	38 (30.4)	16 (29.1)	22 (31.4)
Caste- wise Expenditure			
Rupees	General (%)	BC (%)	SC (%)
Below 2000	20 (27.8)	5 (55.6)	32 (72.7)
2000-4000	15 (20.8)	4 (44.4)	11 (25)
Above 4000	37 (51.4)	-----	1 (2.3)
Financial Dependency	Total (%)	Male (%)	Female (%)
Independent	27 (21.6)	22 (40)	5 (7.1)
Dependent on Spouse	18 (14.4)	2 (3.6)	16 (22.9)
Dependent on Children	73 (58.4)	30 (54.6)	43 (61.4)
Dependent on Relative/ others	7 (5.6)	1 (1.8)	6 (8.6)

Source: Computed from primary data

The elderly whose expenditure was above Rs.4000 monthly were even less than one-third. Among different castes, more than half of the elderly of general caste indicated monthly expenditure of above Rs.4000/- while SC and BC elderly could not afford spending around Rs.2000/- per month on their well-being because they were appallingly poor.

(iv) Possessions and Economic Dependency

Economic assets of elderly persons revealed their status in respective family and community. In the present study agricultural land was revealed as the main asset of the elderly. More than two-thirds of the elderly had their own agricultural land. An overwhelming majority of the elderly males reported agricultural land in their name as compared to their female counterparts. A large majority (90.3 per cent) of the elderly of the general castes had their own land. However, about one-tenth of the elderly of general caste were also foundlandless. In the elderly population of lower castes such as SC and BC/OBC, there was a striking difference between males and females on the basis of possession of agricultural land or property. The proportion of such SCs and BCs elderly owing agricultural land was very small (Table 13). This could be due to the traditional social structure of Indian society where "shudra" (SCs and BCs/ OBCs) were not allowed to hold property. A large majority (90.3 per cent) of the elderly of the general castes had their own land. However, about one-tenth of the elderly of general or upper caste were also foundlandless. It is interesting to note that seventy per cent of the elderly male of SC category had their own land although in terms of acres it was meagre and the figure for their female counterparts was extremely low. In BCs category half of the elderly males owned land while figure for their female counterparts was zero (Table 12). Financial stress bothers more than 50 per cent Indian elders, particularly those living in the rural areas. The old age pension hardly makes the dry-wood dependant elder a welcome member of his family (Kataria, 2011). In rural areas families suffer from economic crisis as their

income does not produce income throughout the year. The tendency of older persons' children is to spend more on their growing

Table 12
Possessions and Economic Dependency of Respondents

Possessions (Agriculture Land/Assets)	Total (%)	Male (%)	Female (%)
Total	84 (67.2)	45 (81.8)	39 (55.7)
General	65 (90.3)	23 (93.6)	35 (87.5)
BC	3 (33.3)	3 (50)	-----
SC	16 (36.4)	12 (70.6)	4 (14.8)
Elderly with no Agricultural land	41 (32.8)	10 (18.2)	31 (44.3)
Financial Dependency			
Independent	27 (21.6)	22 (40)	5 (7.1)
Dependent on Spouse	18 (14.4)	2 (3.6)	16 (22.9)
Dependent on Children	73 (58.4)	30 (54.6)	43 (61.4)
Dependent on Relative/others	7 (5.6)	1 (1.8)	6 (8.6)

Source: Computed from primary data

children while minimizing expenditure on the elderly parents. In the present study only about one-fifth of the elderly were economically independent. The number of males was higher than females (Table 12). Higher work participation rate of elderly males and patriarchy system attributed to their economic independence. Elderly females were more dependent because of their lower work participation, low literacy level, higher life expectancy and widowhood. The elderly females are more likely to be dependent on others, because they have limited control over family income as well as their own earnings (Singh et al, 1999). More than 58 per cent of the elderly, who were economically dependent on others, received support from their children or grandchildren. Elderly females were more dependent on their children as compared to their male counterparts. About 14 to 15 per cent were depending on their spouse. Almost all of them were females. Only 6 per cent of the elderly reported their dependency on others like remote relatives and friends etc. (Table 12).

III. Health Status of the Elderly and Provision of Medical Facilities

Health of the elderly is the best measured in terms of functioning of the body. Due to biological aging the level of resistance to illness is less and recovery takes longer time and the gradual decline in physical strength is common. Health is one of the crucial factors that determine the quality of life among the elderly (Wiggins, 2004). It was found that castes, widowhood and public health measures were major determinants of health status among rural elderly. Age, educational attainment and household per capita expenditure are also found to have a significant positive relationship with health status (Ghosh and Husain, 2010). In the present study it was observed that less than one-fourth of the elderly reported themselves to be in good health. Among those, most of them were in the younger old age group of 60 to 70 years. More males (29.1 per cent) were found in good health as compared to their

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female counterparts (Table 13). Similarly it was also observed literate elderly being aware enjoyed good health status as compared to illiterate elderly. A large number of married, unmarried and divorced respondents were found in good health as compared to widows and widowers. A very large number (76 per cent) of the elderly complained about poor health (Table 13). This may be because married were looked after by their spouse properly and unmarried and divorced elderly had prepared themselves psychologically in advance for old age and destitution. The percentage of elderly who enjoyed good health status was higher among general caste (31.8 per cent) than SC and BC (20.4 per cent). This may be the result of appalling poverty and lack of proper diet of scheduled castes' elderly. Provision of medical facilities for the elderly can be measured in terms of availability, accessibility and affordability (Iecovich and Carmel, 2009). In the present study more than three-fourths of the elderly reported about adequate and satisfactory medical facilities within the study village and in its proximity while less than half (48 per cent) of the elderly said about the easy accessibility of these facilities. There was an insignificant difference between general and BC/SC elderly persons' opinion about the availability and accessibility of medical facilities (Table 13). As far as the affordability is concerned more than two-thirds of the elderly of general caste claimed that they could avail medical facilities easily. On the other hand only a little more than one-third of scheduled caste elderly could bear medical expenses. Majority of the elderly reported that they visited Government institutions (Primary Health Centre and Government hospitals) for medical assistance. The number of elderly females was higher as compared to their male counterparts

Health Status	Total (%)	Male (%)	Females (%)
Good	30 (24)	16 (29.1)	14 (20)
Poor	95 (76)	39 (70.9)	56 (80)
Provision of medical facilities			
Availability	105 (84)	45 (81.8)	60 (85.7)
Accessibility	60 (48)	35 (63.6)	25 (35.7)
Affordability	72 (57.6)	40 (72.7)	32 (45.7)
Health institution visited by elderly			
Primary health centre and Govt. Hospital	75 (60)	30 (54.5)	45 (64.3)
Private and Govt. Hospital	42 (33.6)	20 (36.4)	22 (31.4)
Never visited any health institution	8 (6.4)	5 (9.1)	3 (4.3)

Source: computed from primary data

(Table 13). Most of them belonged to scheduled caste and BC/OBCs. This shows the need of various

Government health schemes in rural areas. More than one-third of the elderly visited both private and government hospitals. A greater number of them belonged to general caste. The male-female difference in this respect was insignificant. Only 6 per cent of the elderly claimed that they never visited to any hospital or health centre for medical care.

(IV) Opinion of the Elderly about their Care, Support and Protection

The care of older people in India follows a long-standing cultural pattern. It is expected that older people will live and be taken care of within the homes of their families (Singh, 2003). Since last few decades there has been a rise in economic growth, literacy levels, urbanisation and modernisation. All this brought about significant changes in India. The effects of these trends on families, households, kin networks and subsequent support for older persons are complex and not well documented (Katrak, 2011). In the present time, the question of who should take care of ageing parents becomes critical especially when the children do not have enough resources and time to cover their own expenses and responsibilities. During the survey, the efforts were made to know and understand the care, support and protection of the old people. About four-fifths (79.4 per cent) of the elderly reported that they were receiving less care than what they were giving to their elderly members of the household when they were young. It was also found that the male and female respondents expressed almost same views on this issue. They indicated that the present generation is not as much respectful, obedient and submissive to the older persons as they were in their young times.

The elderly respondents were also asked about their opinion regarding old age homes and of such a provision for the elderly people, interestingly, more than 80 per cent were not in favour. In the present study only 8 per cent of the elderly said that they were responsible for their own well-being, care and protection in old age. More than three-fourths of the respondents irrespective of sex reported that their children and relatives especially son(s) should take care of them in old age. This shows the importance of son(s) in their life even in the last years of life. Less than one-fifth of the elderly stated that it was the Government's responsibility to assist them for their care and support (Table 7).

More than 77 per cent of the elderly said that they expected basic needs of life like food clothes and shelter from their children. It was also reported that a large proportion of the elderly (70 per cent) expected that medical facilities need to be arranged by their family members. They admitted that medical problem is a major problem of old age. The proportion of elderly females was high (89.3 per cent) as compared to their male counterparts (70 per cent) because elderly females were economically more dependent than their male counterparts. A loving care and respect of the elderly by their children and grand-children was no doubt the most earnest desire of the elderly.

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Conclusions

The results revealed that the number of the elderly was more in younger old and old-old age groups than oldest-old age group. The proportion of widowed females was higher than males. Majority of the elderly were living in joint families, most of them belonged to scheduled castes. A large number (64 percent) of the elderly were illiterate, more females were illiterate as compared to their male counterparts. Most of the elderly males were the heads of their household as compared to elderly females because of male dominating and patriarch system of the society. In the decision making process less than half of the elderly were involved and most of them were males. One-fifth of the elderly especially widowed females complained about their marginal and peripheral role in family decisions. Majority of the elderly had plenty of leisure and utilized it by involving themselves in religious activities, meeting friends, meditating, reading newspaper etc.

A large majority of the elderly were enjoying their cordial relations with their spouse, son(s), daughters, grandchildren, relatives including their neighbours. However, one-fourth of the elderly especially females were not comfortable in their relationship with daughter(s)-in-law. Elderly depend for their care on their children. Elderly mainly scheduled castes' elderly widows were experiencing miserable economic conditions. The proportion of working elderly was less than half of the total respondents. More elderly males were working than females due to male dominating agricultural activity in Punjab. In total aged respondents, the number of elderly workers of general caste was relatively less as compared to scheduled caste elderly because of their high economic profile. Majority of the elderly had a personal monthly income less than Rs.1000/-. Most of them belonged to scheduled castes and main source of income was old age pension. Eighteen per cent of the elderly did not have any independent source of income. Further family income of general castes' elderly was higher as compared to their counterparts in lower castes due to the possession of large scale agricultural land and remittance from abroad by their children. Monthly expenditure of general caste elderly was high as compared to their counterparts of lower castes. Only one-fifth of the elderly were economically independent. Proportion of males was relatively high as compared to their female counterparts. It was because of males' participation in work prevailing patriarch system. Children were the primary source for providing funds to the elderly females especially, to meet their basic needs. Health problem was the main issue mainly due to social insecurity and isolation. More than four-fifths of the elderly were satisfied with availability of medical facilities. As far as accessibility and affordability are concerned it was only in the reach of those who were financially strong. Poor elderly especially of lower castes (SCs and BCs/OBCs) remained deprived of medical facilities. Majority of the elderly especially elderly females visited Government institutions (Primary Health Centre and Government hospital) for health problems. More than one-third of the elderly, who

belonged to general castes, visited both private and government hospitals for medical care.

Suggestions

It is recommended on the basis of the above mentioned conditions that the existing welfare schemes for the elderly people must be revised to improve their socio-economic conditions. Therefore the Government should take various measures to improve socio-economic conditions of the elderly people especially those who are living in rural areas.

Following suggestions may be considered:

1. Policy makers need to be aware of various issues of ageing. It is recommended that all the central ministries or departments which are looking after welfare programs such as old-age pension, rural development and security related issues may design comprehensive development policy for rural elderly especially for widows to provide them handsome old age pension to get a rid of poverty.
2. Provide care and support to the elderly within their respective family and community settings instead of opening separate new old age homes. By taking into consideration the attitude of the elderly people in the present study it is expected that older people will be better looked after within the homes of their families.
3. Educate the elderly through related counselling so that they may adjust in the changing environment of family and community and learn how to cope up with various health problems and how to live the last years of life peacefully and respectfully.
4. Establish facilities for the rural elderly so that they could utilize their leisure cheerfully.
5. Sensitize the younger children and promote traditional Indian values of life towards the elderly especially regarding their participation in decision making process.

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