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The Unheard Voices of Ageing: A Sociological Study of Elderly Experiences in Chandigarh

BUNTY DEVI*

ABSTRACT

This study examines the experiences of elderly people in Chandigarh against the backdrop of population ageing in India, a demographic transition driven by improved healthcare, declining fertility, and rising life expectancy. While this transition reflects social progress, it has also generated socio-economic, psychological, and health-related challenges for older adults. The study explores the major problems faced by senior citizens, identifies the factors responsible for these challenges, analyses the impact of modernisation, urbanisation, and changing family structures on their lives, and assesses the effectiveness of government initiatives aimed at promoting their well-being. Drawing entirely on secondary sources, including books, peer-reviewed journal articles, government reports, census publications, policy documents, and reports from national and international organisations, the analysis indicates that many older adults in Chandigarh experience financial insecurity, chronic health issues, emotional stress, loneliness, and social isolation. These challenges are intensified by rapid urbanisation, the migration of younger generations, and the gradual weakening of the traditional joint family system, which has reduced familial care and support. Although various welfare schemes have been introduced for senior citizens, limitations in awareness, accessibility, and implementation often restrict their impact. The study argues that ensuring the well-being of older adults requires a holistic approach that strengthens family relationships, promotes community participation, enhances social security, and improves the delivery of elderly welfare programmes to create a more inclusive and age-friendly society.

Keywords: *Population ageing, Elderly problems, Social isolation, Family change, Senior citizen welfare.*

I. INTRODUCTION

Population ageing has emerged as one of the most significant demographic transformations of the twenty-first century, affecting both developed and developing nations. Improvements in

* Author is an Assistant Professor at the Department of Sociology, ODM College for Women, Hisar, Haryana, India.

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healthcare facilities, advances in medical technology, better nutrition, and enhanced living conditions have contributed to increased life expectancy across the world. Simultaneously, declining fertility rates have altered population structures, resulting in a growing proportion of elderly people. In India, this demographic transition is becoming increasingly visible as the population aged sixty years and above continues to rise. According to recent demographic estimates, the elderly population is expected to grow substantially in the coming decades, making ageing an important social, economic, and policy concern.[1]

Ageing is not merely a biological process but also a social phenomenon that influences the lives of individuals, families, and communities. Older adults possess valuable life experience, knowledge, and social wisdom; however, many of them face numerous challenges in their daily lives. The ageing process is often accompanied by declining physical health, reduced mobility, chronic illness, financial insecurity, and psychological stress. In addition, changing social relationships and reduced participation in social and economic activities may contribute to feelings of loneliness, isolation, and dependency. These challenges are particularly significant in urban societies, where rapid social and economic changes have transformed traditional support systems.

From a sociological perspective, modernisation, urbanisation, industrialisation, and globalisation have significantly altered family structures and intergenerational relationships. The traditional joint family system, which once provided emotional, social, and economic support to elderly members, is gradually being replaced by nuclear family arrangements. The migration of younger generations for education and employment has further widened the gap between older parents and their children, often reducing the availability of family-based care. Consequently, many elderly individuals experience social exclusion, emotional neglect, and diminished social status within both family and society.

Chandigarh, one of India's most planned and urbanised cities, presents a distinctive context for examining the experiences of older adults. The city has witnessed rapid socio-economic development, increasing urbanisation, and changing lifestyles, all of which have influenced family dynamics and community relationships. While Chandigarh offers comparatively better healthcare facilities and social infrastructure, elderly residents continue to face challenges related to health, financial security, loneliness, and access to support services. Understanding

[1] For demographic projections of India's elderly population, see UNITED NATIONS POPULATION FUND, *Caring for Our Elders: Institutional Responses, India Ageing Report 2023* 45-67 (UNFPA India 2023); see also NATIONAL STATISTICAL OFFICE, *Elderly in India 2021* 34-36 (Ministry of Statistics and Programme Implementation 2021).

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these issues is essential for developing policies and programmes that promote active and healthy ageing.

This study seeks to explore the socio-economic, psychological, and health-related problems faced by elderly people in Chandigarh. It also examines the factors responsible for these challenges, analyses the impact of modernisation, urbanisation, and changing family structures on the lives of senior citizens, and evaluates the effectiveness of government welfare initiatives. By highlighting the lived experiences of older adults, the study contributes to a better understanding of ageing in contemporary urban India and emphasises the need to create a more inclusive, supportive, and age-friendly society.

II. Objectives of the Study

This study pursues two principal objectives. The first is to study the socio-economic, psychological, and health-related problems faced by elderly people in Chandigarh. The second is to analyse the impact of modernisation, urbanisation, changing family structures, and government welfare measures on the quality of life of senior citizens.

III. Research Methodology

This study is based entirely on secondary sources of data. Information has been collected from books, academic journals, research articles, government reports, census publications, policy documents, reports of the Ministry of Social Justice and Empowerment, the National Statistical Office, the United Nations Population Fund, and various studies relating to ageing and elderly welfare. The collected data were analysed qualitatively to understand the nature of elderly problems, their causes and consequences, and the effectiveness of existing welfare measures.

IV. Literature Review

Cowgill and Holmes argued that modernisation reduces the traditional status and authority of elderly people by replacing their social and economic roles with modern institutions.[2] Sharma found that urban elderly populations frequently experience loneliness, social isolation, and inadequate family support.[3] Reports by HelpAge India have highlighted growing concerns regarding elder abuse, neglect, financial dependency, and healthcare challenges among senior citizens.[4] The United Nations Population Fund has emphasised that demographic ageing, migration, and changing family structures have weakened traditional support systems for

[2] Donald O. Cowgill & Lowell D. Holmes, *Aging and Modernization* 23-25 (Appleton-Century-Crofts 1972).
[3] S.P. Sharma, *Problems and Challenges of Elderly People in Urban India*, 2(3) International Journal of Social Sciences and Humanities Research 45, 45-52 (2014).
[4] HelpAge India, *State of Elderly in India Report* 18-20 (HelpAge India 2023); see also HelpAge India, *Elder Abuse and Social Security Status Among Older Persons in India* 15-29 (HelpAge India 2024).

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older adults in India.[5] Alam and Mukherjee observed that urban elderly people are increasingly vulnerable to psychological distress, social exclusion, and declining social participation.[6]

V. Problems faced by elderly people

A. Economic problems

Financial insecurity. Many elderly individuals face financial difficulties owing to retirement, the absence of a regular income, insufficient pension benefits, and rising living expenses. Those without adequate savings often depend on their children or relatives for financial support.

Economic dependency. A large number of senior citizens become economically dependent on family members after retirement. This dependency can reduce their decision-making power within the household and affect their sense of dignity and self-worth.

Rising healthcare expenditure. The cost of medical treatment, medicines, diagnostic tests, and long-term care places a significant financial burden on older adults, especially those with chronic illnesses.

B. Social problems

Social isolation. Many elderly people experience limited social interaction owing to retirement, reduced mobility, and the migration of family members. This often leads to feelings of loneliness and exclusion from social life.

Weakening family support. The shift from joint families to nuclear families has reduced the traditional support system available to older adults. Many senior citizens receive less emotional and practical support than in the past.

Elder neglect and abuse. Some elderly individuals face neglect, disrespect, emotional abuse, or even financial exploitation by family members, which adversely affects their well-being.

Loss of social status. With ageing and retirement, older adults may lose their traditional authority and influence within the family and society, leading to feelings of marginalisation.

C. Psychological problems

Loneliness. Living alone, widowhood, or reduced interaction with family members often creates a sense of loneliness among elderly individuals.

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[5] United Nations Population Fund, *Caring for Our Elders: Early Responses, India Ageing Report 2017* 50-53 (UNFPA India 2017).

[6] Moneer Alam & Mala Mukherjee, *Ageing, Social Exclusion and Well-being of Older Persons in Urban India* 45 (Institute for Human Development 2019).

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Depression. Financial stress, declining health, social isolation, and family neglect can contribute to depression and other mental health issues among senior citizens.

Anxiety and emotional stress. Concerns about health, financial security, dependency, and uncertainty about the future often generate anxiety and emotional distress.

Low self-esteem. The feeling of being a burden on family members and reduced participation in social and economic activities may lower self-confidence and self-esteem.

D. Health-related problems

Chronic diseases. Older adults commonly suffer from long-term health conditions such as diabetes, hypertension, arthritis, cardiovascular disease, and respiratory disorders.

Physical disability and mobility issues. Ageing often leads to reduced physical strength, impaired vision, hearing loss, and mobility limitations, making daily activities more difficult.

Lack of accessible healthcare. Although healthcare facilities are available in urban areas such as Chandigarh, many elderly people face challenges related to affordability, accessibility, and specialised geriatric care.

Mental health issues. Cognitive decline, memory loss, dementia, and other age-related mental health conditions are becoming increasingly common among the elderly population.

Nutritional problems. Poor dietary habits, a lack of nutritional awareness, and economic constraints may result in malnutrition and weakened immunity among senior citizens.

VI. Factors responsible for elderly problems

Modernisation and changing social values. Rapid modernisation has transformed the traditional norms and values that once emphasised respect, care, and support for older family members. As societies become more individualistic, the social status and authority of the elderly have gradually declined, leaving many feeling neglected and marginalised.

Urbanisation and migration. Urbanisation has encouraged the large-scale migration of younger generations in search of education and employment opportunities. As a result, many elderly parents are left behind, leading to reduced family interaction, emotional distance, and inadequate care in old age.

Transition from joint to nuclear families. The traditional joint family system served as a strong support mechanism for older adults by providing emotional, social, and economic security. The growing preference for nuclear families has weakened this support structure, increasing the vulnerability of elderly individuals.

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Economic dependency and retirement. Retirement often results in the loss of a stable income and economic independence. Inadequate pension coverage, limited savings, and rising living costs force many elderly people to depend on family members for their daily needs, affecting their self-esteem and autonomy.

Increasing healthcare needs. Advancing age is often accompanied by chronic illness, physical disability, and greater healthcare requirements. High medical expenses and limited access to specialised geriatric care create additional challenges for elderly individuals and their families.

Weakening community and social networks. Traditional neighbourhood ties and community support systems have declined in urban settings. Reduced social participation and limited opportunities for interaction contribute to feelings of loneliness and social isolation among older adults.

Technological exclusion in a digital society. The rapid expansion of digital technologies has created a gap between younger and older generations. Many senior citizens struggle to use digital platforms for banking, healthcare, communication, and government services, increasing their dependence on others.

Declining intergenerational relationships. Busy lifestyles, work pressures, and changing family priorities often reduce the quality of interaction between generations. This decline in intergenerational bonding can lead to emotional neglect and a sense of alienation among elderly family members.

Lack of awareness and accessibility of welfare schemes. Although several government programmes exist for senior citizens, inadequate awareness, bureaucratic hurdles, and accessibility issues often prevent elderly individuals from fully benefiting from these initiatives.

Demographic ageing and increased life expectancy. Improved healthcare and longer life expectancy have increased the size of the elderly population. However, social institutions and support systems have not expanded at the same pace, creating new challenges related to care, security, and social inclusion.

VII. IMPACT OF ELDERLY PROBLEMS

Declining physical health and functional ability. Persistent health issues, inadequate medical care, and financial constraints often lead to a deterioration in physical health. Many elderly individuals experience reduced mobility, increased dependency, and difficulty in performing daily activities, affecting their overall quality of life.

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Increased psychological distress. Loneliness, social isolation, neglect, and insecurity contribute to higher levels of depression, anxiety, stress, and emotional instability. The absence of meaningful social relationships often creates feelings of sadness and hopelessness among older adults.

Loss of self-esteem and personal dignity. Economic dependence and reduced participation in family decision-making can diminish an elderly person's sense of worth and self-respect. Many older adults feel that they have become a burden on their families, leading to lower self-confidence and reduced life satisfaction.

Social exclusion and marginalisation. Weakening social networks and changing family structures often result in the exclusion of elderly individuals from social, cultural, and community activities. This marginalisation reduces opportunities for social interaction and active ageing.

Increased dependency on family members. Financial insecurity and declining health frequently make older adults dependent on family members for economic support, healthcare, and daily assistance. Excessive dependency may reduce their autonomy and decision-making power.

Reduced quality of life. The combined effects of poor health, loneliness, economic hardship, and social isolation negatively affect the overall well-being of elderly individuals. Their ability to enjoy life and participate in meaningful activities becomes significantly restricted.

Greater vulnerability to neglect and abuse. Elderly persons who are economically or physically dependent are more susceptible to neglect, emotional abuse, financial exploitation, and discrimination. Such experiences can have severe psychological and social consequences.

Weakening of intergenerational relationships. The decline of traditional family bonds and reduced interaction between generations can create emotional distance within families. This weakens the support system available to older adults and contributes to feelings of alienation.

Economic hardship and insecurity. Limited income, rising healthcare costs, and inadequate social security measures often place elderly individuals in financially vulnerable situations. Economic hardship can affect access to healthcare, nutrition, and other basic necessities.

Reduced social participation and active ageing. Health limitations, mobility issues, and social exclusion often prevent elderly people from participating in community activities and social gatherings. As a result, opportunities for active and productive ageing are significantly reduced.

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Increased risk of mental health disorders. Long-term loneliness, chronic illness, and family neglect can increase the likelihood of mental health conditions such as depression, dementia-related stress, and cognitive decline, adversely affecting emotional well-being.

Diminished sense of security and well-being. Uncertainty regarding health, finances, and future care arrangements often creates a sense of insecurity among older adults. This can reduce their overall life satisfaction and sense of happiness during old age.

VIII. GOVERNMENT INITIATIVES FOR ELDERLY WELFARE IN INDIA

The Government of India has introduced several policies, welfare schemes, and legal measures to ensure the protection, healthcare, financial security, and social well-being of senior citizens. These initiatives aim to improve the quality of life of elderly people, especially those who are economically weak, socially neglected, or physically dependent.

A. National Policy on Older Persons (1999)

The National Policy on Older Persons was introduced to promote the well-being of elderly citizens and to encourage families, communities, and institutions to support them. The policy focuses on financial security, healthcare facilities, shelter, education, and protection against abuse and exploitation. It also emphasises the active participation of older persons in society.[7] Under this policy, the government encouraged the establishment of old-age homes, geriatric healthcare centres, and recreational facilities for senior citizens.

B. Maintenance and Welfare of Parents and Senior Citizens Act, 2007

This Act provides legal protection to elderly parents and senior citizens by making it a legal obligation for children or relatives to provide maintenance and basic needs. Senior citizens who are neglected may approach a Maintenance Tribunal for financial support and protection.[8] Its key features include a monthly maintenance allowance for parents and senior citizens, protection of the life and property of elderly persons, and the establishment of old-age homes by state governments. For example, an elderly parent who is abandoned by their children may file a complaint before the tribunal and seek maintenance support.

C. Indira Gandhi National Old Age Pension Scheme

The Indira Gandhi National Old Age Pension Scheme is a social assistance scheme under the National Social Assistance Programme. It provides a monthly pension to elderly persons

[7] GOVERNMENT OF INDIA, *National Policy on Older Persons* 12 (Ministry of Social Justice and Empowerment 1999).
[8] The Maintenance and Welfare of Parents and Senior Citizens Act, 2007, No. 56 of 2007, INDIA CODE (2007).

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belonging to families below the poverty line.[9] The scheme offers financial support to elderly individuals aged sixty years and above, with a higher pension amount for persons above eighty years. For example, an economically poor widow aged sixty-eight living in a rural area receives monthly pension assistance to meet daily living expenses.

D. Atal Vayo Abhyuday Yojana

The Atal Vayo Abhyuday Yojana is a comprehensive welfare scheme aimed at promoting awareness, social inclusion, healthcare, and the protection of senior citizens. It supports programmes relating to elderly care, helplines, and skill development.[10] Its objectives include promoting active and productive ageing, encouraging community participation, and providing emotional and psychological support. For example, senior citizen helpline services under the scheme assist elderly persons facing abuse, neglect, or loneliness.

E. National Programme for the Health Care of the Elderly

The National Programme for the Health Care of the Elderly was launched to provide specialised healthcare services to senior citizens at the primary, secondary, and tertiary levels. Its major services include geriatric clinics in government hospitals, free medical check-ups and treatment, and rehabilitation and physiotherapy services. For example, elderly patients suffering from arthritis, diabetes, or hypertension can receive treatment through geriatric care units in district hospitals.

F. Rashtriya Vayoshri Yojana

This scheme provides free physical aids and assisted-living devices to economically weaker senior citizens suffering from age-related disabilities.[11] The devices provided include walking sticks, wheelchairs, hearing aids, dentures, and spectacles. For example, a poor elderly person with a hearing impairment may receive hearing aids free of cost under the scheme.

G. Senior Citizens' Savings Scheme

The Senior Citizens' Savings Scheme is a government-backed savings scheme designed to provide financial security and a regular income to retired individuals. Its features include a higher rate of interest compared with regular savings accounts, a safe and secure investment option, and tax benefits under the Income Tax Act. For example, a retired government employee may invest retirement benefits in the scheme to receive a regular quarterly income.

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[9] The Indira Gandhi National Old Age Pension Scheme operates under the National Social Assistance Programme, Ministry of Rural Development, GOVERNMENT OF INDIA.

[10] MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT, *Atal Vayo Abhyuday Yojana (AVYAY): Scheme Guidelines* 8 (Government of India 2021).

[11] Rashtriya Vayoshri Yojana, MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT, GOVERNMENT OF INDIA (2017).

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H. Integrated Programme for Senior Citizens

This programme provides financial assistance to non-governmental organisations and institutions for running old-age homes, day-care centres, mobile medical units, and other welfare services for the elderly. The services supported include shelter and food, healthcare facilities, and recreational and counselling services. For example, non-governmental organisations operating old-age homes receive government grants to provide care and support to abandoned senior citizens.

IX. FOREIGN PERSPECTIVES ON ELDERLY WELFARE

Many developed countries have adopted comprehensive welfare systems and policies to ensure the social, economic, and healthcare security of elderly people. These international practices provide useful models for improving elderly welfare in India.

United States of America. The United States provides social security pensions, healthcare assistance through Medicare and Medicaid, and retirement benefits for senior citizens. Community living, assisted-care homes, and senior activity centres are widely available. Medicare, for example, helps elderly citizens above sixty-five years to receive affordable medical treatment and health insurance coverage.

United Kingdom. The United Kingdom has a strong public welfare system under the National Health Service, which provides free healthcare services to older adults. Pension schemes and social care services support elderly people living independently. For example, elderly persons in the United Kingdom can receive home-care services and government-funded medical treatment through National Health Service facilities.

Japan. Japan has one of the largest ageing populations in the world and has developed advanced elderly care systems. The government promotes active ageing, long-term healthcare insurance, and community-based support services. For example, Japan's long-term care insurance system provides nursing care and assisted-living support for elderly citizens.

Sweden. Sweden follows a welfare-state model in which the government assumes major responsibility for elderly care. Senior citizens receive pensions, healthcare services, housing support, and home assistance programmes. For example, municipal authorities provide home-based care services to elderly persons who are unable to manage daily activities independently.

China. China has introduced policies to address the challenges arising from rapid population ageing and changing family structures. The government promotes elderly healthcare, pension

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coverage, and the legal responsibility of children towards their parents. For example, China's elderly rights law makes it compulsory for children to visit and support their ageing parents.

Singapore. Singapore encourages financial planning and self-reliance through schemes such as the Central Provident Fund. The government also supports healthcare subsidies and senior-friendly housing facilities. For example, senior citizens receive healthcare assistance and housing support through government welfare programmes.

X. Comparative perspective

Foreign countries tend to focus on universal healthcare systems for the elderly, strong pension and social security systems, community-based and home-care services, active ageing and social participation, and legal protection against neglect and abuse. In comparison, India has introduced several welfare schemes, but challenges such as a lack of awareness, limited resources, and weak implementation continue to affect elderly welfare. Learning from international models can help India strengthen healthcare, social security, and support systems for senior citizens.

XI. Suggestions for improving the welfare of elderly people

Several measures could strengthen the welfare of elderly people. Healthcare facilities should be strengthened and more geriatric care centres established for senior citizens. Pension amounts should be increased and financial assistance schemes expanded for economically weaker elderly persons. Awareness should be created among senior citizens regarding government welfare schemes and legal rights. Family support systems should be promoted, and respect and care for elderly people encouraged within society.

In addition, more old-age homes, day-care centres, and recreational facilities should be established for senior citizens. Counselling and mental health support should be provided to reduce loneliness, stress, and depression among the elderly. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 should be implemented strictly. Community participation, along with the involvement of non-governmental and voluntary organisations, should be encouraged in elderly welfare programmes. Safety and security measures should be improved for elderly persons living alone in urban areas, and digital literacy and social engagement programmes should be promoted to help senior citizens remain active and independent.

XII. Conclusion

This study concludes that population ageing presents both opportunities and challenges for contemporary Indian society. Elderly people in Chandigarh face multiple socio-economic,

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psychological, and health-related problems that are closely linked to modernisation, urbanisation, and changing family structures. The decline of the traditional joint family system and increasing social isolation have intensified the vulnerabilities of older adults. Although various government schemes and welfare programmes have been introduced to address these concerns, their impact remains constrained by implementation gaps and limited awareness among beneficiaries. There is therefore a need for stronger family support systems, greater community participation, improved healthcare services, and more effective implementation of welfare policies. Creating an age-friendly and inclusive social environment is essential for ensuring the dignity, security, and well-being of elderly citizens in Chandigarh and beyond.

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