



A QUALITY OF LIFE OF THE ELDERLY IN COIMBATORE CITY

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INTRODUCTION

Population ageing is a global issue, which has been recognized to have implications on the health care and social welfare systems. The process whereby the proportion of children in the population decreases and those of old persons increases is known as the “ageing of population”. The global population of elderly has constantly been increasing during the second half of the last century. This has been possible due to easy availability of life saving drugs, control of famines, and various communicable diseases, better awareness and supply of nutrition and health facilities and comparatively better overall standard of living. These achievements have resulted in drastic reduction in mortality rates and substantial increase in the life expectancy at birth and the overall span of people. This phenomenon has been experienced by developed countries in the mid of 20th century. During the last thirty years, this has been emerging as a significant problem in developing countries also. The number of people 60 years and over in the globe is 673 million in 2005 and is expected to increase to 2 billion by 2050, almost a triple increase and the first quarter of 21st century is going to be called as ‘The age of ageing’. More developed regions have almost one-fifth of their population over 60 years but 8 per cent in the less developed regions. And the share of older persons living in these countries is expected to rise from 64 per cent to nearly 80 per cent in 2050. India, like many other developing countries in the world, is presently witnessing rapid ageing of its population. According to World Population Prospects, UN Revision, 2006, the population of aged in India is currently the second largest in the world. Even though the proportion of India’s elderly is small compared with that of developed countries, the absolute number of elderly population is on the high. There has been tremendous increase in the number of elderly population since independence in India from 20.19 million in 1951 (5.5 per cent of total population) to 43.17 million in 1981 and 55 million in 1991. According to 2001 census around 77 million populations is above 60 years which constitutes 7.5 per cent of the total population of the country.



This number is expected to increase to 177.4 million in 2025. (The growth rate of the population (1991-2001) of elderly has been higher (2.89) than overall growth rate (2.02) of the total population. According to World Population Data Sheet- 2002, 4 per cent of the Indian population are in the age group of 65+ which accounts for 41.9 million. This phenomenon of growing population of senior citizens has been the result of recent successes in the achievement of better health standards and a longer span of life for our citizens. Due to this dependency ratio for the old had raised from 10.5 per cent in 1961 to 11.8 per cent in 1991; it is projected to be 16.1 per cent by 2021. (Shakuntala, 2013).

An important emerging demographic issue for India in 21st century is population ageing. Improved life expectancy has contributed to an increase in the number of persons in the age group of 60+ from only 12 million in 1901 to 20 million in 1951, 57 million in 1991 to 103.2 million in 2011. The proportion of the elderly population rise from 5.96 % in 1971 to 6.80% in 1991, 7.47 % in 2001 and 8.3% in 2011. The proportion of elderly defined as those above 60 years of age in India is increasing; from 7.4% of the overall population in 2011 it is expected to be over 10% in 2021, a projected increase from 76 million to approximately 140 million. (Sonali Sarkar, 2016).

India being a vast country it may face the problems differently at rural and urban part. With a huge ageing population who may be far poorer than their counterpart in the west (GOI, 2016). The phenomenon of population ageing is becoming a major concern for the policy makers all over the world, both for developed and developing countries (Government of India, 2011).

Government of India and State Governments, at present, have very nominal old age pension coverage. In addition some other additional benefits for the elderly are also being provided by the Central and State Governments. But much is to be done as at the old age their medical expenses go up and dependency on children / relative goes up for physical, mental and economic support (International Labour Organisation, 2014).

The rapid ageing of India's population, has highlighted the need for better economic security arrangements for the elderly. Increased longevity is making care of the elderly more expensive and traditional family ties are beginning to fray, and the Government of India have initiated an array of schemes and benefits for providing some level of social security to the elderly. One such programme is the NSAP (National Social Assistance Programme) part



that the Ministry of Rural Development launched in August, 1995. This programme aims to alleviate vulnerability of aged, widows and persons with disabilities. There is a provision for one-time assistance in case of the death of the primary breadwinner from a poor family. The National Policy on Older Persons (NPOP) was announced in January 1999 to reaffirm the commitment to ensure the well being of the older persons. From November, 2007, the National Old Age Pension Scheme (NOAPS) has been renamed as Indira Gandhi National Old Age Pension Scheme (IGNOAPS) is old age non-contributory pensions scheme which covers those Indians who are above 60 years of age and also who live below poverty line. The scheme provides for universal coverage of all eligible beneficiaries. All the beneficiaries of IGNOAPS of 60-79 years of age receive Rs. 200 as monthly pension. Those who are above the age of 80 years receive Rs. 500 as their monthly pension. The amount of Old Age Pension was determining which is shared equally by the Central and State Governments. The Central Government contributed Rs 75 percent per person and the balance Rs 25 percent was contributed by the State Government. The policy envisages State support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of their lives.

The present study is rather a comprehensive inquiry into the quality of life aspects of the beneficiaries and non beneficiaries. Keeping in view of the above facts the present study aims at understanding the quality of life and living conditions of old aged beneficiaries who had availed IGNOAPS and compares it with that non beneficiaries. As no such study has been carried out in Coimbatore city this research will be of great value to the officials, planners and policy makers in identifying the crucial areas of development of aged old.

OBJECTIVES OF THE STUDY

- To examine classification of the households of sample respondents and
- To analyse quality of life of the sample respondents.

REVIEW OF LITERATURE

Saravanan Jothi and Subitha Lakshminarayanan (2016) in their study on “Beneficiary Satisfaction Regarding Old Age Pension Scheme and its Utilization Pattern in Urban Puducherry” elucidated that the majority of participants (98 percent) were satisfied with the overall scheme, though half of them expressed their dissatisfaction with the amount of



pension received. About 65 percent were satisfied regarding the mechanism of delivery of old age pension.

Sumati Kulkarni and Siva Raju(2016) in their study on “Social Security for the Elderly in India” elucidated that among the BPL (Below Poverty Line) elderly men, the overall awareness of IGNOAPS is as high as 81 percent; however, utilisation is only 22 percent. In an effort to simplify the procedure and expand the scheme, if the base is made too wide, the feasibility of increasing the pension amount to a reasonable level becomes limited.

Vidhya Unnikrishnan (2016) in her study on “How well Targeted are Social Assistance Programs in India - A Case Study of Indira Gandhi Old Age National Pension Scheme” elucidated that the pension is important because policies are designed keeping in view certain eligibility criteria’s, but considering the role of local politics as exogenous factors. But in reality local political network play an important in determining the beneficiaries. There is some level of economic benefits associated with joining this organisation even the richer tends to be a part of it. The negative coefficient clearly indicates that these networks are correlated with wealth of the family and thereby reduces the probability of receiving IGNOAPS.

Sonali Sarkar (2016) in her study on “Providing Services for Elderly in Rural India – Is Anganwadi Centres a feasible option?” Union Territory in South India, a village of Pondicherry reported that the old age pension provided under the Indira Gandhi National Old Age Pension Scheme (IGNOAPS) was not sufficient to meet their essential requirements like food and medical expenses.

Jayanta Choudhury and Reshmi Ghosh (2016) in their study on “Social Security among the Elderly Persons in Tripura: An Assessment” elucidated that the elderly person (60+) represents 8.58 percent of the total population and most of them are below the poverty line. Family and societal support are two important things for the elderly persons. At the old age period they need more attention and care. But due to insufficient care and attention they feel insecure and mentally disturbed. The findings of the study are enlighten the present status of the elderly persons, financial security of the elderly persons, health security of the elderly persons and perception of elderly person regarding societal and family support. That requirement of the government to formulate policies that concentrates on these problems.



Dhansekaran (2015) in his study on “A Profile of Elderly in Rural Setting of Tamilnadu” identified the awareness level. A higher level awareness is noticed regarding IGNOAPS (76 percent) among the elderly. About 64 percent cases of abuse, the son was identified as the primary abuser compared to 36 percent cases where daughter in law was responsible. A large majority of the elderly are dependent on their families for support. An awareness of concessions and benefits available for elders is also found to be poor.

Premasis Mukherjee and Rosalind Piggot (2014) in their study on “Securing Old Age: The Indian Story of Micro Pension” elucidated that India provides a minimum level of old age pension to the elderly via the Indira Gandhi National Old Age Pension Scheme (IGNOAPS). Taken by them, the amount provided by government is below the per capita poverty line in every Indian state. If family support diminishes as India’s population ages, the usefulness of NOAPS as a household income supplement may fall away. In addition, IGNOAPS transfers will become costly as the elderly population increases.

Ashok Kumar Srivastava (2014) in his study on “Awareness and Utilization of Social Security Scheme and other Government Benefits by the Elderly – A Study in Rural area of District Dehradun” elucidated that 53.5 percent of the elderly resided with their spouses and children. While a majority of the elderly prefer to live with their sons, a small proportion (10.2 percent) preferred to live alone or with their spouse. A significant number of elderly are aware of social security schemes like old age pension schemes. A significant proportion of the elderly (74.6 percent) were aware of social security scheme such as IGNOAPS.

Government of Nagaland (2013) in the report on “Evaluation Study on Implementation of Old Age Pension Scheme in Peren District” elucidated that the old age pension scheme has been successful in achieving its objectives to a great extent. The scheme has given senior citizens a sense of belonging and self respect in the society. Majority of the beneficiaries expressed satisfaction with the scheme and stated that the scheme enabled them to take care of their basic needs, helped them in accessing health care facilities.

Moneer Alam (2012) in his study on “Report on the Status of Elderly in Select States of India, 2011” elucidated that the awareness level is about 10 per cent higher among men than women for the IGNOAPS. Although the elderly belonging to BPL households are the main target for these social security schemes, slightly more elderly in non-BPL households than



elderly in BPL households are aware of scheme. The government is making efforts to ensure proper identification of beneficiaries.

Balasubramaniam (2012) in his study on "Evaluation of Old Age Pension Schemes in Karnataka" elucidated that the gender trends of beneficiaries show that female beneficiaries across the state IGNOAPS and SSY (Sandhya Suraksha Yojane) are more than male beneficiaries. Most of the IGNOAPS beneficiaries receive their pensions through the Bank. The growth rates in beneficiary enrolments to IGNOAPS and SSY show in general, a rising trend and trend analysis shows that the beneficiary numbers are extremely responsive to changes in policies.

Studies enumerated above covered various dimensions. Based on the literature reviewed and inference drawn the researcher found that the earlier studies had not concentrated much on the economic and living aspects of the respondents. Therefore the present study is an attempt to fill this gap through the assessment in the process of socio economic condition and quality of life and compares beneficiaries with non beneficiaries in Coimbatore City.

PROFILE OF COIMBATORE CITY

Coimbatore District in the Kongu Nadu region of the state of Tamil Nadu. Coimbatore is the administrative headquarters of the district. It is one of the most industrialized districts and a major textile, industrial, commercial, educational, information technology, healthcare and manufacturing hub of Tamil Nadu. The region is bounded by Tiruppur district in the east, Nilgiris district in the north, Erode district in the north-east, Palghat district of neighbouring state of Kerala in the west and south respectively. Coimbatore District is one of the most affluent and industrially advanced districts of Tamil Nadu in India. It has the highest GDP (Gross Domestic Product) among the districts of Tamil Nadu, even ahead of the state capital Chennai. The headquarters of the district is Coimbatore, the second largest city in Tamil Nadu, the higher revenue yielding district in the state next to Chennai. Coimbatore District has 2 Revenue Divisions, 8 Taluks, 33 Firkas and 295 Revenue Villages. In case of local bodies, the District has 1 Corporation, 3 Municipalities, 1 District Panchayat, 12 Panchayat Unions, 44 Town Panchayats and 229 Village Panchayats. The Coimbatore City Municipal Corporation consists of 100 wards. For administrative purpose the Coimbatore Corporation is divided into five zones namely North, South, East, West, Central headed by a chairman.



Coimbatore is one of the greatest industrial and commercially vibrant cities in South India. The first textile mills came as far back as 1888 but there are now over a hundred mills. The development of Hydro electricity from the Pykara Falls in the 1930 led to a cotton boom in Coimbatore. It is home to various other industries in the field of engineering, information technology, health care facilities, translation services, interpreting services, and real estate. There are more than 25,000 small, medium, large scale industries and textile mills in Coimbatore. It also has central textile research institutes like the Central Institute for Cotton Research (CICR) Southern Regional Station and the Sardar Vallabhai Patel International School of Textiles and Management. The South Indian Textiles Research Association (SITRA) is also based on Coimbatore. Coimbatore is also famous for the manufacturing of motor pump sets and varied engineering goods. (Wiki, 2016). Coimbatore is the second largest city in Tamilnadu after Chennai, and popularly known as Manchester of South India, is situated in the western part of the state of Tamil Nadu. The population of the city as per 1991 census is 8, 16,321. Covering an extent of 105.6 sq.km. Coimbatore City is the district head quarter. Coimbatore is well known for its textile & automobile parts industries and has excellent potential for industrial growth. Recently it is also emerging as a hub of software industries. Because of its proximity to the hills of the Western Ghats, Coimbatore enjoys an excellent climate throughout the year. Coimbatore City is well connected with other parts of the country by air, railways and an excellent road network. An international airport is serving the city, which is located on Avinashi road at approximately 10 kms from the city centre. It is also well connected with rail service to various parts of the country. The city is connected by an excellent road network with Kerala and Karnataka. The National Highway no.47 passes through the city. The queen of hills stations, Ooty is only 90 kms from the city and is well connected by road and mountain rail service throughout the year. There are a number of textile mills in and around the city run by Government and by private companies. Well established handloom textile manufacturing units, big and small foundries engaged in the manufacturing of deep well motors and pump sets for agricultural and domestic purposes, a famous cement manufacturing unit in Madukkarai at 10 kms from the city and 3 big textile machinery manufacturing units provide employment to thousands of people and contribute to the industrial growth of the region and the state. Coimbatore has also attracted investment in hi-tech industries in the recent years, especially in the field of solar energy



and computer software. There is a modern unit manufacturing solar energy equipments near Coimbatore and several major software companies have set up development centres in the City. (www.ccmc.gov.in, 2013).

SELECTION OF THE SAMPLE

In this study about 500 respondents (beneficiaries 250 and non beneficiaries 250) were selected. Based on random sampling from each zone about 100 sample beneficiaries were selected. The statistical tools and techniques used in the analysis are percentage and quality of life index.

LIMITATION

This study has few limitations. The respondents were reluctant to provide correct details regarding their education, income, expenditure on food and clothing, type of house and number of rooms. In some cases, those who are severely ill and bedridden, data was not collected. In spite of care taken in sampling and interviewing the respondents, there could be few errors in data, which were validated to a large extent.

FINDINGS OF THE STUDY

This study brings out the socio-economic condition and measures the quality of life of the selected sample households. The quality of life was measured based on the indicators of caste, education, per capita income, expenditure on food as percentage of monthly income, expenditure on clothing per person, expenditure on medicine, type of house and number of rooms of the elderly. Table 1 describes the quality of life of the beneficiaries and non beneficiaries.

Table 1: Living conditions of the beneficiaries and non beneficiaries

Indicator/Scale		Beneficiaries	Non beneficiaries
Education	Illiterate	184 (73.6)	161 (64.4)
	Primary	18 (7.2)	32 (12.8)
	Middle	25 (10)	28 (11.2)
	High School	13 (5.2)	22 (8.8)
	Higher Secondary	10 (4)	7 (2.8)
	Total	250 (100.0)	250 (100.0)
Monthly percapita income (Rs.)	Rs. 1000	207 (82.8)	158 (63.2)
	Rs. 1001- Rs.2000	29 (11.6)	68 (27.2)
	Rs. 2001- Rs. 3000	7 (2.8)	11 (4.4)
	Rs. 3001- Rs. 4000	3 (1.2)	7 (2.8)
	Above Rs. 4000	4 (1.6)	6 (2.4)
	Total	250 (100.0)	250 (100.0)



Expenditure on food (Rs.)	Rs. 100	39 (15.6)	32 (12.8)
	Rs. 101 - Rs. 200	141 (56.4)	147 (58.8)
	Rs. 201 - Rs. 300	59 (23.6)	44 (17.6)
	Rs. 301 - Rs. 400	9 (3.6)	16 (6.4)
	Above Rs. 400	2 (0.8)	11 (4.4)
	Total	250 (100.0)	250 (100.0)
Expenditure on clothing (Rs.)	Rs. 100	27 (10.8)	54 (21.6)
	Rs. 101 - Rs. 200	149 (59.6)	142 (56.8)
	Rs. 201 - Rs. 300	54 (21.6)	27 (10.8)
	Rs. 301 - Rs. 400	9 (3.6)	19 (7.6)
	Above Rs. 400	11 (4.4)	8 (3.2)
	Total	250 (100.0)	250 (100.0)
Expenditure on medicine (Rs.)	Rs. 100	22 (8.8)	75 (30)
	Rs. 101 - Rs. 200	134 (53.6)	124 (49.6)
	Rs. 201 - Rs. 300	65 (26)	29 (11.6)
	Rs. 301 - Rs. 400	17 (6.8)	12 (4.8)
	Above Rs. 400	12 (4.8)	10 (4)
	Total	250 (100.0)	250 (100.0)
Type of House	Hut	26 (10.4)	20 (8)
	Mud	50 (20)	83 (33.2)
	Tiled	12 (4.8)	14 (5.6)
	Bricks	107 (42.8)	97 (38.8)
	Cement	45 (18)	26 (10.4)
	Terrace	10 (4)	10 (4)
	Total	250 (100.0)	250 (100.0)
Number of rooms	1	92 (36.8)	86 (34.4)
	2	13 (5.2)	24 (9.6)
	3	126 (50.4)	113 (45.2)
	4	8 (3.2)	18 (7.2)
	5	11 (4.4)	9 (3.6)
	Total	250 (100.0)	250 (100.0)

Source: Field Survey, 2016.

Among the beneficiaries, about 73.6 percent are illiterate. It is found that 10 percent had completed middle level of education, about 7.2 percent had studied primary school, 5.2 percent had studied up to high school and only 4 percent had completed their higher secondary education. In the case of monthly per capita income about 82.8 percent were earning an income of less than Rs. 1000, about 11.6 percent were earning an income of Rs. 1000 to Rs. 2000, about 2.8 percent were earning an income of Rs. 2001 to Rs. 3000, about 1.6 percent were earning an income above Rs. 4000 and 1.2 percent were earning an income of Rs. 3001 to Rs. 4000. In the case of monthly expenditure on food, about 56.4



percent had spent Rs.101 to Rs. 200 for food, about 23.6 percent had spent Rs.201 to Rs. 300/- and 15.6 percent had spent less than Rs.100/- for food. In the case of expenditure on clothing, about 59.6 percent had spent Rs.101 to Rs. 200, about 21.6 percent had spent between Rs.201 to Rs. 300/- and 10.8 percent had spent less than Rs.100/-. For expenditure on medicine, about 53.6 percent had spent between Rs.101 to Rs. 200/-, about 26 percent had spent between Rs.201 to Rs. 300/- and 8.8 percent had spent less than Rs.100/- for medicine. For type of house, about 42.8 percent are living in brick house, 20 percent are living in mud house, 18 percent are living in cement house and only 4 percent are living in terrace house. About 50.4 percent had three rooms in their house, about 36.8 percent had only one room in their house, about 5.2 percent had two rooms in their house and only 4.4 percent had five rooms in their house. Among the non beneficiaries, about 64.4 percent are illiterate. It is found that 12.8 percent had completed primary level of education, 11.2 percent had studied middle school, 8.8 percent had studied up to high school and only 2.8 percent had completed their higher secondary education. In the case of monthly income about 63.2 percent were earning an income of less than Rs. 1000, about 27.2 percent were earning an income of Rs. 1001 to Rs. 2000, about 4.4 percent were earning an income of Rs. 2001 to Rs. 3000, 2.8 percent were earning an income of Rs. 3001 and Rs. 4000 and about 2.4 percent were earning an income of above Rs. 4000. In the case of monthly expenditure on food, about 58.8 percent had spent between Rs.101- Rs. 200 for food, 17.6 percent had spent between Rs.201 to Rs. 300/- and 12.8 percent had spent less than Rs.100/- for food. In the case of expenditure on clothing, about 56.8 percent had spent between Rs.101 to Rs. 200/-, about 21.6 percent had spent less than Rs.100/- and 10.8 percent had spent Rs.201 to Rs. 300/-. For expenditure on medicine, about 49.6 percent had spent Rs.101 to Rs. 200/-, about 30 percent had spent less than Rs. 100, about 11.6 percent had spent Rs.201 to Rs. 300/- and 4.8 percent had spent Rs. 301 to Rs.400/-. For type of house about 38.8 percent are living in brick house, about 33.2 percent are living in mud house, about 10.4 percent are living in cement house and only 4 percent are living in terrace house. About 45.2 percent had three rooms in their house, about 34.4 percent had only one room in their house, about 9.6 percent had two rooms in their house and only 3.6 percent had five rooms in their house.



QUALITY OF LIFE INDEX

According to Dhanasekaran quality of life index, per capita income is one of the determining factors of poverty. There is an inverse relationship between per capita income and poverty. The consumption pattern of the households also reveals the economic conditions in proportion of their expenditure towards food. Clothing is one of the basic needs next to food. Clothing requirements of children, men and women necessitate different norms for clothing. (Ambiga Devi and Gandhimathi, 2012). Based on the Quality of life index a household is assumed to be extremely poor, if the average quality of life index score is less than 7 and poor if score lies between 7 and 14, and marginally poor if it lies between 14 and 21. Under the vulnerable, middle income and high income group. Table 2 depicts the classification of the households of the beneficiaries and non beneficiaries.

Table 2 Classification of the Households of beneficiaries and non beneficiaries

Classification	Beneficiaries	Non beneficiaries
Extremely poor	87 (34.8)	92 (36.8)
Poor	146 (58.4)	135 (54)
Marginally poor	17 (6.8)	23 (9.2)
Total	250 (100.0)	250 (100.0)

Source: Field Survey, 2016.

Among the beneficiaries, about 58.4 percent of the households are poor, 34.8 percent are extremely poor and 6.8 percent are marginally poor. Among the non beneficiaries, about 54 percent of the households are poor, 36.8 percent are extremely poor and 9.2 percent are marginally poor.

CONCLUSION

Monthly incomes of the elderly are not adequate enough to cater to their day to day needs. Food, clothing and shelter affect the quality of life. Income received is spent on food and medicines only. The respondents fall under the extremely poor, poor and marginally poor category none come under the vulnerable middle income and high income group. This necessitates the need for better living environment and income.

SUGGESTION

- Elderly destitute should be given free housing facilities.
- Adequate medical facilities should be provided.
- Nutritious food supplements should be given time to time.



- All elderly living below poverty line should be provided with adequate pension to maintain decent standard of living.

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