

Problems faced by women in old age and Prospects

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Abstract:

Changing age structure is one of structural change that witnessed in the last century. Population ageing is one of its consequences, which emerges as a global phenomenon in the present day. It is generally expressed as older individuals forming large share of the total population. This process is considered to be an end product of demographic transition or demographic achievements with a decline in both birth and mortality rates and consequent increase in the life expectancy at birth and older ages. The Indian aged population is currently the second largest in the world to that of china with 100 million of the aged. The absolute number of the over 60 population in India will increase from 77 million in 2001 to 137 million by 2021. The condition of the aged women is more vulnerable than men. This paper is an attempt to know the various social, psychological, economic and health problems faced by the aging women.

Introduction

Aging population is the most challenging demographic phenomenon worldwide in the 21st century. According to the United Nations, World Population Projection predicts that the world population will increase from 6.5 billion to 9.1 billion in 2050. In India, the persons above 60 years were only 1.9 crores in 1947 whereas their number went up to 10 Crores (10% of the total population) by 2001 and is expected to go up to 15 Crores by 2020. The forces of globalization, modernization and technological change, mobility and the explosion in the lateral transmission of knowledge are making changes in the life styles and cultural values to adjust the changing circumstances.

National and International efforts for aged

Individuals and families tend to be caught between tradition and modernity which sometimes leads to ambivalence in attitudes towards the use of knowledge and experience of the past in solving problems of the present. When this happens, it tends to make the old people less

valued. The migration of the younger people increases the vulnerability of the old who stay behind. Incorporation of a gender perspective in all policy actions on aging as well as elimination of discrimination on the basis of age and gender is a great challenge in today's world. The UN general assembly in 1990 designated October 5, as the International Day of Older Persons. In 1991, the United Nations General Assembly adopted a set of principles for aging women at its 46th session. The Convention on the Elimination of All Forms of Discrimination Against Women is a landmark tool for setting out global normative standards of gender equality. CEDAW is a living instrument to protect the human rights of older women as it is mandated to eliminate all forms of discrimination against women throughout their lifespan. The theme of United Nations Second World Assembly on Aging (2002) was "Building Society for All Ages". At the 45th CEDAW session in January, 2010, older women's issues like-witchcraft allegations, mob trials, and killing of older widows in order to grab their property were raised. In India, the government announced the National Policy for Older Persons in 1999 to reaffirm its commitment to ensure the well-being of the older persons in a holistic manner. The National Social Assistance Programme (NSAP) for the poor households and represents a significant step towards the fulfillment of the Directive Principles enshrined in article 41 and 42 of the constitution of India, recognizing concurrent responsibility of the central and state government in the matter. The government of India has been implementing several schemes/programmes for the welfare of women including widows, such as Swadhar and Short Stay Homes, Support for Training and Employment Programme, Indira Gandhi National Widow Pension Scheme etc.

Various aspects of aging

Old age is a natural part of the life-cycle. It is a process of regular changes that occur in mature and genetically representative organism living under representative environmental conditions as they advance in chronological age. These changes can be anatomical, physiological, psychological and even social and economic. Biological Aging refers to anatomical and physiological changes that occur with change. Biologists are of the opinion that aging begins when growth and development stops. Psychological aging consists of a general decline in the mental abilities that accompany old age. Generally, physical aging precedes mental aging though this is not always the case. The sociological aspect of individual aging is concerned with changes in the circumstances or situations of individual as a member of the family, community and society.

Theories on aging

Biological theories of aging highlight both growing degree of consensus about the role that evolution and natural selection play in the development of senescence and longevity and a sharpening contentiousness between competing perspectives about how this process might have occurred. Wear and Tear Theories of biological aging propose that aging in humans and other animals is simply the result of universal deteriorative process, that operate in any organized system. The theory asserts that the human body is like a machine and after extensive use individual parts start to wear out. The Genetic Control Theory focuses on the genetic programming encoded within the DNA. Humans are born with a unique genetic code, a predetermined tendency to certain types of physical and mental functioning. Cross-linkage theory suggests that connective tissue in the body, such as the skin or the lens of the eye, loses elasticity with advancing age. It can be recognized as wrinkling of skin and cataracts.

From Societal Perspective, The Disengagement Theory views aging as a process through which society and the individual gradually withdraw or disengage from each other. There is transfer of power from the old to the young making it possible for society to continue to function. The Activity Theory asserts that in order to be happy in old age, individuals need to be active. It argues that if existing roles and relationships are lost it is important to replace them. Replacement to roles and relationships is necessary because when activity level drops, there is corresponding drop in level of satisfaction. The Continuity Theory is also known as the Development Theory. It states that older adults try to preserve and maintain internal and external structures by using strategies that maintain continuity. Continuity theory has excellent potential for explaining how people adopt to their own aging. Changes come about as a result aging person's reflecting upon past experience and setting goals for the future. Modernization Theory holds that elderly persons typically fail to change to satisfy the norms of the modernization process like material economy, achievement orientation, technological maturity and mass consumption. The Age Stratification Theory provides a basis for explaining whatever forms and levels of inequality might exist between the young and old in given societies.

According to this theory, the relative inequality of the aged at any given time and in any cultural situation depends upon two types of experiences: their typical life course experiences , due mostly to the physical and mental changes that take place and the historically based experiences they have as part of the age cohort to which they belong. Although old age necessarily entails a biological and chronological component, but from a human rights perspective, the most important aspect is its social construct. In contemporary society, the prevailing view of aging people and the issues of concern to them focuses on the idea of old age as a stage during which persons will have unmet economic, physical and social needs. As a result, many of the policies and actions relating to other persons focus on what other groups have that they do not, based on an andocentric organizational and functional model of society. Only in rare cases is government action focused on offering the highest possible living standards for aging people based simply on their identity as members of society and on their legitimate aspirations as citizens. Older persons are viewed in terms of the extent to which they approach or depart from a supposed standard of normality that is clearly biased in favors of physical and mental parameters that fit in with the dominant cultures stereotype. The situation is even more difficult for aging women, who are often viewed through the prism of established paradigms, many of which simply disregard age relations. This approach emphasizes the distance separating aging women from the dominant archetype, either of men of working age or of women during their child-bearing years. It is also clearly reflected in the theory of the political economy of aging, which incorporates women but does not adjust the model to them.

widowhood, divorce, lack of care- givers for older women, post menopausal difficulties and absence of geriatric medicine and health care are other grounds of discrimination that prohibit older women from enjoying their human rights. Older women in prison , older sex workers and older disabled women face neglect and abuse as they age . Discrimination against older women is often based on deep-rooted cultural and social bias. The impact of gender inequalities throughout a woman's life span is obviously reflected in old age, and it often results in unfair resource allocation, maltreatment, abuse, gender based violence and prevention of access to basic services. Their ownership of, or access to, land may be restricted due to discriminatory inheritance laws and practices. Thus, they would need to depend on the family or the state for financial support and living arrangements.

Against this backdrop, a research has been conducted to know the problems of aging women. **The main objectives of the study are:** to know the various social, psychological , economic and health problems of the aging women.

The study also suggests remedies for tackling their problems. The empirical study is made in Mohali district of Punjab. A random sample survey of aging women on the basis of age group, marital status, religious status, caste status, type of family, educational status, professional status etc is done. A sample consisting of 30 respondents (15 from rural areas and 15 from urban areas) was randomly selected from Mohali district. . A structured interview schedule was designed for the purpose of data collection. Following are the major conclusions emerging from the present study:

The gendered nature of aging reveals that women tend to live longer than men . Gender relations structure the entire life cycle, from birth to old age, influencing access to resources and opportunities and shaping life choices at every stage. Good health, economic and social security and adequate housing are essential requirements of aging with dignity, but older women in both developed and developing countries face difficulties in accessing these on a basis of equality with men. Both men and women face discrimination due to old age , but women face aging differently .Gender and age discrimination make the life of an older women more difficult , as their rights are often violated. Many older women face neglect as they are considered no longer economically or reproductively useful, and are seen as burdens on their families. In addition,

- The respondents have their own social conditions belonging to urban and rural localities as well different religions and caste categories. They possess different views about education and faith in social customs. Moreover, the social worries and social problems are of different types.
- The study shows that 16.66% out of the total 30 rural women surveyed are Hindus and 60.0% of the 30 urban women are Hindus. The proportion of Sikh respondents in rural and urban areas are 83.33% and 36.66% respectively. Only 1% of urban women belong to other religion.
- The study further shows that in rural areas 66.66% women belong to general category while 73.33% of women in urban areas belong to general category. In urban areas 26.66% women belong to scheduled castes while only 6.66% women belong to backward classes. In urban areas 16.66% women belong to backward classes while only 10% women belong to scheduled castes.

- In the rural areas , most of the women are uneducated. 83.33% of women are illiterates. 10% are primary educated and 6.66% are high school pass. In rural areas, no woman is found having higher education level. In urban areas, educational condition is somewhat better. 26.66% women are graduate, 16.66% are primary educated, 13.33% middle educated, 3.33% high school educated, and 23.33% women in urban areas are illiterates. 16.66% of women are post-graduate.
- When asked if the women could get the chance of education which they desired, in rural areas only 3.33% and urban areas 33.33% women replied in affirmative while 96.66% of women in rural areas and 66.66% women in urban replied in negative.
- In rural areas 20 % of the women expressed their helplessness due to economic reasons. In urban areas also 16.66% of the women could not get the desired education for lack of economic resources. In rural areas 10 % and in urban areas 20 % women felt the family reasons were behind it. In rural areas, 30 % of the women gave other reasons and said that the schools being far away from their native village, they could not get the desired education. In urban areas 16.66% of women gave other reasons while 13.33% rural and 16.66% of the urban women did not reply at all. When asked whether education is necessary or not 90 % of the rural and 100% of the urban areas women feel the necessity of female education. Only 3% of the rural women replied in negative.
- As regards the beliefs of women in social customs and traditions, 70 % of rural and 53.33% of women in urban areas firmly believe in dowry system, whereas 30 % of rural and 46.66% of urban areas aging women do not believe in dowry system.
- The study reveals that caste system still prevails in the society. 60.00% of the rural women and 40 % of the urban aging women favour the caste system. Ordinarily they do not find distinction between upper and lower caste but they prefer the marriages of their children solemnised in their own castes.
- The study also reveals various aspects of the families of aging women like marriage, birth of children, type of family, size of family, number of children, liking towards sons, daughters or both. The data shows that 33.33% of the rural and 26.66% of the urban women became mothers between the age of 10-20. 63.33% of the rural and 70 % of the urban females got motherhood between the age of 20-30. Only 3.33% of the urban and rural got it between 30-40. Nobody enjoyed motherhood for the first time after 40 years of age. In rural areas 13.33% of the families are nucleus whereas in urban areas 43.33% of the families are nucleus. Again in rural areas 76.66% families are joint whereas 40.00% in the urban areas there are joint families, the data shows that joint families are more prevalent in rural areas. 10% of the rural and 16.66% of the urban elderly women live alone.

- 13.33% in the rural areas and 60.00% in the urban areas, the family size consists 1-5 members. Size of 1-5 members is most prominent in urban areas and the size of 6-10 members is most prominent in rural areas. 53.33% of rural areas and 36.66% of the urban areas are the families of 6-10 members. 23.33% in the rural and 3.33% in the urban families are the families of above ten members.
- The study shows the number of sons and daughters of the surveyed women. 50 % of the rural and 60 % of the urban women have two and less than two sons. 40 % of the rural and 26.66% of the urban have between three to four sons. When the number of daughters is analysed, 66.66% of the rural women and 90 % of urban women have 2 or less than two daughters. 13.33% of the rural and 10 % of the urban have three to four daughters.
- The data further shows the preference of females towards their children. 16.66% in rural and 10 % in urban areas expressed their liking for a son. 30 % in rural and 40% in urban females have liking for daughters. 53.33% rural and 46.66% in urban like both son and daughter. When asked about the reason for liking of a daughter, both urban and rural women said that it was their personal experience that daughters are more caring than sons. Their common expression was, “Dhia ta dukh sundian han...” daughters share the sufferings of their parents.
- In rural areas 30 % and 40 % in urban areas women say that the behaviour of their husband is very good 33.33% of rural women and 30 % of urban women say that the behavior of husband is good. 26.66% of the rural and 6.66% in urban women feel it to be ordinary.
- Only 10 % in urban areas women have to face bad behaviour from their husbands. When women were asked about their children's behaviour, 13.33% in rural and 50 % in urban areas women enjoy very good behaviour from their children. 43.33% in rural and 30.00% in urban women enjoy good behaviour by their children. 33.33% in rural and 6.66% in urban, the children behave in an ordinary way with them. Only 10.00% in rural and 13.33% in urban areas women suffer from bad or very bad behaviour of their children. When asked about the behaviour of other members of the family, 10% in rural and 23.33% in urban enjoy good behaviour from other members of the family. 43.33% in rural and 53.33% urban women enjoy good behaviour from other members of the family. 40 % of the rural and 6.66% of urban women get ordinary behaviour from other members of the family.

- The data shows that 40 % of the rural and 73.33% of the urban women suggest their advice in the family matters. 46.66% in rural and 26.66% in urban women replied in negative and 13.33% in rural areas, women did not reply at all.
- The elderly women have to face so many tensions like unemployment of children, marriage of their children, family quarrels, loneliness of self, ignored by others, bad relations with relatives, lack of time for family. 53.33% in the villages and 40 % in cities, the women are worried of their children's unemployment. 46.66% in rural and 33.33% in urban women worried about their unmarried children. 33.33% rural and 16.66% in urban areas women face family quarrels. Loneliness is also one of the tensions. Both the rural and urban (6.66%) suffer from it. 6.66% of the rural women and 10.00% of urban women complain that others ignore them. 6.66% of rural areas and 3.33% of urban areas, women have not good relations with their relatives.
- The data shows that 80.00% of the rural and 70.00% of the urban women are satisfied with their families. But 20 % of the rural and 30 % of the urban areas women are not satisfied.
- When asked about the caretaker of the aging women, 56.66% in rural and 40.00% in urban areas women say that they themselves take their own care. 23.33% of the rural and 33.33% of urban women are taken care by their children. 20 % of the rural and 26.33% of the urban women are looked after by their husbands.
- The study further shows the professional status of surveyed women. 80 % of the rural and 46.66% of the urban areas women are the housewives and do not do job. 13.33% of the urban women are teachers and 3.33% of the urban women are doctors. 16.66% of the rural areas women are labourers. 3.33% in rural and 36.66% in the urban areas, women have other professionals like ward attendant, clerical, anganwari workers, etc. 3.33% in urban areas women's husbands are teachers. Only 3.33% of the urban women's husbands are advocates. 43.33% of the rural areas women's husbands are involved in agriculture. 6.66% in rural and 13.33% in urban areas, women's husbands are in business. 30.00% of the rural areas are labourers. 3.33% of the urban women's husbands are bank managers. 6.66% in the rural areas and 40 % in the urban areas, women's husbands are of different professions like gurdwara ragi, driver, health inspector, etc.
- 3.33% in urban areas women get less than 1000 rupees per month. 20.00% in rural and 13.33% in urban areas women have the income between one to two thousand rupees. 3.33% of urban women earn Rs. 11000 to 15000. 10.00% of urban women get Rs. 16000-20000. 23.33% of urban women have the income between 26000-30000. 80 % of the rural and 50 % of the urban women do not earn themselves but depend upon the income of other family members.

- When asked about any loan or debt being ever taken by them 20.00% of the rural and 26.66% of the urban replied in affirmative, while 80.00% of rural and 73.33% of urban replied in negative. When further probed about the reasons for the debt, 83.33% of the rural women and 37.5% of urban women said that children's marriage/ education forced them to take the loan while 62.5% of urban women and 16.66% of rural women said that they had to go under debt for the building of their houses. The respondents were again asked about the sources of debt, 87.5% of urban and 100.00% of the rural took it from bank while 12.5% of urban took it from landlord.
- 23.33% of rural and 10 % of urban women pass their time through meditation. 56.66% of rural and 53.33% of the urban spend their time by going to the temple and religious assembles. 50 % of the rural and 53.33% of the urban women pass their time in watching TV. 36.66% of rural and 20.00% of the urban women pass their time in visiting and talking the neighbourhood people and friends. 3.33% of the rural and 6.66% of the urban said that they have hobbies like rolling of the Sewia, making pappars and making paper bags. When asked if they take any intoxicant, both rural and urban ladies replied in negative. When asked about if any other member of the family is addicted of such things, 83.33% of the rural and 23.33% of the urban complained their husbands being addicted to drinking. The data includes the information about the widow's husbands before their death. 23.33% of rural and 23.33% urban complained their children being addicted to drinking.
- From the survey it has been noted that 33.33% of the rural women and 66.66% of the urban women have good health, whereas 46.66% of rural women have ordinary health and 33.33% of the urban and 20% of the rural complained of bad health. 20.00% of the rural and 40.00% of the urban women suffer from general weakness. In rural areas, 23.33% suffer from BP, 16.66% from arthritis, 6.66% suffer from depression and 33.33% have other problems like eye problem, stomach pain, etc. In urban areas, 20.00% of women suffer from BP, 23.33% suffer from diabetes, 6.66% have asthma, 10.00% have arthritis, 26.66% have heart disease, 13.33% are suffering from depression, 6.66% suffer from loss of appetite, 6.66% have dental problems, 10.00% are suffering from other problems and 33.33% have no problem at all.
- In rural areas 50.00% of these elderly women go for allopathic treatment and in urban areas. 73.33% of these elderly women go for allopathic treatment. The homeopathic treatment adopted by the rural women is 36.66% of them while in urban areas it is 3.33%. The household treatment followed by rural women is 13.33% and ayurvedic treatment is adopted by urban women is 13.33%. 50.00% in rural and 40.00% in urban

Areas women visit civil hospitals whereas 16.66% of rural and 50.00% of urban women go to private hospitals for treatment. 10.00% of urban go to private doctor. 30.00% of the rural women call the nearby doctor when they needed. 3.33% of the rural did not reply at all.

- When asked if they were happy with themselves 70.00% of the rural and 23.33% of the urban women said that they do feel happy with themselves and 30.00% of the rural and 76.66% of the urban replied that they were not happy with themselves. The rural women compared to the urban women are more psychologically-mentally healthy. The rural women's picture seems to be more bright and optimistic in comparison to urban areas. 76.66% of the rural and 46.66% of the urban women are optimistic. A major problem related to the learning ability of aging women is the expatriation of the rest the society. Surveyed women were asked if they lend a helping hand to others, 93.33% of the rural and 73.33% of the urban replied that they help others. 6.66% of the rural and 26.66% in urban replied in negative.
- It is a well known fact that elderly people loose health and are unable to earn, they depend upon the financial support of other family members. If the family looks after them they are quite comfortable, otherwise the life becomes a curse for the aged people. There have been some government, private and NGOs joint efforts which have created facilities and schemes for the elderly people. When asked if they are familiar with these schemes 66.66% of the rural and 30.00% of the urban replied that they knew it whereas 33.33% of the rural and 70.00% of the urban women expressed their ignorance about it. Surprisingly, the rural women had more information regarding these schemes than the urban women. The respondents were asked whether they are taking advantage of these schemes, 60 % of the rural and 20 % of the urban replied that they were utilizing it. 40.00% of the rural and 80.00% of the urban are not utilizing these schemes. 86.66% of the rural and 56.66% of the urban elderly ladies complained that they want to take advantage of these schemes if the government and civil society help them.

Aging and the aged represent a curious phenomenon in human life. Human beings desire to live long, but wish to avoid the consequences of aging. The aged are also the most helpless, deprived of work, depending on charity, old age assistance or the benevolent help of others, suffering from all types of physical ailments, and even becoming victims of robbery, assault, and other crimes. Women are at clear disadvantage in Indian society Because most of them live in the shadow of the males throughout their lives father, husband, son or male relatives like nephew, brother, uncle. In most of the cases they donot earn money and even when they do, their employment is often guided by family considerations. Moreover, their earnings

are managed by the male counterpart. Most of the women do not own property and even when they own it they do not manage it. They are completely dependent on the male members of the family for fulfillment of all their basic needs. Besides aging women face specific health problems. They are prone to arthritis, osteoporosis and hypertension, cervical and breast cancer, anemia, and most of all depression. The rich educated women may be self-sufficient but could be facing problems of emotional insecurity and physical vulnerability. Even these women are often to threats of crime and fraud by their own relatives or children.

Prospects for aged

A Human Rights and Community based approach builds or strengthens the capacities and autonomy of individuals and communities. The human rights based approach promotes the enjoyment of human rights by all social groups and therefore helps to ensure that persons who have been denied those rights in the past will now be treated equally and with respect for their human dignity, thereby paving the way for social integration and , on that basis , the construction of a “society for all”. Population aging has significant human rights implications because it ushers in new opportunities for implementing this approach and, as a corollary, for building the citizenry of the twenty- first century, First, it opens the way for reconciling the needs and interests of all groups within society so that progress can be made towards a fully integrated society in which each and every person, regardless of his or her age, has certain rights and responsibilities and has an active role to play. Second , it places members of society in a position which enables them to demand specific sorts of measures or services on the basis of their age and provides scope for responding to demands from other stakeholders for the expansion, specification or intensification of respect for human rights.

The application of international human rights instruments is a key tool for promoting and guarding the rights of older persons on an affirmative , broad ranging basis. These instruments provide a means of transforming the sphere of the individual in order to establish what governments and the whole of society's responsibilities are in this regard, as well as focus on equipping older persons to manage their lives personally. From this standpoint, one of the chief challenges for rights based public policies is how to go about helping to build a society that

opens its arms to all, a society in which people regardless of their age, colour, caste , creed or other social differences, have the same fortune to exercise and secure full respect for their human rights and fundamental freedoms. Government should adopt a rational approach that is a right mix of enterprise and welfare . Women in the age group of 60-75 years who are willing to work should be encouraged to form co-operatives and earn their living. Those who are incapacitated or very old may be considered for outright help and given money so that the family does not treat them as a burden. Care should be taken to simplify administrative problems so that the illiterate women are able to take advantage of the schemes. The curriculum for geriatrics and gerontology for medical /paramedical and support services facilities should be sensitive to health and nutrition concerns of women. The medical fraternity should be able to address the specific health concerns of aging women. There should be collaboration between NGOs and local police to prevent such crimes whether perpetuated by family or outsiders.

CONCLUSION

The gender dimension of aging is not only restricted to the population, but has differential implications on the cycle of women and men. Programmes for the elderly may create, maintain or reinforce those gender roles and relations that are detrimental to the well being and status of women. A life cycle approach to gender analysis will provide a comprehensive perspective to gender-sensitive planning for the aging population. The full development and advancement of women cannot be achieved without taking a life-cycle approach, recognizing and addressing how the different stages of women's lives, childhood, adolescence, adulthood and old age have an impact on their enjoyment of human rights. Government should collect statistical data disaggregated by sex and age on the situation of aging women, with special focus on poverty, illiteracy, violence against women, health and housing related issues, care givers for people affected by HIV and AIDS, migrant women, rural women, women living in areas of conflicts, women belonging to minorities, and disabled women. Thus, the researchers, the academicians, the NGOs and the media can play a pivotal role in sensitizing the people that care of the aging persons is not the sole duty of the sons but also the daughters are liable to look after them. The media must take earnest efforts to make the young people in schools, colleges and universities

aware that the patriarchal society must be changed. The laws are only in the letters, these must be put into practice, only then the goal can be achieved. Steps taken by Government, NGOs and security agencies go a long way in reducing threats to older women , but the family still remains the most important institution in an indian women,s life. Therefore one needs to work on the policies and programmes that support families to take care of aging women . Councelling of both , the young and the old to adjust to each others' needs and life styles should be imparted and new methods of conflict management should be taught to the people so that they live in their own families without becoming a nuisance to each other.

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