The Aged and Their Rehabilitation: Need for Empowerment

Dr. C. Somashekher

Professor of Sociology, Department of Sociology, Bangalore University, India.

IJMSSSR 2021
VOLUME 3
ISSUE 3 MAY – JUNE **ISSN: 2582 - 0265**

Abstract: In almost all developing nations, the workforce, there will be a 62% growth in those aged 85 and within the next few decades. The World Health Organization's first suggestion was that older people be given extra consideration as a disadvantaged group who are more prone to physical and emotional decline as well as well as social problems. To conserve and protect the health of the elderly in their own homes and neighbourhoods, it is important to prepare and introduce a scheme of rehabilitation is robust and extensive enough to ensure that any older citizen provides them in the most reliable and beneficial way possible. The objective of this paper is to argue that it is not enough if the aged are provided merely welfare measures, a form of charity, but what they need in India is empowerment in terms of Civil Rights Acts for a descent life and living. There is an abundance of literature that demonstrates how important it is to encourage older adults to be knowledgeable about their own health and wellness, and do experiments to find out what approaches target it.

Keywords: Aged, Empowerment, Disadvantaged group, Rehabilitation, Welfare.

1. Introduction

Rehabilitation helps a child, adult or older person to be as independent as possible in everyday activities and enables participation in education, work, recreation and meaningful life roles such as taking care of family. It does so by addressing underlying conditions (such as pain) and improving the way an individual functions in everyday life, supporting them to overcome difficulties with thinking, seeing, hearing, communicating, eating or moving around. The subject assumes greater significance in the context of the United Nation's declaration of Oct. 1, 1999 as the World Elder's Day and this year it assumed special importance as the UN declared 1999 as the International Year of the Aged with the theme: "Towards a Society for All Ages". The problem of old age has gained importance in the contemporary society due to the rapid growth in the number of aged individuals in society. Unlike the western countries, where old age does not pose a problem as the care of the aged is systematically institutionalized with the help of voluntary organizations and Government aid, ageing in India and in most developing countries has posed serious problems of adjustment not only for the aged but also for the state. Warren (1946) laid down the guiding principles of what was to become the specialty of geriatric medicine, emphasised the process of rehabilitation to help elderly people regain their best possible functional independence. According to researchers, the problem is the lack of preparation for the sudden appearance of a large number of older people and the lag in adapting social institutions to their needs".

Figure 1. Key facts of Rehabilitation

Source: Accessed form www.who.int/news-room/fact-sheets/detail/rehabilitation

Rehabilitation can reduce the impact of a broad range of health conditions, including diseases (acute or chronic), illnesses or injuries. It can also complement other health interventions, such as medical and surgical interventions, helping to achieve the best outcome possible. For example, rehabilitation can help to reduce, manage or prevent complications associated with many health conditions, such as spinal cord injury, stroke, or a fracture. It helps to minimize or slow down the disabling effects of chronic health conditions, such as cardiovascular disease, cancer and diabetes by equipping people with self-management strategies and the assistive products they require, or by addressing pain or1 other complications. It is an investment, with cost benefits for both the individuals and society. It can help to avoid costly hospitalization, reduce hospital length of stay, and prevent re-admissions. Rehabilitation also enables individuals to participate in education and gainful employment, remain independent at home, and minimize the need for financial or caregiver support. Rehabilitation is an important part of universal health coverage and is a key strategy for achieving Sustainable Development Goal-3– "Ensure healthy lives and promote well-being for all at all ages"[1].

[1]It is the part of the 2030 Agenda for Sustainable Development, adopted by all United Nations Member States in 2015, provides a shared blueprint for peace and prosperity for people and the planet, now and into the future

1.2 Aged Population in India:

Table 1 Elderly population(aged60years &above)in India

Source	Total (In Millions)			Rural	Urban
	Person	Female	Male		
Census 1961	24.7	12.4	12.4	21.0	3.7
Census 1971	32.7	15.8	16.9	27.3	5.4
Census 1981	43.2	21.1	22.0	34.7	8.5
Census 1991	56.7	27.3	29.4	44.3	12.4
Census 2001	76.6	38.9	37.8	57.4	19.2
Census 2011	103.8	52.8	51.1	73.3	30.6

Source: Population Census Data, 2011

Table 2: Elderly People-India, ata glance

IPOPULATION	Male	Female	**Total**
Total Population(in millions)			
Rural	427.8	406.0	**833.8**
Urban	195.5	181.6	**377.1**
Total	**623.3**	**587.6**	**1210.9**
PopulationAged60+ (in millions)			
Rural	36.0	37.3	**73.3**
Urban	15.1	15.5	**30.6**
Total	**51.1**	**52.8**	**103.9**
Share of Elderly Population in Total Population (%)			
Rural	8.4	9.2	**8.8**
Urban	7.7	8.5	**8.1**
Total	**8.2**	**9.0**	**8.6**
II ECONOMY			
Old-Age Dependancy Ratio			
Rural	14.5	15.8	**15.1**
Urban	11.8	13.1	**12.4**
Total	**13.6**	**14.9**	**14.2**
Elderly Population Working(%)			
Rural	66.4	28.4	**47.1**
Urban	46.1	11.3	**28.5**
Total	**60.4**	**23.4**	**41.6**
III HEALTH			
Life Expectancy 60+ (Years)			
Total	**16.9**	**19.0**	**17.9**
Death Rate(60-64years)(Per Thousand)			

Rural	22.3	17.2	**19.7**
Urban	16.6	13.4	**15.0**
Total	**20.7**	**16.1**	**18.4**

IV EDUCATION

Literacy Rate60+			
Rural	50.5	18.4	**34.2**
Urban	79.6	52.7	**66.0**
Total	**59.1**	**28.5**	**43.5**

Sources: Population Census 2011, SRSReport2013

Table 2 shows that According to the 2011 Census, there are around 104 million elderly women and men in India; almost 54% of the total aged 60+ population are female. Furthermore, over time, the elderly share is on the rise. The proportion has risen from 5.6% to 8.6% in 1961 to an all-time high of 8.6% in 2011. Formally, it was 8.2% for males and 9.0% for females. The share of elderly people who live in urban and suburban areas is 71% in rural areas, and 29% in the urban and rural parts. The sex ratio in the elderly was as of over 1028 in 1951, later climbing to 1033 in 2011.

Females had a higher life expectancy than males in 2009-13 The average life expectancy for those ages was about 16.9 years (for males it was about 12 for women) (10.9 for males and 12.3 for females). For the dependence ratio (went up from 10.9 percent to 14.2% in India as a whole). Males and females had a ratio of 14.9% and a ratio of 13.6% in 2011. Of men in urban areas did more than a third of the elderly women.

Over the period of 1991-2011, there was a rise in the number of elderly people who were literate falling by half of the male literacy (28%). Prevalence of heart diseases among elderly population was much higher in urban areas than in rural parts. The most commonly seen or recorded age-related disability among the elderly in Census 2011 was movement and vision impairments. Married in the age range of 60-64 though 72% were widowed, the remaining 2% were single, either never married or divorced.

According to the SRS Study 2009-13, males and females born in Kerala can expect to live for an average of 71.8 and 77.8 years and 78.8 years respectively.

As per Table 1, there are over 103 million elderly people in India; the number of females is 53 million, while the number of males is over 51 million. Interesting to note that before the census of the number of elderly males in the population surpassed that of females until 1991. The elderly female population is once again outnumbering the elderly male population. In the war against violence, elderly women are at an even greater risk than elderly men. About 73 million or 71% of the elderly population (individuals ages 60 and above) live in rural areas, as opposed to 31 million or 29% in urban locations (the whole population)

Table-3 Expectation of Life at Birth by Gender (By years)

States	At Birth				Atage60			
	Males		Females		Males		Females	
	1996-00	2009-13	1996-00	2009-13	1996-00	2009-13	1996-00	2009-13
Andhra Pradesh	61.7	65.5	64.3	70.4	15.9	16.8	16.8	19.2
Assam	57.4	61.9	57.7	65.1	14.5	15.4	15.8	17.9

Bihar	60.9	67.3	59.1	68.0	16.4	17.0	16.6	17.5
Gujarat	62.1	66.0	64.0	70.5	15.2	17.1	16.8	19.8
Haryana	64.4	65.8	65.1	70.9	19.0	17.6	19.5	20.5
HimachalPradesh	65.4	69.0	66	73.1	17.5	18.3	17.1	21.0
Karnataka	62.5	66.4	65.8	70.8	15.9	16.8	17.7	19.0
Kerala	70.7	71.8	76.1	77.8	18.6	18.0	20.5	21.6
MadhyaPradesh	56.6	62.3	56.3	65.5	14.8	15.4	15.3	17.6
Maharashtra	64.7	69.4	67.2	73.4	16.5	17.9	17.4	19.5
Odisha	57.8	63.8	58.0	65.9	15.4	16.8	15.3	17.6
Punjab	67.1	69.1	69.2	73.4	20.2	19.3	21.3	21.0
Rajasthan	60.1	65.4	61.1	70.0	15.3	16.9	17.1	21.0
TamilNadu	63.9	68.2	65.9	72.3	15.8	17.2	16.2	18.9
UttarPradesh	59.1	62.5	57.9	65.2	15.1	15.8	16.3	18.0
WestBengal	63.0	68.5	64.5	71.6	15.7	16.9	16.9	18.7

Source: Sample Registration System (SRS) Office of the Registrar General (2009-13)

Kerala is known for having the longest life expectancy at birth, then Punjab and Maharashtra.

It is mainly due to greater economic well-being, as well as medical treatment and improved medical services that the population of elderly people is growing. From 1961 to 2001, the annual growth rate of India's population decreased and so did the decadal growth. However, between the decade ending in the early 2000s and the latter half of the 2010s, the elderly population has seen an increase of 36% while the increase in the latter half of the decade was just 25%. Just about 18% of the general population has risen since the decade before. It has been found that population growth in India has been greater than population growth in the whole. Furthermore, the increase in the elderly population from 1961 to 1981 was greater than the rise of the general population.(Table 3).

Table 4: Decadal growth in elderly population vis-à-vis that of general population (%change)

Period	in general population	inelderlypopulation
1951-61	21.6	23.9
1961-71	24.8	33.7
1971-81	24.7	33.0
1981-91	23.9	29.7
1991-2001	21.5	25.2
2001- 2011	17.7	35.5

The increasing trend among the population of the old calls for systematic efforts to understand their mounting problems and measures to meet their special requirement as they are gradually becoming vulnerable owing to the recent changes in society, economy and psychology of the people.

The distribution of the population in age groups found in the census according to census data revealed that, with the maximum percentage of people being those between the ages of 10 and 19, there are 11% of those individuals, and then 10.5% in the 5-9-year-olds, and finally 10% of those in the younger kids between the ages of 5 and 9. The population is just as likely to have the same degree of transparency.

Table 5-Population in different age groups and their proportions to total population

Age(inyears)	Total			Rural	Urban
	Person	Female	Male		
0-4	9.3	9.2	9.4	10.0	7.9
5-9	10.5	10.3	10.6	11.3	8.8
10-14	11.0	10.8	11.1	11.6	9.5
15-19	10.0	9.6	10.3	10.1	9.7
20-24	9.2	9.2	9.2	8.9	10.0
25-29	8.4	8.5	8.2	7.9	9.4
30-34	7.3	7.5	7.2	6.9	8.1
35-39	7.0	7.2	6.9	6.7	7.7
40-44	6.0	5.9	6.0	5.7	6.6
45-49	5.1	5.1	5.2	4.9	5.7
50-54	4.1	4.0	4.1	3.8	4.5
55-59	3.2	3.4	3.1	3.1	3.5
60-64	3.1	3.2	3.0	3.2	3.0
65-69	2.2	2.3	2.1	2.3	2.0
70-74	1.6	1.6	1.5	1.7	1.4
75-79	0.8	0.8	0.7	0.8	0.8
80+	0.9	1.0	0.8	0.9	0.9
Agenotstated	0.4	0.4	0.4	0.3	0.4
all	100	100	100	100	100

Source: Population Census 2011

1.3 Empowerment: A Conceptual Analysis

The concept of empowerment (of course, the context women) is of recent origin. The word 'empowerment' has been given currency by UN agencies during recent years. The term 'empower' is relative to weakness, disabilities, disadvantages and deprivation based on gender, age, population (minorities), language, religion, region, etc.

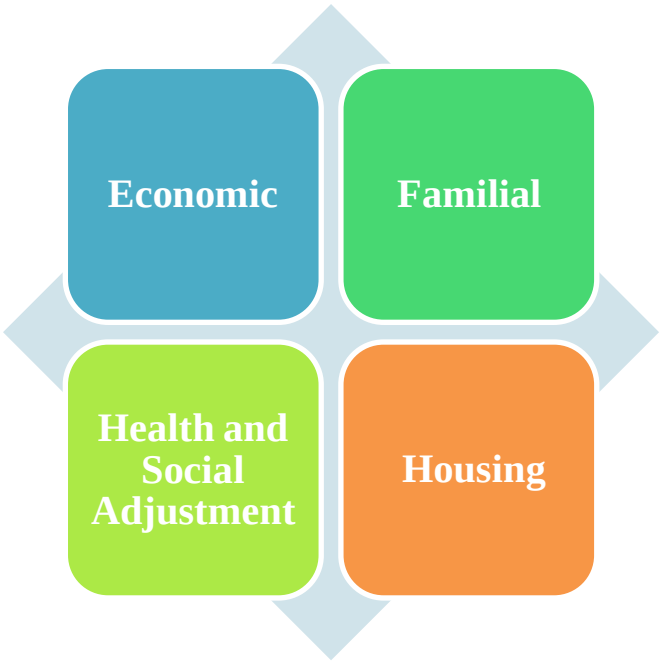
'Empower' means make one powerful or equip one with the power to face the challenges of life to overcome the emerging more diverse, complex and productive roles connection with family – grandfather / mother; father / mother-in-law; supervisor, supporter and manager; earning member etc., community and nation. Empowerment of he aged should be understood in the context of tradition-modernity relationship. Empowerment should enable the aged to play their traditional roles of parents, grandparents and parents-in-law with a bias towards equality, individuality, democracy. Empowerment should also enable the aged to cope with the problems of overcoming inferiority complexes, ill-health and involving themselves in gainful employment. In short, empowerment should enable the aged to develop abilities, capacities, and skills to face the problems of ageing successfully.

1.4 Empowerment of the Aged

Empowerment of the aged means equipping the aged with social, economic, political and health skills to face the challenges of ageing, viz., lack of adjustment, psychological and physical fatigue, tiredness and weaknesses, economic dependence, and lack of confidence.

Empowerment of the aged means preparing the aged, both men and women, for health problems; general weakness loss of memory, failing eye sight, high blood pressure, diabetes, indigestion, asthma etc. It is advisable that aged people, especially in rural areas, after attaining 60 years should be provided free medicines and free medical checkup.

Figure .2 Problems of the Aged



The first key component, empowerment, is a central method and a goal to be achieved to enhance individuals' and families' quality of life and human rights [26]. Empowerment is a process in which individuals address their own problems and work to solve them and is based on the human experience of being able to cope with difficulties and bring about one's desired changes in living conditions or life situations Although the problems of the aged are many and varied, basically these can be grouped under four areas.

Economic: As a matter of fact, it is difficult to identify and analyze the economic problems of the old due to varied nature of their economic status. The economic problems of the aged may be examined by dividing them (aged) into two groups; viz., (1) Secured and (2) Unsecured. The first category of old people consists of those who have retired from active service and are in receipt of pensions and other benefits, professionals, landlords, upper class merchants and traders. The second category of people consists of those working in semi-organized and unorganized sector. In the following pages, the socio-economic problems of pensioners and non-pensioners including provident fund beneficiaries and old age pension beneficiaries will be discussed while those of landlords and rich merchants are not considered because of their high economic status.

Kokk.et.al (2020) analyzed the experiences of 15 elderly long-term unemployed people who had worked in the intermediate labor market, and found that they had had diametrically opposite experiences with social recovery, both positive and negative.

Although, retired people from class-I and class-II jobs and professional services, the armed forces, etc. do not suffer from any basic economic problems, pertaining to food and shelter, they will have other economic problems relating to marriage, education and employment of their daughters and sons. It goes difficult for these people to get their children settled in life with the pension. Family obligations continue to dog the retired even to retirement. Study undertaken by Desai and Naik (1969) revealed that nearly 2/3rd of retied respondents had yet to meet the family-liabilities like education and marriage of their children, building a house, etc.

The economic problems of low class pensioners are much more acute. With a meagre pension, they can hardly maintain a hand to mouth living in a society with rising prices of essential commodities. Such people will have to try to tap other sources of income by re-employing themselves for a paltry salary or start a petty business until their children are educated up to a level and get settled in life. The second category of the old includes labourers, farmers, workers, domestic servants, vendors and hawkers who actually face the burnt of the economic problems during their old age. With the advancement of age, the ability to work and earn is lost, which in turn, increases one's dependency on children and relatives. In rural areas, the problems of the aged acquire a special dimension among the poorer families. Old people are not provided adequate food, shelter, clothing and medicine. They are often deprived of family support and left to fend for themselves. A sense of insecurity and helplessness persists throughout the remaining days. A study of Santhals by Sahu (1998) showed that the aged among them suffered economic hardship, those who depend on agriculture for their livelihood do not have worthwhile schemes for economic security during their old age when morbidity and physical disabilities take a full grip on them. It can be observed that the aged from poor families go begging in towns and cities.

Familial: In the traditional joint family system the older and aged members were, and are, respected and honoured, parents exercised power an authority, while the grand parents gave blessings for a long life, wealth and prosperity. Both the aged and the young believed in and shared the traditional system of values and ideals. However, the trarional system of values and norms has undergone significant changes with the introduction of modernization, urbanization, industrialization and formal education. The Indian society is transforming itself from the traditional, rigid and conservative to the rational, dynamic and scientific. The youth tend to believe in the philosophy of individualism, material prosperity and want of posses or have their own independent identity. The gap in the shared values and beliefs held by the old and the young has been widening over the years. These differences create a gap between the psychological expectations of the young as well as the old. The young have begun to view the old as useless appendages. The transformation of the traditional family structure from rigid to modern has brought abut a constantly increasing exclusion of the old from the traditional social and familial roles of prestige and placed them in a marginal position. Studies have indicated about the growing conflict between the old and young. The search of the younger generation for a new identity in the matrix of changing social institutions tends to be reflected in an ideological conflict with the older generations. There seems to be an identity crisis in the old who are consequently feeling depressed and deprived. The old have become aliens in their own homes. In recent times, the structure of the society has been undergoing a fundamental change under which the older persons are being dislodged from their roles of higher (D' Souza, 1969), Maralusiddaiah (1966) studied the declining authority of old people in a small village viz., Makunti in Mysore. The study contained a description of the status of the older people within the families, among Kinsmen and case people. The data showed that the older persons in Makunti village are found to be faced with severe health problems, economic mal-adjustment and progressive relegation to an insignificant place in society. The elderly prefer to live alone as long as they have enough property support.

Health and Social Adjustment: Health plays an important role in the life of human beings, especially in the old. Happiness, sorrow, social and psychological tensions and adjustments and life expectancy are intimately connected with health. Poor health due to disease and malnutrition is the cause of premature aging in backward and developing countries. In a developing or poor country like India, health status plays a very important role in determining one's social adjustment. Old age, especially after 65 years, brings new problems in a persons' life. This category of old people experiences problems of adjustment to changes occurring in the late life stages. The decline in physical strength limits the older person's activities. A continuous illness can make the individual feel demoralizing helpless. Aging means deteriorating health. It has been observed that high blood pressure, heart disease, diabetes and diseases of the aged in India. Decline in vision, hearing and sensitivity of taste are the other common deficiencies of old age. As a result of mounting health problems, the aged people begin to experience the problems of social and psychological adjustment. For example, elderly persons suffer from depression on account of their loss in competence and tend to be more conservative and display more rigidity in their viewpoint. The process of decline during the last part of life becomes a problem not only for the concerned, but also for close relatives and the society as a whole. A sense of insecurity and helplessness prevails. Moreover, the loss of their status in the family, caste group and community becomes a source of utter frustration and mal-adjustment.

Wit the advancement of age, in the absence of adequate medical provisions and are, social adjustment of the aged with family members becomes very critical and important. In majority of cases, due to poverty the old people do not receive appropriate medical aid. They languish on bed for years with ill-health, praying for death. The family members curse on bed for years with ill-health, praying for death. The family members curse the aged for becoming a burden on the family. Thus, the health of the aged is related to social adjustment. The anxiety and insecurity caused by failing health, diminishing income and the constant threat of death as one advances in life are other factors contributing to emotional impairment among the old (Nayar, 1990).

Housing: Housing constitutes one of the basic needs of man in society. House is where people in general fulfil their basic domestic and personal needs of life. Physical and mental health, working efficiency, emotional security and social status are likely to be influenced by housing conditions. Housing acquires a special importance with regard to old age. If a man is not able to heave a roof over his head to call his own towards the end of his life at least, he will come to think he has been a failure in life.

In India housing is an acute problem for the old. A separate and suitable housing provision for the aged is generally not though of in India. Their (aged) priority for special housing needs stands last. They are supposed to sleep and rest at any place vacant in the varandah or forecourt regardless of cold and rain. It is a common scene in rural areas where the old sleep at places like temples. Maths and other religious establishments. Industrialization, urbanization and population growth have created acute shortage of housing which will have an adverse effect on the old. They are gradually pushed out of the house. Thus, housing is directly linked to the well being and welfare of the aged.

2. Strategies of Empowerment:

The strategies proposed are according to the United Nations principle of human rights as shown in Figure 3.

Figure 3: United Nations principles of human rights

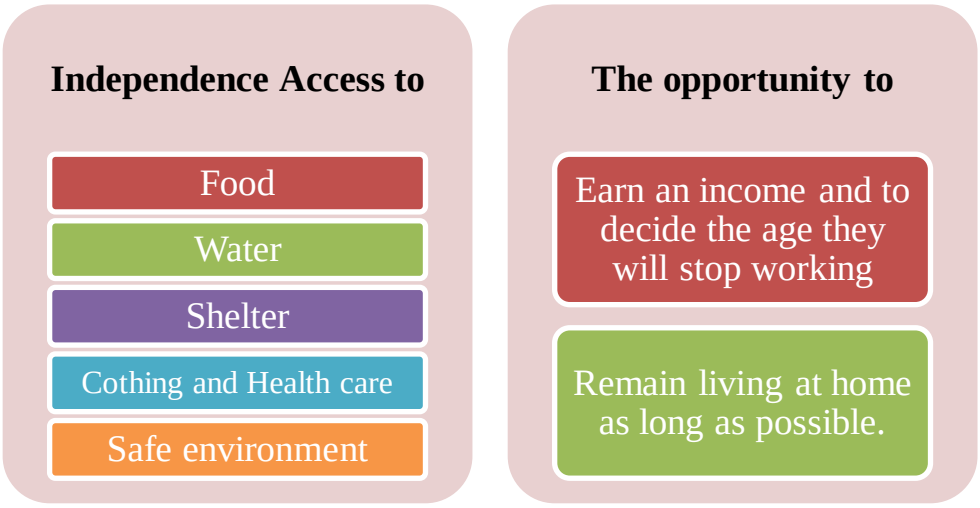


Figure 4: Suggested Strategies for Empowerment

2.1 Economic Security

It has been already stated that economic insecurity is one of the basic problems of the aged in old in India. With the advent of urbanization, industrialization, science and technology, the joint family is undergoing significant changes in its size and functions. The economic security enjoyed by the elders is gradually becoming uncertain.

Economic security is an important component of empowerment regular flow of income makes the aged secured, confident and free from tensions. Thus, economic security enables the aged to resist exploitation. A majority of the aged from rural and urban areas are working in agriculture and unorganized sector. There are those who are working in private sectors with Provident Fund (PF) benefit in urban and semi-urban areas need economic security. Studies have shown that non-employed and non-earning aged is subjected to different forms of humiliation. Therefore, it is appropriate to provide economic security in terms of part-time jobs, pension, etc.

2.2 Old Age Pension Scheme for Senior Citizens:

The National Old Age Pension Scheme (NOAP) was introduced on 15th August 1995 under the National Social Assistance Programme by the Government of India. The NSAP assured a sum of Rs. 75.00 per month to the old-destitute. Of course, the pension amount has been raised of Rs. 200.00. But the Old Age Pension Scheme is a welfare measure. But it should be made as Civil Right of every senior citizens, who must claim it as of right. Every senior citizen below the poverty line should get a minimum of Rs. 500.00 PM.

2.3 Health Facilities

Ageing implies declining health status. As one become older, one encounters the disabilities, handicaps and inequalities. Empowerment is an active multidimensional process which should enable the disadvantaged to realize their full identity and powers in all spheres of life. It would consist in providing greater access to knowledge and resources, greater autonomy in decision-making, greater ability to plan their lives, greater control over the circumstances that influence their lives and freedom from shackles imposed on them by custom, belief and practice (Sapru, 1989).

2.4 Adjustment of Family

Aged people are likely to face problems of adjustment with their children, daughters-in-law. It is normally, observed that generally there is going to be clash of expectations between the younger and older generations. The older generation is not likely to take into account the independent and autonomous self-hood of the youth. The older generation, through counselling, should be sensitized to the changing expectations of the youth.

2.5 Senior Citizens Associations

In response to the emerging challenges of ageing, a good number of senior citizens associations are coming up. State governments themselves are promoting such association's sons and daughters-in-law not looking after their aged parents, or including in humiliations, on complaint by the association with police help and warned appropriately. Similarly, the association is also issuing identity cards and undertaking counselling programmes. But branches of such associations are located in cities. The Government must open branches of association at taluk places.

2.6 A National Policy for the Aged

In order to address the issue of older persons government has already brought out the National Policy on Older Persons in 1999 but it has realized that there was need for a specific Act to address the problems of older persons, especially the poor ones among them, in a more realistic and expeditious manner. It is significant to note that the Central Government has proposed to introduce a Bill in Parliament for better projection of the fast growing elderly population of India. The bill titled "Older Persons (Maintenance, care and Protection) Bill 2005 is intended to overcome the lacunae existing in the current legislation on maintenance and to make relief simpler, speedier and less expensive, as also to cover new areas of care and protection that have not so far been covered by any existing legislation.

3. Conclusion

The aim of the paper is to argue that there is a significant increase in the size of aged people in India. And the trend will continue in future. Involvement is proposed as an increasing older adults' involvement in health care decisions, and it's often assumed that doing so leads to improved health. The present policy of the Government, to rehabilitate the aged through welfare measures does not suffice. The time has come to empower the aged by providing civil rights by passing an Act, as is done in the case of Dalits, women, etc. Greater powers for a secured life will ensure a descent honorable and respectful life for the aged in India.

Bibliography

1. Bhatia, H.S. (1983). "Ageing and Society: A Sociological Study of Retired Public Servants", Udaipur: Arya's Book Centre.
2. Census of India (2011), "Age Structure And Marital Status." Census of India: Age Structure And Marital Status, www.censusindia.gov.in/census_and_you/age_structure_and_marital_ status.aspx.
3. D' Souza (1969). "Changes in Social Structure and Changing Roles of Older People in India". Proceedings of the 8th International Congress on Gerontology, Washington, Vol. I.
4. Desai and Naik (1969). "Problems of Retired People in Greater Bombay". Bombay:TISS,
5. Kokko, R. L., Hänninen, K., & Törrönen, M. (2020). Social Rehabilitation Through a Community-Based Rehabilitation Lens: Empowerment, Participation and Inclusion of the Elderly Long-Term Unemployed in the Re-employment Process. Journal of Psychosocial Rehabilitation and Mental Health, 1-12.
6. Maralusiddaiah H.M. (1966). "Old People of Makunti, Dharwad", Dharwad:Karnatak University,
7. Sahu C. (1998). "Problems of Ageing Among Indian Tribes", New Delhi: Sarup& Sons.
8. Smith, S. T., Talaei-Khoei, A., Ray, M., & Ray, P. (2009, December). Electronic games for aged care and rehabilitation. In 2009 11th international conference on e-health networking, applications and services (Healthcom) (pp. 42-47). IEEE.
9. Warren, M. (1946). Care of the chronic aged sick. The Lancet, 247(6406), 841-843.