

Status of physical health of elderly living with children and in empty nest families: An in-depth study

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■ **ABSTRACT** : Ageing is a part of living. Poor health is often observed as one of the most serious problems in old age. Therefore by keeping the health concern of elderly in mind the study aimed to study in detail the Status of Physical health of elderly living with children and in empty nest families was conducted on a sample of 120 elderly man and women with children and in empty nest families, randomly selected from three chosen localities of Ludhiana city. The objective of the study was to assess the status of physical well-being of the elderly living with married children and in empty nest families. The results revealed that the level of different types of physical health problems on the whole was low among elderly men and women living in both the settings. However, the elderly parenting living in empty nest families were suffering from higher number of physical health problems as compared to them living with children.

■ **KEY WORDS**: Ageing, Physical health, Parenting, Empty nest, Problems

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Ageing is a natural, universal and inevitable complex phenomenon. Different researchers defined the word "Ageing" in different context. Backer (1980) defined ageing in the broadest sense, as changes occurring in an individual, as a result of the passage of time. According to Stieglit (2001) ageing is a part of living. It begins with conception and terminates with death, while Gurusamy (2001) defines, ageing as the survival of a growing number of people who have completed the traditional adult roles of making a living and child bearing.

The term, "Ageing" has three different but interrelated connotations namely biological/physiological ageing, social ageing and psychological ageing. There is gradual degradation of all body systems which brings

about a decline in physical and mental capabilities (Bhatia, 1993). The central feature of biological ageing refers to the physical changes in the body systems during the later years of the life span. It may begin long before the individual reaches the chronological age of 65 years. Every phase in the human life cycle has its own characteristic assets and traumatic experiences. Each stage also has its own developmental tasks and demands and if they are met adequately the fruits of that stage are realized. The demands of old age are adjusting to decreasing physical strength and health, adjusting to retirement, adjusting to the passing away of near and dear ones, adapting to the social and cultural changes and roles finding sources of care and companionship and so on (Padamadan, 2004). As far as physical health is

concerned the aged easily fall ill. Weakening and declining of the body continues at a gradual but steady phase (Pankajam, 2004). Poor health is often observed as one of the most serious problems in old age. There is a gradual decline in the physical strength of a person. As a result they become exposed to a variety of diseases (Nasreen, 2003). In a national sample survey (Maitra, 1996) while conducting a National Sample Survey Organization (NSSO) observed that chronic illness was reported by 45% males and 44.8% females. The most common chronic illness reported was joint problems, followed by cough. Hypertension, heart diseases and diabetes were reported more by urban population. Among rural aged, the most commonly reported illnesses were visual handicaps, pains in the joints, sleeplessness, vague body pain and backache. Infact the poverty and ignorance about balanced diets are the two reasons why the elderly especially from low socio-economic background suffer from malnutrition which in turn increased their vulnerability to disease and general disability. She emphasized for nutritional balanced diets, medical cures and need for a comprehensive health insurance. Dhillon (1997) in her study on quality of life of elderly women revealed that the common problems of the female aged were weak eye sight, joint pain, blood pressure, dental and general weakness. Dey and Soneja (1999) concluded that people survive to old age in our society, whereas serious disabling conditions like stroke, dementia and complete physical dependence are frequent, requiring care for every activity of daily living. The diseases that contribute to disability include hypertension, coronary artery disease, osteoarthritis, memoryloss, deafness etc.

One of the most important functions of the family is to provide protection and care to its members during childhood. It is the parents who provide protection to their children who are not able to take care of themselves. They see to it that children do not suffer from any physical or emotional problem, on the other hand, in old age, the children take care of their parents and other aged members of the family. There is a period in life when children have finally grown up and left home due to migration or have established a separate household. Then, elderly couples are once again with themselves. This brings a precipitating change in the life style of elderly parents.

It is therefore needed that providing protection, care, security and safety to elderly is an important

traditional function of the family in India. But various studies on Indian families (Chaudhary, 1992, Jamuna, 1995 and Sarala and Kusuma, 2003) had revealed that even elderly in the family are neglected and maltreated which might result into physical and psychological problems among them.

■ RESEARCH METHODS

The study was conducted on married elderly adult couples (above 65 years of age) drawn from urban localities of Ludhiana city. The sample in the study was comprised of 120 elderly adults (males = 60 and females = 60).

Instruments used:

The Cornell Medical Index Health Questionnaire developed by Wig *et al.* (1983) was used in the study. The physical health problems questionnaire was administered to assess the status of physical health of the elderly men and women. It has questions written in native language that quantify the magnitude of health related problems in an individual. *i.e.* Problems related to various organs and systems of the body.

■ RESEARCH FINDINGS AND DISCUSSION

The assessment of the status of physical well-being of the elderly was made by evaluating the level of prevalence of different types of physical problems among them. The overall prevalence of different types of physical problems was worked out by taking all the dimensions of a problem area together and the number of problems of each area per respondent was calculated.

The maximum prevalence of physical problems among elderly living with children was found to be 20.78 per cent related to eyes and ears, followed by 13.38 per cent related to cardiovascular system, 13.33 per cent miscellaneous problems and 13.25 per cent musculo-skeletal problems. The minimum prevalence of physical problems among elderly living with children came to be 4.11 per cent related to frequency of illness, followed by 5.14 per cent related to skin, 5.18 per cent related to genitourinary system, 6.00 per cent related to nervous system and 7.43 per cent related to fatigability. In case of habits related physical problems it was 10.33 per cent and it was 12.11 per cent in case of problems related to respiratory system. In case of physical problems among elderly in empty nest families, the prevalence ranged

between 9.44 per cent frequency of illness to 24.00 per cent eye and ear problems. In contrast a study by Sarala and Kusuma (2003) revealed that elderly in the family become neglected and maltreated which results in various physical problems like joint injuries, deafness etc.

Eyes and ears problems:

The highest proportion of 86.21 per cent of elderly living with children and 88.64 per cent of those in empty nest families were having the problem of wearing spectacles while reading/writing. This proportion was followed by 73.33 per cent of elderly living with children and 88.33 per cent of elderly in empty nest families who were suffering from low farther vision and they had to wear spectacles for seeing far away. The level of all other problems related to eyes and ears such as frequent

pain in eyes, frequent redness in eyes resulted in pain, hard of hearing, releasing from ears and sounds from ears was low in both the settings, except releasing from ears among elderly in empty nest families where the level of problem was moderate. However, the problems of frequent eye pain, hard of hearing and releasing from ears were significantly more common among elderly in empty nest families as compared to those living with children.

Respiratory problems:

It can be said that all the problems related to respiratory system such as feeling of blockage in the throat, frequent sneezing, congestion, frequent secretions from nose, nasal bleeding, frequently caught by cold, frequent fever with cold, have to take rest during cold

Table 1 : Prevalence rate of physical problems among elderly adults (Males and females) living with children and empty nest families

Physical problems	Living with children		Empty nest families		t-value
	Mean	SD	Mean	SD	
Eye and ear	1.87 (20.78)	0.84	2.16 (24.00)	1.00	1.72*
Respiratory system	2.18 (12.11)	1.63	2.71 (15.06)	1.70	1.74*
Cardiovascular	1.74 (13.38)	1.45	2.41 (18.54)	1.48	2.50**
Digestive tract	1.89 (8.22)	1.66	2.41 (10.48)	1.53	1.78*
Musculo-Skeletal	1.06 (13.25)	1.45	1.54 (19.25)	1.48	1.79*
Skin	0.36 (5.14)	0.73	0.79 (11.29)	1.19	2.39**
Nervous system	1.08 (6.00)	1.30	1.57 (8.72)	1.53	1.89*
Genitourinary	0.57 (5.18)	0.97	1.80 (16.36)	1.62	5.05***
Fatigability	0.52 (7.43)	0.77	1.32 (18.86)	1.52	3.64***
Frequency of illness	0.37 (4.11)	0.76	0.85 (9.44)	1.27	2.51**
Miscellaneous	2.00 (13.33)	1.55	2.11 (14.07)	1.50	0.40 NS
Habits	0.62 (10.33)	0.79	0.77 (12.83)	0.91	0.96NS

*, ** and *** indicate significance of values at P < 0.10, < 0.05 and < 0.01, respectively NS=Non-significant
 Note: Figures in parentheses are problems as per cent of total problems in the specific area.

Table 2 : Distribution of elderly adults living with children and empty nest families according to the eyes and ears problems

Question	Living with children			Empty nest families			Z-value
	No.	%age	Level	No.	%age	Level	
Eyes and ears							
Wearing spectacles while reading	38	82.61a	High	39	88.64b	High	0.81
Wearing spectacles for seeing far away	44	73.33	High	53	88.33	High	2.09**
Blurred vision	4	6.67	Low	11	18.33	Low	1.93*
Consistent watering from eyes	21	35.00	Moderate	39	65.00	Moderate	3.29***
Frequent pain in eyes	9	15.00	Low	17	28.33	Low	1.77*
Frequent redness in eyes resulting in pain	7	11.67	Low	12	20.00	Low	1.25
Hard of hearing	8	13.33	Low	17	28.33	Low	2.02**
Secretion from ears	20	33.33	Low	31	51.67	Moderate	2.03**
Sounds from ears	6	10.00	Low	10	16.67	Low	1.07

*, ** and *** indicate significance of values at P < 0.10, < 0.05 and < 0.01, respectively

and influenza, whole winter season cold influenza, asthma, frequent cough, blood seen with sputum, occasional sweating during night, chronic chest disease. TB in the past or at present and resided ever with the person suffering from TB, were at low level ranging from 1.67 per cent to 31.67 per cent among elderly living with children. The problem of clearing the throat frequently was at moderate level, reported by 46.67 per cent of elderly living with children.

Cardiovascular problems:

The prevalence of all the problems related to

cardiovascular system was at low level ranging between 5 per cent of respondents suffering from cold hands and feet in the summer to 30 per cent suffering from high blood pressure among elderly living with children. Most of the problems related to the cardiovascular system among elderly in empty nest families were prevailing at low level. These problems include chest/heart pain, high heart rate, and difficulty in breathing relatively higher frequency of breathlessness, breathlessness during sitting position, swelling in feet, cold hands and feet during summer, heart disease and heart disease to family member. The level of prevalence of problems like high

Table 3 : Distribution of elderly adults living with children and empty nest families according to respiratory problems

Frequent need of cleaning the throat	28	46.67	Moderate	36	60.00	Moderate	1.86
Feeling of blockage in throat	11	18.33	Low	14	23.33	Low	0.67
Frequent sneezing	8	13.33	Low	11	18.33	Low	0.75
Congestion	16	26.67	Low	24	40.00	Moderate	1.55
Frequent secretion from nose	7	11.67	Low	9	15.00	Low	0.54
Nasal bleeding	5	8.33	Low	7	11.67	Low	0.61
Frequently caught by cold	19	31.67	Low	28	46.67	Moderate	1.68*
Frequent fever with cold	16	26.67	Low	25	41.67	Moderate	1.73*
Have to take rest during cold and influenza	15	25.00	Low	23	38.33	Moderate	1.57
Cold trouble during whole winter season	15	25.00	Low	24	40.00	Moderate	1.75*
Frequent attack of cold	19	31.67	Low	28	46.67	Moderate	1.68*
Asthma	18	30.00	Low	31	51.67	Moderate	2.41**
Frequent cough	17	28.33	Low	28	46.67	Moderate	2.07**
Blood seen with sputum	2	3.33	Low	5	8.33	Low	1.17
Occasional sweating during night	4	6.67	Low	7	11.67	Low	0.95
Chronic chest disease	6	10.00	Low	11	18.33	Low	1.31
Suffering from TB	5	8.33	Low	13	21.67	Low	2.05**
Residing with the person suffering from TB	1	1.67	Low	4	6.67	Low	1.37

* and ** indicate significance of values at P=0.10 and 0.05, respectively

Table 4 : Distribution of elderly adults living with children and empty nest families according to cardiovascular physical problems

Suffering from high BP	18	30.00	Low	34	56.67	Moderate	2.95***
Suffering from low BP	16	26.67	Low	29	48.33	Moderate	2.45**
Chest/heart pains	8	13.33	Low	14	23.33	Low	1.42
Heart palpitations	5	8.33	Low	10	16.67	Low	1.38
High heart rate	5	8.33	Low	10	16.67	Low	1.38
Difficulty in breathing	6	10.00	Low	11	18.33	Low	1.31
Higher frequency of Breathlessness	7	11.67	Low	13	21.67	Low	1.47
Breathlessness during sitting position	5	8.33	Low	9	15.00	Low	1.14
Swelling in feet	6	10.00	Low	14	23.33	Low	1.96**
Cold hands-feet during summer	3	5.00	Low	9	15.00	Low	1.83*
Overlapping of veins of legs	13	21.67	Low	24	40.00	Moderate	2.17**
Heart diseases	8	13.33	Low	14	23.33	Low	1.42
Heart disease to your family members	4	6.67	Low	7	11.67	Low	0.95

* and ** indicate significance of values at P=0.10 and 0.05, respectively

blood pressure, low blood pressure and overlapping of veins of legs was moderate among elderly in empty nest families. The overall prevalence of problems related to cardiovascular system among elderly in empty nest families ranged between as low as 11.67 per cent in case of heart disease to family member(s) to as high as 56.67 per cent in case of high blood pressure.

Digestive problems:

The prevalence of problems like taking sweets other than meals, regular flatulence, frequent abdominal problems, frequent burps after meals, vomiting,

indigestion, regular pain in abdomen, frequently diarrhoea, dysanthy, worms through stools and constipation was significantly higher among elderly in empty nest families as compared to those living with children.

Musculo-skeletal problems :

The musculo-skeletal problems like frequent joint pains and swelling, arthritis, arthritis in the family, intolerable back pain and organ failure were at low level among elderly living with children while the problems such as arthritis, frequent pain in hands and feet and feeling depressed or sad due to pain or weakens of feet

Table 5 : Distribution of elderly adults living with children and empty nest families according to digestive tract related problems

Falling of more than half of the teeth	29	48.33	Moderate	37	61.67	Moderate	1.47
Bleeding gums	11	18.33	Low	16	26.67	Low	1.09
Frequent tooth ache	12	20.00	Low	18	30.00	Low	1.27
Dirty tongue	8	13.33	Low	11	18.33	Low	0.75
Loss of appetite	28	46.67	Moderate	35	58.33	Moderate	1.28
Taking sweets other than meals	34	56.67	Moderate	23	38.33	Moderate	2.01**
Taking meal always in hurry	11	18.33	Low	18	30.00	Low	1.49
Regular flatulence	23	38.33	Moderate	39	65.00	Moderate	2.92***
Frequent abdominal problems	26	43.33	Moderate	41	68.33	High	2.76***
Burps after meals	19	31.67	Low	28	46.67	Moderate	1.68*
Vomiting	20	33.33	Low	29	48.33	Moderate	1.67*
Indigestion	29	48.33	Moderate	42	70.00	High	2.41**
Intolerable pain in abdomen	8	13.33	Low	14	23.33	Low	1.42
Regular abdominal problems	16	26.67	Low	29	48.33	Moderate	2.45**
Abdominal problem in the family	19	31.67	Low	27	45.00	Moderate	1.50
Peptic ulcers	9	15.00	Low	14	23.33	Low	1.16
Frequent diarrhoea	11	18.33	Low	20	33.33	Low	1.88*
Dysanthy	4	6.67	Low	11	18.33	Low	1.93*
Worms through stools	8	13.33	Low	17	28.33	Low	2.02**
Constipation	31	51.67	Moderate	44	73.33	High	2.45**
Piles	7	11.67	Low	13	21.67	Low	1.47
Jaundice	5	8.33	Low	8	13.33	Low	0.88
Liver/spleen problem	6	10.00	Low	9	15.00	Low	0.83

*, ** and *** indicate significance of values at P=0.10, 0.05 and 0.01, respectively

Table 6 : Distribution of elderly adults living with children and empty nest families according to muscular-skeletal problems

Frequent joint pains and swelling	18	30.00	Low	30	50.00	Moderate	2.24**
Stiffness of muscles and joints	38	63.33	Moderate	52	86.66	High	2.95***
Frequent pain in hands and feet	28	46.67	Moderate	44	73.33	High	2.98***
Arthritis	6	10.00	Low	14	23.33	Low	1.96**
Arthritis in the family	3	5.00	Low	8	13.33	Low	1.58
Feeling depressed/sad due to pain/weakness of feet	21	35.00	Moderate	46	76.66	High	4.60***
Intolerable back pain	10	16.67	Low	23	38.33	Moderate	2.66***
Failure of organ	2	3.33	Low	4	6.67	Low	0.84

** and *** indicate significance of values at P=0.05 and 0.01, respectively

were at moderate level. Different problems related to musculo-skeletal system ranged between 3.33 per cent to 63.33 per cent among elderly living with children.

Skin problems:

Different skin diseases prevailed between the range of 6.67 per cent in case of frequent ‘pitt’ in the skin and pimples problems to 40.00 per cent in case of delay in healing of wounds among elderly in empty nest families. The prevalence of problem of delay in healing of wounds was significantly higher ($P < 0.01$) among elderly in empty nest families as compared to those living with children.

Problems related to Nervous system:

Among elderly living with children all the 18 problems were at low level ranging from zero in case of bed wetting to 21.67 per cent in case of frequent

headache, except frequent headache and tension due to headache and heaviness, were at low level. These two problems prevailed at moderate level among elderly in empty nest families. Overall range of problems related to nervous system ranged between 3.33 to 45.00 per cent.

Problems related to Genitourinary System:

The calculated Z-values conveyed that problems like private organs disease, blood in urine, delay in passing of urine, repeated urination during night, repeated urination during day time, uncontrolled urination and kidney disease were significantly higher among elderly in empty nest families as compared to those living with children.

Problems related to fatigability:

All the problem related to fatigability, except feeling

Table 7 : Distribution of elderly adults living with children and empty nest families according to skin related problems

Soft and sensitive skin which peels off easily	7	11.67	Low	11	18.33	Low	1.02
Delay in healing of wounds	11	18.33	Low	24	40.00	Moderate	2.61***
Face gets red/hot frequently	4	6.67	Low	7	11.67	Low	0.95
Sweating during winters	3	5.00	Low	5	8.33	Low	0.73
Itching problem	6	10.00	Low	11	18.33	Low	1.31
Having ‘pitt’	3	5.00	Low	4	6.67	Low	0.39
Pimple problems	2	3.33	Low	4	6.67	Low	0.84

* ** indicates significance of values at $P= 0.01$, respectively

Table 8 : Distribution of elderly adults living with children and empty nest families according to nervous system related physical problems

Frequent head ache	13	21.67	Low	27	45.00	Moderate	2.71***
Tension due to head ache and heaviness	9	15.00	Low	21	35.00	Moderate	2.53**
Head ache problem in the family	4	6.67	Low	7	11.67	Low	0.95
Hot/cold sweating	4	6.67	Low	6	10.00	Low	0.66
Frequent dizziness	6	10.00	Low	15	25.00	Low	2.16**
Feeling like fainting	3	5.00	Low	8	13.33	Low	1.58
Fainted two times in life	4	6.67	Low	7	11.67	Low	0.95
Any organ or part of body senseless	3	5.00	Low	6	10.00	Low	1.04
Any organ/part paralyzed	2	3.33	Low	4	6.67	Low	0.84
Ever fallen unconscious	2	3.33	Low	3	5.00	Low	0.46
Face/head/shoulder beats	3	5.00	Low	5	8.33	Low	0.39
Fits or convulsions	2	3.33	Low	4	6.67	Low	0.84
Fits or convulsions in family	1	1.67	Low	3	5.00	Low	1.02
Nails biting	3	5.00	Low	7	11.67	Low	1.32
Stuttering	3	5.00	Low	6	10.00	Low	1.04
Walking in sleep	1	1.67	Low	3	5.00	Low	1.02
Bet wetting	0	0.00	Low	2	3.33	Low	1.43
Bet wetting between 8-14 years of age	8	13.33	Low	11	18.33	Low	0.75

** and *** indicate significance of values at $P=0.05$ and 0.01 , respectively

of fatigue after doing a little, were significantly higher among elderly in empty nest families as compared to those living with children.

Frequent illness:

A perusal of data present in Table 9 shows that all the problems related to frequent illness were at low level among elderly living with children ranging from 6.67 per cent in case of member of a family with diseases to 21.67 per cent in case of remaining frequent illness.

Conclusion :

The study concluded that the level of different types

of physical problems on the whole was low among elderly men and women living in both the settings. However, the elderly parents living in empty nest families were suffering from higher number of physical problems. : There are 15 miscellaneous physical problems, except diabetes and malaria were at low level among elderly living with children. The prevalence of diabetes was found to be moderate and that of malaria it was at high level. Thus, it is revealed from research that old people were facing problems in the area of health, economic and religious and social life and personal betterment. So health counseling and individual counseling needs are to be planned to overcome the problems during old age

Table 9 : Distribution of elderly adults living with children and empty nest families according to genitourinary problems

Venereal disease	11	18.33	Low	27	45.00	Moderate	3.14***
Pain in genitals	3	5.00	Low	7	11.67	Low	1.32
Treatment of genitals	1	1.67	Low	4	6.67	Low	1.37
Hernia	6	10.00	Low	11	18.33	Low	1.31
Blood in urine	7	11.67	Low	19	31.67	Low	2.66***
Delay in passing of urine	9	15.00	Low	21	35.00	Moderate	2.53**
Repeated urination during night	11	18.33	Low	19	31.67	Low	1.69*
Repeated urination during day time	6	10.00	Low	16	26.67	Low	2.36**
Burning sensation during urination	4	6.67	Low	9	15.00	Low	1.47
Uncontrolled urination	5	8.33	Low	17	28.33	Low	2.83***
Kidney disease	10	16.67	Low	21	35.00	Moderate	2.29**

*, ** and *** indicate significance of values at P=0.10, 0.05 and 0.01, respectively

Table 10 : Distribution of elderly adults living with children and empty nest families according to fatigue related problems

Frequent unconsciousness due to fatigue	7	11.67	Low	19	31.67	Low	2.66***
Complete fatigue due to work	16	26.67	Low	29	48.33	Moderate	2.45**
Fatigue after waking up in the morning	10	16.67	Low	24	40.00	Moderate	2.84***
Fatigue after doing a little work	6	10.00	Low	11	18.33	Low	1.31
Too fatigued to feel indifferent for taking meals	8	13.33	Low	21	35.00	Moderate	2.77***
Often feel mental fatigue	10	16.67	Low	35	58.33	Moderate	4.71***
Family problem of restlessness/fatigue	7	11.67	Low	13	21.67	Low	1.47

** and *** indicate significance of values at P=0.05 and 0.01, respectively

Table 11 : Distribution of elderly adults living with children and empty nest families according to frequent illness problem

Always remain sick	13	21.67	Low	32	53.33	Moderate	3.58***
Compulsion of rest at home due to illness	8	13.33	Low	26	43.33	Moderate	3.65***
Regular health issues	11	18.33	Low	29	48.33	Moderate	3.49***
People think of you as a sick person	7	11.67	Low	21	35.00	Moderate	3.02***
Member of disease prone family	4	6.67	Low	11	18.33	Low	1.93*
Feel too much pain to work	6	10.00	Low	19	31.67	Low	2.92***
Tensed about health	10	16.67	Low	30	50.00	Moderate	3.87***
Remain always sick and sad	9	15.00	Low	36	60.00	Moderate	5.09***
Sad due to ill health	6	10.00	Low	37	61.67	Moderate	5.90***

* and *** indicate significance of values at P=0.10 and 0.01, respectively

(Vandana and Subramanyam, 2004). Geriatric ward should be established in each hospital to take care of the older persons' needs. A small library can be established for the aged for the purpose of enlightenment of the inmates and the other old persons. Old age persons' welfare schemes implemented by the Government should reach all deserving elderly. The NGOs can be encouraged to undertake welfare scheme for old age persons with liberal assistance by Government and international funding agencies.

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■ REFERENCES

- Backer, G. (1980).** *Growing old in silence*. University of California Press, Berkeley.
- Bhatia, H.S. (1993).** *Ageing and society: A sociological study of retired public servants*. Arya's Book Centre Publishers, Udaipur.
- Chaudhary, D.P. (1992).** *Ageing and the aged*. Inter India Publications.
- Dey, A.B. and Soneja, S. (1999).** Ageing, illness and healthy ageing. *Social Change*, **29**: 145-57.
- Gurusamy, S. (2001).** Care for the aged. *Social Welfare*, **48**: 3-6.
- Jamuna, D. (1995).** Psychological correlates of quality care giving of the elderly in an Indian context. Project Report Centre for Research on Ageing. Department of Psychology. SV University, Tirupati.
- Maitra, B. (1996).** Child abuse: A universal diagnostic category? *Internat. J. Social Psychiatry*, **42** : 287-304.
- Nasreen, A. (2003).** Elderly and their counselling needs. *Soc. Welfare*, **50**: 37-39.
- Padamadan, J.G. (2004).** Graying. *Kerala Calling*, August, pp 8-9.
- Pankajam, G. (2004).** Are we aged friendly? *Soc. Welfare*, **51**: 7-10.
- Sarala, R.B. and Kusuma, A. (2003).** Neglect of elders – a social problem. *Soc. Welfare*, **50**: 14-16.
- Stieglit (2001).** Original not seen. Cited from Gurusamy S (2001) Care for the aged. *Soc. Welfare*, **48** : 3-6.
- Vandana, K.V. and Subramanyam, V. (2004).** Counselling needs of the elderly. *Indian J. Gerontol.*, **18** : 219-226.
- Wig, N.N., Parshad and Verma, S.K. (1983).** Cornell Medical Index Health Questionnaire (CMIHQ). National Psychological Corporation, Agra.

12th Year
 ★★★★★ of Excellence ★★★★★