

A FOCUS ON SENESCENT ISSUES AND THEIR ANTIDOTES

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INTRODUCTION

The senescent or elderly issues are a matter of great concern in today's world. The German proverb rightly points out that "*the oldest trees often bear the sweetest fruit*"; similarly we should remember the qualities and capabilities of our parents and grandparents who often produce a significant influence in molding our future. The life cycle of human beings begins and ends as dependents and during the whole life span consumption is greater than savings. The dependent population in the younger age groups is treated with much care and attention, but such care and attention towards the elderly or the old age dependents are not seen in our society. They face humiliation, rejection and ejection by their own dear kith and kin and consequently put in a realm of loneliness, depression, ill health and low economic status.

As per Article 25 of Universal Declaration of Human Rights 'Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control'. But in spite of all such protections majority are unaware of their rights. The awareness regarding the rights of elderly population is very essential in every society. Article 41 of the Indian constitution too stressed that the state shall within the limits of its economic capacity and development make effective provision for securing the right to work, education and public assistance in case of unemployment, old age, sickness and disablement, and in other cases of undeserved want. Similarly, Article 47 states that the State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as one of its primary duties which often include not only the working population but also the elderly and the children.

A Chronological look back revealed that a first real attempt to develop different research projects to protect elderly was made by The United Nations World Assembly on Ageing, held at Vienna in 1982. The assembly formulated a package of recommendations which gives high priority to developmental and humanitarian aspects of ageing (United Nations,

1987). Realizing the role played by elderly population in every society, United Nations adopted a number of resolutions and declared every October 1 to be celebrated as International Aged Peoples day. Though so many constitutional and legislative provisions are enacted for the protection of elderly, how far it helped for the betterment of their condition is a debated question.

India, the second populous country in the world has 99.87 million persons above 60 years of age, constituting 8.3% of the total population (Census of India, 2011). Elderly and elderly related issues are so significant in a country where elderly constitutes a high proportion of the population. Therefore, to improve the living conditions of the elderly not only their own family and friends but also the society, community and government should be vigilant and give them enough and sufficient care and attention. Before going to examine the elderly and their related problems a brief look on the demographic profile of the world and India shed more light to the picture.

The World's 10 Most Populous Countries, 2014 and Projections

	Country	Population in 2014 (In Millions)	Country	Estimated population 2050 (In Millions)
1	China	1364	India	1657
2	India	1296	China	1312
3	United States	318	Nigeria	396
4	Indonesia	251	United States	395
5	Brazil	203	Indonesia	365
6	Pakistan	194	Pakistan	348
7	Nigeria	177	Brazil	226
8	Bangladesh	158	Bangladesh	202
9	Russia	144	Congo, Democratic Republic	194
10	Japan	127	Ethiopia	165

Source: World Population Data Sheet, 2014

The population figures and projections clearly reveal that by 2050 India became the most populous country in the world. On the contrary countries like Russia and Japan witness a negative growth rate in population during 2050 and their place will be taken by Congo and Ethiopia. On the basis of labour income, consumption, savings, transfers or flow of resources (both public and private) across generations, The National Transfer Accounts (NTA) project improve our understanding about the generational economy. It examines how population growth and age structure of the population affect different aspects of an economy and also reveals

similarities and dissimilarities between nations. Taking country wise comparison elderly in Brazil receive large public pensions and their consumption increases at the old, while the elderly in Mexico work longer to support themselves and their consumption declines in old age. NTA project covering 36 countries including India and the support for the project has been provided mainly by US National Institute of Ageing, The John D. and Catherine T. MacArthur Foundation, International Development Research Centre and United Nations Population Fund. The Tenth Meeting of the Working Group on Macroeconomic Aspects of Intergenerational Transfer, the International Symposium on Demographic Change and Policy Response took place 10-14 November 2014 in Beijing, China. Such projects help us to know the conditions of elderly basically their economic situations. It helps countries to assess policies because NTA is a system to measure economic flows across age groups and introduces age dimensions into SNA (System of National Accounts) and provide support to elderly and protect them at this age.

Coming closer to the demographic profile of India, Census 2011 reveals a one point decline in sex ratio from 933 to 932. The proportion of the population in the age group 0-6 declined from 16 per cent to 13 per cent over period 2001-11, growth rate being negative for the first time and an increase in elderly population during this decade. The share of elderly population is expected to attain the rate of 12.4 per cent in 2026 from 8.3 per cent in 2011 (CSO, 2011). Age structure and demographic changes had shown a wide variation across different states and 11 states have reached the replacement level of fertility and other 4 states are around replacement level (James & Satyanarayana, 2011).

Growth rate of 0-6 age group population in India, 1981-1991 to 2001-2011

Year	Annual growth rate in percent
1981-1991	1.78
1991-2001	1.54
2001-2011	-3.08

Source: Census of India 2011

Population Difference 2001- 2011 Census

	2001	2011
Population (In Millions)	1028	1192
Male	532	617
Female	496	575
Sex Ratio	933	932
Population Density	313	363
60 + (%)	6.9	8.3

Source: Census of India 2011, Registrar General, GOI, New Delhi

CLASSIFICATION OF ELDERLY

NPOP (National Policy on Older People) adopted by the Government of India defines senior citizen or elderly as a person who is of age 60 years or above (Situational Analysis of Elderly, 2011) and population census too provide a similar definition. Elderly are basically classified on the basis of age into three:

1. Young Old – who fall under the age group 60 and 65
2. Old Old – who fall under the age group 66 and 79
3. Oldest Old – who fall above 80 years

PROCESS OF AGING

Population aging is the end product of demographic transition and aged population in India in its absolute terms will be increased from 77 million in 2001 to 137 million by 2021. Aged population produced profound influence upon the social as well as the economic scenario like income, savings, consumption, investment, pensions, living arrangements, health facilities and so on. *Aging population is defined as a population characterized by higher average life expectancy and increasing proportion of the elderly in the total population* (Siva Raju, 2000). Aging is often associated with a decline in both physiological and economic condition of the elderly. The United Nations World Assembly on Ageing (Vienna, 1982), formulated a package of recommendations which gives high priority to research related to developmental and humanitarian aspects of ageing. The United Nations Conference of Ageing Populations in the context of the family held in Japan in 1994 found that population aging and consequent increase in aged population is an inevitable consequence of fertility decline which is coupled with declining mortality.

India has emerged as “Aging India” in the beginning of the 21st century and this century is called as the *Century of Old* (Leibig and Rajan, 2003). NSSO for the first time conducted a survey on the elderly (1986-87) to assess the nature and dimensions of the socio-economic problems of the aged and also the demographic dividend. Demographic dividend occurs when the majority of a country’s population is in the working age group and thus helps to uplift an economy to a bright future. The demographic dividend takes place when a change in age distribution takes place (from child population to adult one or child dependency to working group population). A decline in the child population makes the demographic dividend to fall in the coming future. Demographic dividend varies across different states of India and in the coming decade compared to northern states it will be low in the southern states. If an economy pictures more elderly population than the working age group, a clear decline in demographic dividend takes place. Kerala is a best example for this. Elderly dependency figures reveal that the proportion of elderly is increasing substantially and Kerala stood forefront among Indian states in terms of elderly dependency ratio and it is higher than the national average. A considerable decline in the demographic dividend results in a large inflow of migrants from other states to Kerala (Rath et.al, 2011). The high growth of elderly population along with a negative child population will be the greatest threat that Kerala is going to face in the coming years. We are going to face a problem of declining working group population and as a result there will be shortage of labour in the coming years. Such shortage of labour attracted a huge influx of migrant labour from Tamil Nadu, Orissa and west Bengal. Kerala’s emphasis upon health increased our life expectancy, but a mere increase in life expectancy put these elderly in poor living conditions.

Elderly dependency ratio across different states

States/UT	Dependency Ratio (%)
Delhi	8.4
Assam	10
Tamil Nadu	13.8
Himachal Pradesh & Punjab	15
Kerala	16.5
India	13.1

Source: Situational Analysis of Elderly, CSO 2011

MEASURES TAKEN BY THE GOVERNMENT FOR THE UPLIFTMENT OF ELDERLY POPULATION

Aged population plays an important role in shaping the future of every nation and it is very essential to build up social safety nets to protect them. In the past, social needs of elderly people

were generally provided by the churches or temples in the community, or by clan or ethnic-based associations. Not only the government, but also NGO's plays an important role in protecting the old. Data related to the socio economic condition, diseases, physical disabilities of elderly are mainly gathered from NSSO survey on Social Consumption from its 52nd and 60th round (1995-96 and 2004 respectively) and suggest suitable measures for their care in the future too. The Scheme of Integrated Programme for Older Persons (IPOP, 1992) provide financial assistance up to 90% of the project cost to NGO's for running and maintenance of old age homes, day care centers, mobile Medicare units to meet the health care issues of the elderly. These mobile Medicare units are specially intended for the treatment of neglected elderly who lives in slums and rural areas. National Policy on Older People (NPOP, January 1999) tries to give financial and health care support, shelter and food security to the elderly, protect them from exploitation and help them to lead a better quality life. The National Policy for the elderly 1999 focuses on three aspects: Older persons and Development; Advancing Health and Well-Being into Old Age; and Ensuring Enabling and Supportive Environments, as recommended by the Madrid International Plan of Action on Ageing, 2002. Not only the above said measures but also the state government through Panchayati raj institutions takes a lot of measures to improve the situation of elderly. The real fact is that the basic human rights of the elderly are violated by their own family members and societies.

Government of India enacted the Maintenance and welfare of parents and Senior Citizens Act 2007 and thus provides legal protection to their rights. Whatever be the measures, a major portion of elderly population now too remain in a very pathetic condition related to weak health and loneliness they feel due to the neglect from their children. All these necessitate the need for a deep look into elderly issues.

Another feature that can be noticed is the proportion of working elderly population increased during the last years and the trend and demographic changes revealed that it will continue in the coming years too.

Percentage of elderly population working

Place of Residence	Sex	Percentage
Rural	Male	66
	Female	23
	Total	45
Urban	Male	39
	Female	7
	Total	23
Total	Male	59
	Female	19
	Total	39

Source: NSSO survey 2007-08

UNIQUE AGING SCENARIO IN KERALA

Kerala which passes through the third stage of demographic transition often faces the problem of aging in its severity. Considering all Indian states Kerala has the largest number of elderly population. Kerala with its unique development pattern witnessed the following changes like high female education, rising the age at marriage, decline in fertility and corresponding decline in birth rate and decline in the number of working population in the future and the proportion of elderly to the total population is considerably increasing. Therefore elderly population and their problems form significant attention to not only demographers but also for the sociologist and economists too. Demographer S. Irudaya Rajan emphasized one important drawback of the so called Kerala Model of Development is that its emphasis on public health provides a longer life, but it fails in providing quality lives.

From 2001 onwards Kerala noticed a sharp decline in working age group population, decline in fertility and high life expectancy coupled the growth of elderly population. As per the research papers from the Centre for Development Studies (CDS) titled "Kerala's Demographic Future: Issues and Policy Options" revealed that along with the above said demographic changes the coming decade is featured by high unemployment rate among the elderly population. The population projections on elderly revealed that by 2060 the proportion of elderly would constitute 40 per cent of Kerala's total population. In 2009, State Planning Board made a similar projection estimates that the growth rate among the elderly will be the highest during 2011-21 and will decline thereafter to 7.5 per cent during 2041-51. Due to the decline in the working group population, the unemployment problem in our state can be solved to a great extent and young age groups have more choices due to the decline in working population. Kerala faces a

great challenge in terms of elderly population, because more and more elderly populations are being abandoned by their families.

In 1967, Kerala initiated pension scheme for elderly and widows but it is mainly confined to those who had no family or relatives and in a very low income situation, later in 1980 the pension scheme is extended to agricultural sector. But the amount is very low while comparing to the high cost of living. As far as the other scheme is concerned; it is quite likely that many elderly women may be left out, not because they are not in need of assistance, but because they do not qualify for it in terms of the occupational norms that had been adopted for the pension scheme. Thus, there is a need to address the problems of elderly women who do not fall either into the category of destitute or those who had worked in a particular occupation. Under the scheme for destitute people, there is a special provision made for pensions for widows and divorced or separated women. But the entitlement to a pension under this provision concerns the marital status of the women and their economic position, not their age.

Percentage of elderly in Kerala (60 years and above)

Census years	Males	Females
1961	5.65	6.02
1971	5.97	6.47
1981	7.15	7.84
1991	8.33	9.29
2001	10.33	11.62
2011	11.8	13.3

Source: Census Reports

Kerala's total population as per the 2011 census is around 3.36 crore, of which 12.6 per cent are aged above 60 years compared to the national figure of 8 per cent. Kerala adds one million elderly every successive year since the census of 1981. A special feature of Kerala was that persons above 80 years increased by 0.1 million during every census year since 1981 till 2001 and in 2011, it increased to tune of 0.2 million. A sex wise look at the elderly revealed that the proportion of woman elderly is more than that of their male counterparts. The basic reason for this is high female longevity. Marital status of the elderly also is an important factor which affects their care and wellbeing which influence their psychology through love and emotional care. Majority of elderly females are widows and they lack such care and attention, therefore they should be given special care and attention. Among the total population of senior citizens, the share of female senior citizens is about 55 percent and the widows outnumbered the non-widows (Economic Review 2014, Kerala State Planning Board). A sex wise examination of the elderly population reveals that majority of elderly is widows. Among 60-64 age group 42 percent are widows and among 70-75 age group 74 per cent are widows. By 2045 it is projected

that the number of elderly population in Kerala will be greater than the number of child population.

Elderly (above 60y) population projections in Kerala (%)

Year	Male	Female	Total
2001	8.9	11.5	10.2
2006	9.4	12.2	10.8
2011	11.6	13.2	11.9
2016	12.6	15.0	13.8
2021	14.8	17.1	16.0
2026	17.3	19.5	18.4

Source: Population Projections for Kerala, Bhat and Rajan, CDS, in Leela Gulati's Population aging and woman in Kerala state, Asia Pacific Population Journal, Vol. 8 No. 1, 1993, pp. 53-63

By the end of the 12th Plan period (2012-17), elderly population will be around 15 per cent and it is growing three times faster than the general population. The percentage of aged people in Kerala is the highest in the country and the estimates indicate that by 2026 it is expected to go up to 20 per cent of the total population. Recently, Kerala government made a request to the union ministry in relation to elderly in which their care and home nursing should be brought within the ambit of the NREGA taking into consideration the state's growing issues with the lonely elderly population

MAIN PROBLEMS FACED BY ELDERLY POPULATION: SOCIO-ECONOMIC AND HEALTH PROBLEMS

The quality of life of elderly population is affected by social, economic, physical and psychological environment. One main problems faced by the elderly population is their weak economic position coupled with high medical expenses at the old age. Elderly are more likely to have health problems (Bhatia, 2007) and the leading cause of death among elderly in India is cardiovascular diseases (Indira Jaiprakash, 1999). The most common ailment that attack elderly people in Kerala is hyper tension; about 57 per cent of elderly is affected by hyper tension. The other common types of diseases associated with the elderly are joint pain (37%), diabetes and eye/ear problems (32%), heart problems (17%), followed by asthma (11%). In Kerala, surprisingly most of the treatment of elderly is gained from private hospitals (55.8 %), followed by government hospitals (34.6 %). Elderly thus face so many diseases associated with their old age and had to take regular medicines for different diseases like diabetes, high blood pressure, arthritis and so on. The per capita health care expenditure of the elderly is three to five times more than that of young population (Reinhardt, 2003). High treatment cost and frequent hospitalization put elderly in a realm of low economic status.

Social Security Measures tries to ensure a minimum standard of living to the elderly. A serious drawback of our social security measures is that a large proportion of elderly populations are not come under the umbrella of pension schemes. The extend of poverty faced by elderly is difficult to measure. To meet their daily needs they had to depend upon their children or relatives because they got only Rs. 500 monthly as old age pension in our state and those who are above the age of 80 got Rs. 1100 monthly. A national project namely OASIS(Old Age Social and Income Security) undertaken by the Security division of Ministry of Social Justice and Empowerment made recommendation to the government to start protecting elderly even at their working age period by promoting saving and made themselves economically secure at the old age.

The deterioration of the quality of life of elderly and their social and economic problems put them in a realm of low mental status (Prakash, 2004). Not only their physical health but also their mental health is in a weak position. A sex wise comparison reveals that women elderly faces the problem of depression the most. Depression in aging is often treated as a normal issue, but the emotional struggle and stress they face, the isolation and loneliness they feel coupled with economic dependence put them on a low level of mental health. One main reason for depression among elderly is the loneliness they feel and neglect they face from their children and grand children. On the basis of this Chambers (1995) described the eight diminution of deprivation among the elderly as poverty, social inferiority, social isolation, physical weakness, vulnerability, seasonality, powerlessness and humiliation of the aged. The mental health policy for Kerala 2013 came into existence effecting amendments to the Kerala State Mental health Policy 2000 and the new policy gave much stress on aging and related problems affects the mental health.

TIME ALLOCATED FOR ELDERLY CARE

Comparing to the rest of India, elderly care in Kerala is often noted with a great love and affection. Time devoted to elderly care falls in the unpaid market sector. Unpaid care work which forms an important part of extended SNA (System of National Accounts). The Indian time use survey 2000 revealed care work which is often considered as those works which resulted in the maintenance of human capital and is mainly performed mainly by women. As reveled by Indian time use surrency weekly average of 12.38 and 6.65 hours is spend by men and woman respectively on care relate activities. Among these care time if we isolate the time spent for elderly care alone it account for a weekly average of 5.40 hours for females and 3.88 hours for males respectively. The Human Development Report (1999) point out the significance of care work in an economy. The care work which is mainly performed by women with in the household results in the denial of opportunities for them to work outside. Recently, The United Nations Research Institute for Social Development (UNRISD) pointed out the significance of unpaid care

work and is coordinating a multiyear research project, ' Political and social economy of care'. While providing care, more care is to be provided to the oldest old due to their weak physical condition but such a thread is in fact missing. The link between elderly family care, daily activities of elderly, housing condition and physical well being are to be explored while examining the quality of life of elderly.

GROWTH OF OLD AGE HOMES

Kerala compared to other Indian states is noted for its care and attention given for their old parents, but the mushrooming of old age homes put a question in front of us, Is really children love their old parents? The number of old age homes increased from less than 150 in 2000 to nearly 300 now. Not only this, another interesting finding is that old age homes have a long waiting list of elderly to gain an admission. A non plan assistance to Panchayati Raj Institutions or self help groups for the construction of old age homes was started in 1996-97 and about 50 per cent of the construction cost is provided, but due to its less attractive nature during the end of 10th plan (2006-07) it was discontinued.

During 2013, there were 11 Government Old Age homes with 624 inmates against the sanctioned strength of 1000. Also there were 27034 inmates in 532 registered Old Age homes run by NGOs. In addition a number of private Old Age homes (free and pay-and-stay) are functioning in the state. Many of these homes are running with poor infrastructure, managerial problems, lack of health care facilities like geriatric care including pain and palliative care units, counseling facilities, etc. Revamping the homes as part of the State Old Age Policy is obligatory for creating a healthy, physical, social and family environment.

ANTIDOTES

The main suggestions for improving the conditions of elderly are listed below:

- ✓ Regular physical activities surely produce positive effects on both psychological and physical wellbeing. Creation of such physical activity centers for the elderly should really improve their health and reduce the frequency of diseases. Policy makers at the local and state level have to work together to create such centers for elderly. This is another way to reduce high cost burden of medical expenses.
- ✓ Government should take steps to promote periodical checkups for elderly in the government hospitals or in the primary health centers and elderly can be provided medicines through primary health centers.
- ✓ Construction of rural hubs helps a communicative and meeting place for the elderly, and it also helps in arranging informative lectures to them.

- ✓ Counseling centers to deal with the psychological problems of the elderly should set up and methods to provide comfortable meditation should be given.
- ✓ If the elderly are in good health and working condition, they will be given help to engage in some economically productive occupations.
- ✓ Schemes to keep elderly economically active should be adopted, for that the involvement of voluntary agencies should be undertaken.
- ✓ A new type of Human Resource Centers should be developed which offers community based temporary, short term light work or voluntary activities for the elderly.
- ✓ Senior Citizens Associations should be active not only in urban but also in rural areas.
- ✓ Home care support centres are not so efficiently function in our state. Just like developed countries, home nursing programs and day care visit by expert professionals and voluntary agencies are to be considered.
- ✓ Respite and continuous care homes should be set up.
- ✓ Loneliness of elderly is another significant problem which will be given significant attention. Nearly 8% of elderly in rural and 5% in urban areas are leading a lonely life. Even if they are living with their children they face the problem of loneliness. Government should take measures to protect the lonely senior citizens whose number is increasing considerably.
- ✓ A much better old age pension scheme with wide coverage should be adopted.
- ✓ Family and Housing facilities often form the basis of elderly care, so better housing environment should be created.
- ✓ The concept of Long term Care Insurance system should be made more popular among the working population.
- ✓ The stringent rules for eligibility under social security schemes should be made more flexible to cover a larger population.
- ✓ Above all it is very essential to create awareness among elderly population regarding their rights and duties and help them to lead productive and independent life.

CONCLUSIONS

Old age and associated problems are inseparable in the life span of every human being. Life cycle hypothesis rightly pointed out that consumption exceeds saving in the younger and old age. Therefore a better planning and saving at the working age group to an extend helps when we reach old age. The basic solution is when we are at the earning stage plan better for a brightful and economically independent future. But the problem persists mainly in the case of poor as well as those who work in the informal sector. Therefore government should take measures to improve the situation of elderly basically in the informal sector because till their death, they work hard. They continue their life as working elderly and fail to gain a

peaceful life and safety even at their old age. A mere increase in life span will not solve all the problems of elderly, but we have to make their life happy and lively. We should try to keep them active, and then alone they will remain vibrant and maintain a very good physical and mental health which results in the overall prosperity of our nation.

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