

**RE-ENGAGEMENT WITH LIFE: CONTINUITIES AND CHANGES IN
THE LIVES OF THE ELDERLY PERSONS IN A RESIDENTIAL HOME:
TWO CASE-STUDIES**

Dr. Akshiptika Rattan

ABSTRACT

With the increasing proportion of our population living for ever longer years, ageing and old age has come to the centre-stage. It is therefore very important to understand and cater to the needs of this important part of the society. They cannot be taken for granted anymore nor can they be viewed as a social problem to be tackled mechanically. The voice of the old person needs to be documented and any kind of homogenization of old age needs to be resisted. For this, qualitative studies need to be undertaken both within family based and non-family based residences. As we are amidst several social changes occurring in society, Old Age Homes are also beginning to assume an important place as individuals are now turning to them also as a matter of choice. It is also important to listen to the voices of these elderly persons who break free any kind of social stigma and demonstrate immense resilience. It is seen that not only do these elderly persons are able to live dignified lives but also become a part and an initiator of new kind of cultural space where the traditional and the modern values begin to interact.

Key Words: Ageing, Life-course, Continuity, Change, Transformation, Cultural space, Individuality, Identity, Diversity.

Introduction

The meanings of old age and the experiences of the elderly persons can be so variedly understood that no single interpretation of them may be deemed absolute. Ageing and old age are not merely biological processes but are socially constructed in nature. With the increasing proportion of the population living for ever longer years, ageing and old age has come to the centre-stage. Old age is becoming a predictable pattern of adult life-span and an attribute that an increasing number of adults and the society as a whole must address. According to the 'World Population Prospects: The 2010 Revision' (Meijer 2012:9) in the year 2009, there were 88 million elderly people in India. By the year 2050, this figure is expected to soar over to 320 million. Between 2000 and 2050 the overall population of the country is anticipated to grow by 60% whereas population of the people of age above sixty years and above would shoot by 360%. The issues of ageing and old age are perennial questions which are becoming more so ever poignant now because of the growing number of the elderly persons consequent upon the increased lifespan. It is therefore very important to understand and cater to the needs of this important part of the society. They cannot be taken for granted anymore nor can they be viewed as a social problem to be tackled mechanically. Healthy policy-making for the elderly requires deep engagement with them in their live conditions in the context of their life-course. They cannot and must not be imposed upon or moulded as mere objects or things because that would mutilate the whole social fabric of which they are a living part. Coleman (1991) rightfully points out that allowing the person to have a voice and the opportunity for genuine self-expression are prerequisites for achieving a sense of control over life, and such control is vital even for the approach of services towards old people. The approaches to measurement of need, matched to a fixed range of services neglects the whole person.

The Old Age Home

Brogden (2001) demonstrates that how entering the institution means losing all those features of the self that allow elderly persons some individuality, and to be a member of humankind. He or she, by the bureaucratic process innate to the total institution (Goffman 1961), is transformed into a numbered bed or room, and loses most decision-making rights. Several ethnographic

studies document this transformation process as the elder undergoes the status passage from person to liminal to deceased (Chatterji 1989; Diamond 1992). Brogden (2001) says that the nursing and care homes may include several total institution features, peculiarities that frequently render the resident powerless. Beauvoir (1972) describes this process as the compulsory metamorphosis from human being to liminal object. In Chatterji's (1989) work, the old age home as a total institution is not just an impediment to personal integration but becomes the site of new forms of subjectivity. He offers a subtle analysis of the construction of temporality within the intersecting forms of rationality of the multiply located institution (Cohen 1994:153). The old age home environment is seen as one in which custodial care, routine activities, etc, are found galling to many who look at it as a kind of social death. Creating a sense of space and exercise some degree of self-control despite the "vacuous" environment of the old age homes is a great struggle. Many residents feel manipulated by forces beyond their personal control and so they tend to be withdrawn. (Mahajan 1992; Muttagi 1997; Diamond 1992; Chowdhry 1992).

Old age home, as a fully developed place where security, health-care and togetherness are concerns for the elders, is predominantly viewed as a western concept being adapted in the cultural context of India. This concept is yet to fully blossom and be fully assimilated in the individual and social perception of our people. The pejorative connotations of 'birdh-ghar' as a home for the destitute elders where people are offered refuge because thrown out by those who for one reason or the other were supposed to take care of them is found to be culturally extremely disturbing. Those who have joined old age homes are seen as generally the ones whose families are unable to attend to them because of lack of time or the pressures of modern urbanized existence. There is a strong social stigma attached to these institutions as the residents are seen as those abandoned by their families. Old Age Homes from such a perspective goes against the core principles of the Indian society and culture where family and inter-generational ties are seen as the sacred (Lamb 2007). In India the notion that children owe their parents a tremendous debt for giving them birth and for feeding and caring for them through infancy and childhood is axiomatic. The concept of long-term intergenerational reciprocity is communicated to children at an early age, in a very direct and explicit manner. In the dominant visions, old age is essentially a

family matter and parent-child ties entail lifelong bonds of reciprocal indebtedness (Lamb 2007:46). The idea that parent-child reciprocity involves a life-span calculus was also prominent in Vatuk's (1990) respondents. In countries like India and Japan, old age is a time when people can legitimately expect to depend upon others for social and economic support – particularly their children. “I have been dumped into this hole by my own children”, said one of the residents during the interviews conducted for this work, “I have been sent to this rotten place by my own dear sons... the ungrateful ones”, said another. The anger and hurt because of being disregarded and abandoned by their children and families is quite acute.

But profound changes are occurring in India. One of these is that there are also people among the middle classes who are turning to formal institutions such as old age homes offering elder care by hire. There are also views which do not altogether hold the old age homes in a negative light. There are also persons who make the experience of living in an old age home a positive and fulfilling one. There are some few with means who are beginning to join the old age home as a matter of choice also. They are the ones who wish to give their children more freedom as well as enjoy greater autonomy themselves and this has persuaded them to overcome social bias in this respect. It is these other voices also which need to be documented. However, it is important to mention here that on the one hand, the life-course of the individual plays a significant role in determining the quality of life in old age and the capacity to exercise some degree of self-control and decision making powers, on the other hand, the meaning and quality of old age is also affected by the prevailing institutional structures, practices and ideologies.

Research Method

This work is part of the fieldwork (2011-2013) conducted for the Ph.D. research work in the city of Chandigarh on ‘Ageing and Old Age’ and the various related themes. The respondents selected through non-probability sampling included one hundred persons above the age of sixty years. It is a qualitative exploratory study aiming to accomplish a detailed analysis of how old age is experienced by the people themselves. As the aim was to listen to the voices of the older

persons themselves a qualitative methodology was adopted where open-ended questionnaire, unstructured interviews, case-studies and narratives were the main methods used.

Next two case studies are being presented – Dr. Saini (age:71) and Ms. Devyaani (age:68), the two elderly persons residing in paid old age homes out of their choice. Both of them are well-educated and financially independent (both receive their pensions) and are residents of a paid old age home in Chandigarh which charges for the services it provides. What begins to emerge are the significant ways in which continuity of their lives is maintained in a non-family based space and along with it new areas of individuality and agency are explored. It is essentially an attempt to understand how the elderly residents in an old age home negotiate their identities vis-à-vis the institutional set-up of an old age home.

Case-Study 1: Dr.Saini (Age: 71)

During my service I had the reputation of being a no-nonsense type. As a senior physician, I had resources at my disposal to command, to create a road map for juniors to follow. To see one's ideas bloom and bring the results one anticipates is a matter of great satisfaction. I fully enjoyed being in control despite the rather sensitive nature of my job guiding the diagnosis and treatment of complicated cases.

These are the words of Dr. Saini who was more than willing and quite valuable when the researcher requested him to share with her his previous life experience and his present quality of life in the Old Age Home he has been a resident of for the last four years. After his retirement he practiced medicine at home in sector 16.

It was the best one could imagine. A sought after doctor, I enjoyed the respect, affection and care that one can expect from his wife and children to full measure. Ours was a bigish set-up. Two married sons each having a family consisting of a wife and three children made it a bustling place. Besides my pension I could still earn a lot from my practice and take care of the needs of everybody. A darling of my grandchildren, loved

by my sons and my daughters-in-law with a doting wife I lived like a sovereign. Retirement at 60, after distinguished service and five golden years thereafter in which along with the professional recognition I continued to enjoy the best of social position anyone can hope for.

A turning point came in the life of Dr.Saini when his wife passed away. The sense of loss that Dr. Saini suffered was inconsolable. His sons and their families were a great cushion in this bereavement. The pall of gloom that had fallen on Dr.Saini, however, was emotionally enervating. He became quieter, less enthusiastic and generally diffident. His grandchildren and his daughters-in-law were always keen to serve, honour and please him. It took two years for him to come out of the listless despondency in which he had fallen. He began to feel a little guilty for being such a wet-blanket in the lives of his dear ones.

I must not let my sorrow darken the new lives which were in full bloom around me. The best way to do so was to take up some new challenge. I decided to become an Old Age Home resident. Everybody was greatly upset. They thought I needed greater care now that I was alone and 67. I thought that I must begin to do something in order to give back to the society something from which I had received so much. Also let my children live more independently – why should I burden them with my care. I had enough to buy any kind of service that I needed. In any case it was time to gradually withdraw myself from the ways of the world. Our cultural models of elderly going into *vanprastha* showed me the path. My road-map made in terms of modern, urban, global values and I joined this home for the elderly – a modern version of the ashrams where our ancestors went to live a life of service – *seva*- in olden days.

I am not completely cut-off from my family; I am not a renunciate. But I did not wish to remain in familiar surroundings doing things by rote – clinic in the morning, playing with grandchildren in the evening and generally basking in the warmth of my growing years. There was no room for any development there anymore. I believed in the

optimistic philosophy of Ulysses who says, “I will drink life to the lees” (Tennyson’s’ poem) and do work of some noble note before the sun sets finally for me.

Dr. Saini continues and theorizes about the Old Age Home in India:

The Old Age Home is a comparatively new concept in India. Socially, it is still not much acceptable and a stigma is attached to it. But being a doctor, being well off, having a secure social and family base I found myself well equipped for the task. There is now a new meaning to my life.

My property is justly settled in favour of my sons. I have more than I need. I am always able to contribute more here. I buy gifts for residents on their birthdays. I take care of their health – a sort of voluntary doctor-in-residence. The residents listen to me and accept the programmes I draw for them e.g. a walk to promote awareness on social issues like environment, child rights, elders’ rights and empowerment of women, etc. I lead in celebrating all the holy days, festivals and national days. We have created a voice in the management of the Home. The menus and the entertainment schedule all are decided with us participating in them. I feel so good taking so many decisions that result in so much good for the others. Life seems to have a purpose now far bigger than merely feathering one’s own nest.

My always strong sense of ‘me’ has become stronger but with a difference. My self esteem now is resonant in the esteem that I have now from others. It is no more tarnished by any selfish motives – neither on my part nor on part of the others. It is a kind of motiveless benignity in which I find such serene peace. My family is proud of me, my mates here honour me and I feel so humble in face of so much respect and affection that is coming to me. The Old Age Home has provided me with space and opportunity to create and perform in ways most dear to me. This institution now seems a tangible extension and expression of my aspirations. Life was never so full, never so rich.

Discussion

Dr. Saini's narrative came to the researcher like a silver lining among the dark clouds. Used to the denunciation of all that is changing around, here was a positive voice – of acceptance. Neither melodramatic in nostalgic remembrance of things past, nor contemptuous or suspicious of the new, Dr.Saini located rightly at the Old Age Home revealed dimensions of great sociological value through his narrative.

Reflecting upon the basic concept of a life-course perspective on ageing, Moody (2002: 289-290) writes, “Although we tend to think of old age as a stage at the end of life, we recognize that it is shaped by a life-time of experience. Such conditions of living as social class, formal education, and occupational experience are determinants of the individual's experience in old age... the last stage of life is the result of all the stages that came before it. The implication is that we no longer accept the quality of life in old age, or even the meaning of old age, as a matter of destiny. Rather we view it as a matter of individual choice... Whether old people feel satisfaction and meaning in their last years may therefore depend upon what they do and what social institutions do to give them new purpose... people do not suddenly become old... Ageing is a gradual process and many human capabilities survive long past the time when we... are considered of an age to retire.” Dr. Saini is retired not out. Not accepting “act your age”, i.e. the concept of ‘age differentiation’(Laz 1998:86) nor accepting socially assigned roles for the aged, i.e. the concept of ‘age-grading’ (Moody 2002:290) nor adopting behavior or attitude emphasized by the concept of ‘age-stratification’(Estes 2001:25), Dr.Saini has assimilated what is ‘age-appropriate’ (Moody 2002:290) as a part of tradition in the construction of his self at 71 in the setting of an Old Age Home, and become a living example of what according to Coleman (1991) is the human life-course as both cycle and journey endowed with transcendent meaning and wholeness.

Dr.Saini, living in the old age home, is a picture of the idea of life as a “career” in which individuals could exercise control over later life through extended professional practice, good health care, family satisfaction and capital available to them through savings and pension derived from their earlier life-style.

The narrative of Dr.Saini demonstrates that we can most fruitfully understand old age not as a separate period of life but as a part of the total human life-course. The span of a lifetime, the total number of years lived, and life-course, the meaningful pattern seen in the passing of time enabled us to see the complex interaction of age, social status, cohort effects and history (Riley and Riley 1999) in what Dr.Saini has in a very controlled way directed his identity to be. What has been transformed is not only what one is but also where one is as an elderly person.

Case-Study2: Devyaani (Age:68)

Devyaani is resident of a home for the elderly, established around twenty years ago by a body of philanthropic social activists who could foresee the need of such a place for the increasingly growing elderly population of Chandigarh. The contingencies of this new metropolitan city need such facilities in greater number as the tenor of life is changing and those who migrated to this city 30-40 years ago are reaching the end of their career in mostly government service. The old and the new values co-exist here creating a mosaic of hopes and fears that make this place such an important location for the study of, and preparation for, the new challenges of modern living.

Devyaani has been living in Chandigarh for the last forty years now. Her father-in-law and mother-in-law lived with her and her husband for fifteen years before passing away. Seven years ago she successfully completed her 25 years stint being a teacher in the college of art here. She was 58 at that time. Eight years before that, when 50, she suffered the great loss of her husband at the prime age of 52, who was himself a teacher in the same college. Devyaani had three children – two sons and a daughter – all adults but yet to be settled in their professions and yet to be married. Devyaani and her husband had built a house in Sector 15 using up their

savings and taking loans. Pitch forked into the role of a widow, Devyaani took the charge of her establishment and during the next eight years before relinquishing her job had had her daughter married and her sons settled. She says:

I am very lucky. My son-in-law is a nice man doing his transport business. My daughters-in-law are as dear to me as my daughter, and I receive great respect from them as a mother-in-law. My grandchildren are very precious to me and I enjoy being a *daadi-maa* – grandmother.

“Why are you in this old age home them?” was the researcher’s question, arising from the stereotyped belief that an old age home is a refuge for the lonely, unhappy elders. She replies:

True, my husband was gone when I most needed him but my sons and daughters have been a great support in every respect. And yet after my husband’s death I became apprehensive of my future – the shapes and forms that I did not want. My responsibilities were enormous. I was determined to discharge them fully. But at the same time I used to fantasize about a time when all will be well and I will be able to steer my life in ways different from what is taken for granted on the part of a widow.

Devyaani’s is a very illuminating narrative of a woman going through so many roles not always chosen, but given by social norms, and now at 68 staying in an old age home as a matter of her own choice and be a woman that she always thought she could be but never was till in the flow of time she came where she was now.

I applied for a room in this home when I had been yet in service. One has to be sixty to be eligible for this facility. I did not wish to let my old environment continue any more than was absolutely necessary on turning sixty. I had prepared well in time for this; prepared myself as well as my sons, my daughters-in-law and my daughter for this move. They loved me, they love me so much even now; they were worried on account of social stigma it would bring them to let their mother, who had done so much for them, go into a home for the abandoned elderly; they were concerned about my health and well-being in

the non-homely atmosphere of an old age home. It had taken me a lot of time and a lot of patient persuading to convince them that this is what I wanted and that this was in no way a reflection on their filial moral integrity. There was nothing to bar them from meeting me and there was no stopping me to come home to them and my grandchildren, to bask in the warmth of their love for me, I told them.

I have not run away from any responsibilities. I have taken new responsibilities here. My first responsibility is to myself. I am developing every day. Free from the given roles – a daughter, a wife, a mother, a widow, a grandmother and many others that I have lived all my life, never failing in any expectations, has, in fact, given me the strength and confidence for the new role which is now assigned by myself to myself.

The last five years in this old age home are in many ways the best period of my life. Every day is the same, and yet it is new. I see myself both as a part of the procession of life as well as an onlooker standing apart. Consigned to a family home is to live a monotonous though secure life in ways which are taken for granted. Here I have the best of both the world – *naale chopariyaan naale do do* (eating my cake and having it too)

Devyayani said this with a loud laughter – laughter so rich, so profound that the sheer joy of living was epitomized in it. Devyayani's eyes filled with shining tears of gratitude at being alive on her own terms.

I have a small kitchen attached to my room where I can try new recipes. I carry these cookies home to my grandchildren when I visit them on weekends. On all festival days I cook dishes and share them with my mates here. My cooking finesse, learnt in my life, has made me so many new friends among the elderly residents here. The soup and *khichadi* I make is particularly relished by an elderly couple here. They remind me of my old father-in-law and mother-in-law whom I served with much care. Here I do the same with much more human openness. I do so many things not because I am obliged to but for the simple joy of doing them. I believe I have contributed to the harmony and a

comaderie here where there are many situations of being unnecessarily bitter and exacting every day.

Devyayani sat in the mellow ambience of the old age home, a matriarchal figure, capable of benevolence for all. Growing in years and yet looking forward to what she believes are always good changes or changes for the better. This yet unrevealed future holds hope for all of us, Devyaani is a picture of harmony. She is a part of the place she is in. Old age home has given her a chance to be herself, and by being herself she has not only challenged many a myths about elderly women but also taught us to look at what is new and modern without unnecessary apprehensions.

I wake up, sleep, go out, rest, read, gossip and breathe without any fear or favour – as a responsible resident here who must contribute in personal ways to this place which has secured so much for me. Every day gives me new ways of experiencing my ‘me’ and be pleasantly surprised at being the person I become.

Discussion

This was the reassuring voice of a highly sentient and educated woman who has seen life in its multiplicity.

This new social reality of old age homes is beginning to be assessed in a more positive light. As the narrative of Devyaani underscores these residents for the elderly can promote new opportunities for women. Old age home living, as the experience of Devyaani tells us, is not in all ways radically disjoined from more traditional Indian values and life ways. It can be a “new cultural space to imagine and practice national identity, gender, age and generational ties... It counters the simplistic argument about ‘westernization’ versus ‘traditional’ identity... moving beyond the simple binaries such as modernity and tradition...” (Lambs 2007:44-45)

The narrative of Devyaani illustrates what Sarah Lambs (2007) says that “old age home in India need not be taken as a modern imported western institution. Rather, in fundamental and intricate ways, those involved with these homes in India bring their own cultural dispositions to

bear, actively interpreting, appropriating, rejecting, and resignifying the elder institution, making intriguingly local and Indian this originally western institutional form.” (Lamb 2007:45).

The life-story, the daily routine, hopes, reflections of Devyaani given by her in her narrative of life-roles and now being an old age home resident, hold out a hope for many middle-class elders with some means to support themselves like Devyaani, to improve the quality of their life without being vain, in their biologically weaker phase of life.

The joint-family system of India enjoins duties upon a daughter-in-law which she may or may not like and yet is supposed to perform. There have been very few ideal situations like that and yet the elders themselves are now becoming sensitive to the new pressures on the life of their children (who may willingly accept the traditional ideals regarding bonds of reciprocal indebtedness) and the need to give them space to experience life unencumbered, something that they may have been deprived of themselves. The old age home offers the chance to the elderly to have their own space while simultaneously creating free space for the children whom they have gifted ‘life’. Old age need not remain a family-matter now – given the facility of these homes. Less guilt-ridden, less burdened by obligations, life becomes more creative. Being sent to an old age home by children for whatever reasons, still smacks of the helplessness of the elderly. But an elder person coming to this space by his/her choice is a matter for celebration on the part of all concerned. From an intensely family-focused to a much more individual-centered way of being has been the free choice of Devyaani. It has significantly transformed her. She has crafted a new meaningful way to age, innovatively striving to maintain older needs, desires and values. The emergence of old age homes in modern cities like Chandigarh is making it possible to live the traditional continuities without the baggage of bondages entailing them.

Conclusion

The family based residences are the most dominant forms of elderly residences in India (Shah 1999; Jamuna 2003) and are considered to be the most “normal” and “appropriate” forms of living. But the old age homes are also becoming a reality for many elderly persons. It is

important to highlight the stories where elderly persons demonstrate immense resilience and capacity of leading dignified lives. These stories also point out how improving these institutions can dramatically boost the morale and well-being of the residents. Changing the institutional regimen responsible for the downward spiral of many can improve the situation a great deal. Offering a number of choice activities which carry a degree of responsibility and managerial staff trained in giving tender and warm care can bring about dramatic improvement in the morale of the elderly residents.

It is of utmost significance to document positive models of ageing and old age – the stories of elderly persons who not only have the capacity to adapt but also in a way transform themselves and the space around them. The idea is not to contest the other stories but to make an attempt to look at the diversity within old persons and the multiple meanings and interpretations of ageing and old age. The effort is to resist any kind of homogeneous perception of old age.

The significance of the life-course perspectives can also be seen here which links individual's biographies with their collective behavior as part of an ongoing continuum of historical change. The use of the concept of life course can avoid dehumanizing people as "individuals" and a proper concept of an individual person should be the whole life course of the individual (Victor 2005). The earlier life-course experiences significantly affect the quality of life in old age where social, economic and psychological independence become crucial determinants. It is therefore important to look at old age as a part of the life-course of the individual and not as a stage isolated from the previous life. Both Dr. Saini and Ms. Devyaani in the above case-studies do not let their individual identities dissolve into institutional identities. There is a transformation of the individual but certain core characteristics of the self also remain intact. A dynamic view of continuity starts to emerge with the idea of a basic structure which persists over time, but it allows a variety of changes to occur within the context provided by the basic structure. In making adaptive choices, older adults attempt to preserve and maintain existing internal and external structures and sometimes use familiar strategies in new spaces.

The two case-studies given above depict how the older and newer values get incorporated in the old age homes. A new kind of cultural space begins to emerge where the traditional and the modern values begin to interact. The old age home here becomes a bridge between the cultural values and the new modes of life that the society must learn to adopt now that it is in the middle of modernization, urbanization, globalization and technological advances. Being residents of the Old Age Home both of them seek to be a part as well as an active initiator of making this place represent the composite culture of tradition and modernity.

References:

1. Beauvoir, De Simone (1972). *Old Age*. Penguin Books.
2. Brogden, Mike. (2001). *Geronticide: Killing the Elderly*. Jessica Kingsley Publishers. London and Philadelphia.
3. Chatterji, R. (1989). *The Organization of the self under dementia*. Presented at Symp. Sociology of Aging: Comparative Perspective, New Delhi.
4. Chowdhry, P.D. (1992). *Aging and the Aged*. Inter-India Publications.
5. Cohen, Lawrence. (1994). Old Age: Cultural and Critical Perspectives. In *Annual Review of Anthropology*, 23, 137-58.
6. Coleman (1991). Ageing and Life History: The Meaning of Reminiscence in Late Life. In Dex, S. (Ed). *Life and Work History Analysis: Qualitative and Quantitative Developments*. Routledge, London and New York, 120-143.
7. Diamond, T. (1992) Making Gray Gold. Chicago: University of Chicago Press.
8. Estes, L. Carroll. (2001). *Social Policy and Aging – A Critical Perspective*. Sage Publications.
9. Goffman, E. (1961). *Asylums*. Harmondsworth: Penguin.
10. Jamuna D (2003). Issues of Elder Care and Elder Abuse in the Indian Context. In P. S. Liebif and S. I. Rajan (Ed). *An Aging India: Perspectives, Prospects and Policies*, New York: Haworth, 125-142.
11. Kohli, A.S. (1996). *Social Situation of the Aged in India*. Anmol Publications Pvt Ltd. New Delhi.
12. Lambs, S. (2007). Living Outside the Family: Gender and the Rise of Elderly Residences in India. In *International Journal of Sociology of Family*, 33, 1, 43-62.
13. Laz, C. (1998). Act Your Age. In *Sociological Forum*, 13, 1, 85-113.
14. Mahajan, A. (1992). Social Dependency and Abuse of the Elderly. In R. Krishnan, Mahadevan, K. (Ed). *The Elderly Population in Developed and Developing World: Policies, Problems and Perspectives*. B.R. Publishing Corporation. Delhi, 414-423.

15. Meijer, Frederika. (2012). The feminization of old age. In *The Hindu*, October 1, 2012, 9.
16. Moody, H. R. (2002). *Aging: Concepts and Controversies*. Pine Forge Press.
17. Mullan, P. (2002). *The Imaginary Time Bomb: Why an Ageing Population is not a Social Problem*. I.B. Tauris Publishers. London. New York.
18. Muttagi, P.K. (1997). *Aging Issues and Old Age Care (A Global Perspective)*. Classical Publishing Company. New Delhi.
19. Prakash, I.J. (2006). *Ageing with Health and Dignity*. Prasaranga. Bangalore University.
20. Riley, M., Riley, J. (1999). Sociological Research on Age: Legacy and Challenge. In *Ageing and Society*, 19,123-32.
21. Shah, A. M. (1999). Changes in the Family and the Elderly. In *Economic and Political Weekly*, May 1999, 1179-1182.
22. Vatuk, Sylvia. (1990). "To be a burden on others": Dependency anxiety among the elderly in India. In Lynch, O. (Ed). *Divine Passions: The Social Construction of Emotion in India*. Berkeley: University of California Press, 64-88.
23. Victor, Christina. (2005). *The Social Context of Ageing*. Routledge, Taylor and Francis Group, London and New York.