



Progress of the

# Society

Barriers and Strategies

**Edited by -**

**DR. B.VENKATA SUBBA REDDY**

**&**

**A. JYOTSNA**

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## **“Problems of Elderly Widows: Need of Social Work Intervention”**

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*Abstract – Widowhood brings about economic and emotional setbacks. In India, widows have a really hard time because of the traditional prejudices prevalent against them. Older widows are facing emotional, psychological, financial problems and also physiological problems. They are also neglected, abused, and exploited. According to 2011 census, 37.5 percent of elderly women in India are widows; every fourth household in India has a widow. Loss of spouse is equally painful for both husband and wife but widows face more problems and hardships under the pressure of gender bias and changing values. The nature of family life and relationship is changing due to increasing consumerism, globalization and growing individual thinking in all walks of life. After widowhood life style affects her dress, food, make-up, participation in various social and religious functions.*

*Against this backdrop, a research has been conducted to know the problems of aging women widows. The main objectives of the study are to know the various social, psychological, economic and health problems of the aging women. An empirical study is made in Nellore district with a sample of 120 randomly selected respondents. A structured interview schedule along with a Problem Inventory for Older People (Ramamurti P. V 1969) and Inventory to assess health status (Ramamurti, 1996) was used for data collection. Data thus collected is analyzed, and conclusions are drawn and also suggest measures for tackling the problems.*

*Following are the major conclusions emerging from the present study. Most of the respondents are in the age group of 60-70 years and are able to read and write. Further the study revealed that most of the respondents are from Hindu religion and belong to S.C community. Regarding family details half of the respondents are staying in joint families and own concrete roof houses with Lavry and bath room facilities. They have enough recreational recourse and all moderately satisfied with living arrangements. It is also observed from study that three fourths of the respondents are having moderate health status. The study also stated that the respondents are getting family support "occasionally" and most of the respondents i.e. 93 percent are experience elderly abuse. It can be concluded that the economic and health status of respondents influence their frequency of problems.*

## INTRODUCTION

Across Indian societies, women continue to struggle for gender equality and women's rights issues. Particularly, Widows in India are facing a lot of problems and hardships in the family and society because of traditional norms, cultural practices and beliefs in the society. Women, particularly widows in India are the victims of social stigma. Discrimination of widows is a common phenomenon which is deep rooted in the traditional values and beliefs of the community. Widowhood brings about economic and emotional setbacks. In India, widows have a really hard time because of the traditional prejudices prevalent against them. Older widows are facing emotional, psychological, financial and also physiological problems. They are neglected, abused, and exploited also. According to 2011 census, 37.5 percent of elderly women are widows; every fourth household in India has a widow. Loss of spouse is equally painful for both husband and wife but widows face more problems and hardships under the pressure of gender bias and changing values. The nature of family life and relationship is changing due to increasing consumerism, globalization and growing individual thinking in all walks of life. After widowhood life style affects her dress, food, make-up, participation in various social and religious functions. Elderly women are doubly disadvantaged as women and as elderly and triply disadvantaged if they are widows due to their complete dependency on their sons or daughters or relatives. The widows' social circle is limited to their family. It causes a rude shock to them when they are physically abused by their sons / daughters-in-law or have to leave their families to seek support from formal agencies (Vridha ashrams run by philanthropic agencies) as the last resort.

Widowhood in India is often described as a definitive and tragic moment in a women's life, in which her identity is stripped away with the death of her husband. Widowhood, an inevitable life event for many older women has an impact on their psycho-social status. Consequent upon widowhood, many older widows are vulnerable to the development of psycho-social problems and low self-esteem. The proportion of widows in the population of 60+ years is gradually increasing. Women in the later years of life have been subjected to many hardships like economic dependence, emotional insecurity and social estrangement, especially due to loss of spouse. Mahajan (2006) elderly suffered with various socio-psychological problems like; loneliness, declining authority, lack of respect, strained family relations. Further, it was reported by him that proportion of females is more than that of males who suffer from those problems. Similarly Bakshi (2007) also reported that aged females living with families were feeling emotionally unstable. Sijuwade (2008) in his study has observed that almost half of the respondents (48%) reported that their families do not take care of them and neglect physically, economically and emotionally.

According to Bagga (2011) interview of 2020 elderly residing in Delhi revealed that nearly 5 percent of the elderly accepted of having been abused by their family members irrespective of their social class or financial status. The main causes of abuse ranged from financial constraints, problem of housing to disputes relating to transfer of property. A number of households where the children had migrated and the elderly were left behind to find for themselves, reported instances of neglect (Tandon, 1997). Data also provide evidence that the elderly women, widows and divorcee are most susceptible to different forms of abuse. Perpetrator may be a either a tenant or the landlord or even adult children

Kapoor (1995) during her fieldwork in rural Haryana came across cases of parent beating. She reported that the sons and the daughters-in-law slapped, punched or denied food and



water to their aged parents or other old women and men relatives in case they faulted at work or were careless in discharging their duties. Many sons and grandsons or other relatives got rid of their old parents/ relatives by admitting them to the mental hospitals. There have also been situations where the old are cursed with death because they are burden, good for nothing, demanding, and even baleful (Tandon, 2000).

Mohapatra, (2012) study aimed to find out the socio-economic status, psychological and health problems, attitude towards widow life and suggestions for the welfare of widows. 160 widows selected by purposive sampling technique were interviewed personally. A structured interview schedule consisting of sample and short questions was used for this purpose. Out of 160 elderly widows majority (53.1%) were illiterate, 63.8 percent were from joint family set up. Most of the respondents (93.1%) were completely vegetarian and wore simple white sarees since the death of their husbands. Majority of them opined that they were not allowed to attend the naming ceremony of a new born baby and to enter into the marriage pandals. Most of the elderly widows had multiple health problems such as: reduced vision (81.2%) hypertension and diabetes (65% each). Majority of the respondents (70%) were not allowed to involve in their family affairs.

Based on the in-depth interviews with the widows in the age group of 60 years and above, residing in various old age institutions in Kolkata and its adjoining areas, this paper examines the sufferings and humiliation (in terms of abuse and neglect) the women are subject to undergo by their dear and near ones, after the death of their husbands. Anupyo Mallik (2008) also seeks to analyze the implications for policies, programmes and practices related to abuse and neglect. Older women (widows) are marginalized in society on account of gender and age. The negative connotations of ageism and ideas of dependency and impairment aggregate in the negotiations of power within society. Ageism, sexism and structural divisions combine to create power imbalances that are predicated on the notion of women as being of inferior status. This facilitates conditions in which abuse flourishes and militates against an easy or quick resolution.

In order to understand the phenomenon of abuse towards a qualitative research approach was found to be suitable. The researcher identified and selected the cases of abuse towards widows from and among the different Old age Homes in and around Kolkata (W.B). In West Bengal there are 733 widows in every thousand elderly females (Chakra arty, 2001). Over 42 percent women in Kolkata are widows and most of them (65 Percent) have no support. (The Hindustan Times, 01.09.2004). In one of the Surveys, conducted by the Indian society for welfare of Senior Citizens, it was found that a large percentage of these destitute widows (45 Percent) have children but have been driven out of their home (The Hindustan Times, 01.09.2004).

Tareque et al. (2008) Study revealed the frightening finding is that in Rajshahi City Corporation there are 17% abused elderly. The study shows that most of the abused elderly were young old females who were widow and illiterate were more vulnerable to abuse. the overall finding of this study also seems to suggest a close relationship of abuse with family head, physical condition, living arrangements and educational background and this piece of information needs to be scientifically utilized in developing suitable programs addressing the elderly in country. The researcher emphasizes the importance of replicating this research, and incorporating culture specific findings into customized intervention strategies.

Gupta and Chaudhuri, (2008) examine the concept of elder abuse in a cross cultural

context. Population aging is a global phenomenon. Mortality rates in most developing nations have declined faster than expected over the past two decades, with the result that many nations now have life expectancies approaching, or even exceeding, those of the developed nations. Practitioners often associate elder abuse with physical violence, but analysis of reported abuse in the United States and in South Asia. The case studies reflect elder abuse in the form of silent treatment, neglect, social isolation, and exploitation and are based on the first author's practice work. Each year hundreds of thousands of older persons are abused, neglected, and exploited by family members and others in the United States. The victimized are often people who are frail, helpless, and vulnerable and depend on others to meet their basic needs. Legislatures in all 50 states have passed some form of elder abuse prevention laws. Laws and definitions of terms vary considerably from one state to another, but all states have established reporting systems. Generally, Adult Protective Services (APS) agencies receive and investigate reports of suspected elder abuse. The 2004 survey of State Adult Protective Services, Funded by the Administration on Aging, found that there was a 19.7 percent increase from 2000 to 2004 in the total cases of elder and vulnerable adult abuse and neglect, and a 15.6 percent increase in substantiated cases. Twenty states reported that more than two in five victims (42.8 percent) were aged 80 years or older. Most alleged perpetrators in 2003 were adult children (32.6 percent), followed by other family members (21.5 percent) and spouses/ intimate partners (11.3 percent) in 11 states that reported older abuse. Since there is a lack of uniformity in the police and practice of elder abuse prevention in the United States, it is even more important for community level efforts to recognize and encourage elder abuse awareness in a culturally sensitive context.

### **Statement of the problem**

In recent decades, elder abuse has become a widely recognized crime. The kinds of services available to the elderly vary significantly from province to province, as with all types of victimization, those that are committed against elderly people are wide ranging and can be committed by almost anyone, from their own children to complete strangers. Against this backdrop, a research study has been conducted to know the problems of elderly women widows.

### **METHODOLOGY**

#### **Objectives**

- Against this backdrop, a research study entitled "Problems of Elderly Widows: Need of Social Work Intervention" has been conducted to know the problems of aging women widows at Nellore. The study put forth some objectives such as....
- ▶ To know the various social, psychological, economic and health problems of the elderly women widows are experiencing.
  - ▶ To study the family support the elderly women are receiving and
  - ▶ To understand the type of abuse they are experiencing.

#### **Place of the Study**

The study area Nellore district comprises three revenue divisions namely Gudur, Nellore

and Kavali. From each division one rural mandal and one urban mandal were selected and a total of 6 mandals were included in the study. Later from each mandal one panchayat was identified and the total elderly women widows' names were listed by consulting panchayat personnel and 20 elderly women from each village were included in the study. Descriptive and diagnostic research designs were adopted for conducting the study.

### Sampling

The universe comprises of those elderly women widows who are residing in six panchayats of Nellore district namely Venkatachalam, Chinthareddy palem, Amudala dinne, Kovvuru, Vendodu and Manubolu. From each village the elderly women widows' names were identified by consulting panchayat personnel and from each village 20 elderly women were selected as sample by adopting simple random sampling method and the sample comprises of the 120 elderly women widows.

### Tools Used in the Study

The researcher used interview schedule to collect the information regarding socio-economic and demographic details, A Problem Inventory for Older People (Ramamurti P. V 1969) and Inventory to assess health status (Ramamurti, 1996) to know the problems faced by elderly women widows and the support they are receiving from family and the abuse they are facing.

### Analysis of data:-

The collected data was tabulated and percentages were calculated, statistical tests were carried out whenever necessary with the help of SPSS 16.0.

## RESULTS AND DISCUSSION

Demographic and socio-economic characteristics of the elderly are very important to understand the problems among the elderly which are presented in Table1

**Table 1: Socio-Economic and Demographic Characteristics of the Respondents**

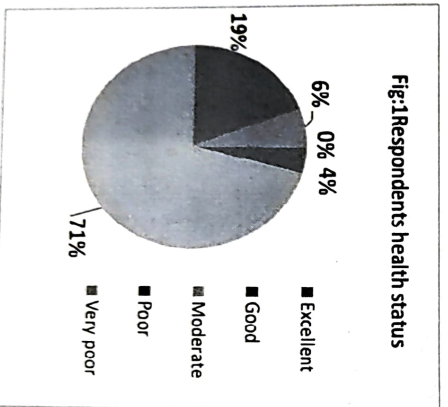
S. No.	Characteristics	Majority Percentages
1	Age	64 % in 60-70 years age group
2	Religion	72% Hindus
3	Caste	54% belongs to Scheduled community
4	Type of Family	49% were from joint family.
5	Education	64% does not having any formal education
6	Occupation	70% are not involved in any gainful job at present
7	Income of the respondents	66% are not having any income at present
8	No. of Children	54 % are having 2-3 children
9	Staying	55% are staying with family
10	Type of house	89% are staying in semi structured houses



## “Problems of Elderly Widows: Need of Social Work Intervention”

11	Ownership	54% are in own houses
12	Facilities available	46% are having bathroom and lavatory facility
13	Recreation	59% are having Radio/ Television for recreation
14	Social participation	92% are not participating in any social activities
15	Intake of diet	55% are taking rice/Ragi and dal in main meal daily
16	Choice of food	40% said choice of food is available “sometimes”
17	Living arrangements	60% are moderately satisfied with the available living arrangements

S. N	across	%
0		
1	Use of harsh Words, Criticism, Threatening, Humiliation, and Intimidation	31
2	Neglecting in providing food, clothing, shelter, Denying recreation and Lack of assistance	42
3	Financial Exploitation, Controlling behavior, forced to do heavy/ menial works	19
4	Slapping, Punching, Throwing/Throughout House	06
5	Never saw such incidents in my life	02
<b>Total</b>		<b>100</b>



It is observed from the fig No.1 that most of the respondents 71% are having moderate health, followed by poor health 19%, good health 4% and 6% are having very poor health. This indicates that the respondents are having health problems and that they are dependent on family for health care support.

Table No.3 Respondents Distribution According to their Problems

S No	Problems related to health	Very frequently	Frequently	Moderately	Occasionally	Rarely
1	Troubled by eye and hearing defects	44.4	41.8	10.2	02.2	01.8
2	Troubled by muscular, joint pains & swellings	15.8	70.2	12.0	01.5	00.5
3	Troubled by problems of digestion and excretion	02.8	21.5	68.2	04.5	03.0
4	Troubled by weakness ,lack of energy ,lassitude and sleepless	03.5	21.8	57.5	09.5	07.8
5	Frequently troubled by illnesses	04.5	58.8	28.0	06.0	02.8
<b>Problems related to Family</b>						
1	Differences of opinion with family members	4.5	14.2	54.5	7.8	19.0
2	Troubled by decreasing authority over family members and family matters.	8.8	25.2	52.8	6.5	6.8
3	Interference in family matters more than what is needed	3.5	21.8	57.5	9.5	7.8
4	Need an independent source of income	9.8	53.2	16.5	15.0	5.5
5	Problem of adjusting with in-laws & lack of adequate emotional support from children	4.2	11.0	43.8	36.0	5.0
<b>Problems related to Economic</b>						
1	Absence of a fixed continuing Income	10.	18.5	46.2	15.8	9.2
2	Problems concerning lack of resources to meet medical and other pocket expenses	09.8	10.8	71.2	3.5	4.8
3	Financial dependency on others	09.0	37.8	32.0	16.5	4.8
4	Need an independent source of income	09.8	53.2	16.5	15.0	5.5
5	Lack of resources to meet children's education and marriages	00.8	6.8	53.8	31.8	7.0
<b>Problems related to Religious and social life</b>						
1	Interest in religion and god	15.5	42.5	32.5	4.8	4.8
2	Loss or decreased social status and loneliness	10.5	44.2	20.5	19.0	5.8
3	Facilities not available for worship and to participate in social, religious gatherings	3.8	11.2	56.5	22.8	5.8
4	Lack of sufficient financial support from children	9.8	53.2	16.5	15.0	5.5
5	Shrinking of required interactions with society members and Fading interest in social activities	.8	8.0	47.8	33.5	10.0
<b>Problems related Personality</b>						
1	Inability to concentrate	2.2	24.8	42.2	23.2	7.5

2	Presence of a feeling of governmental activity and worry	11.0	21.0	44.8	10.7	11
3	A Growing feeling of loneliness	5.5	15.2	17.8	12.0	9.5
4	Troubled by (self-consciousness) change in physical appearance	1.5	12.2	50.8	29.5	6.0
5	Aspiration to earn money and develop property	4.5	58.8	28.0	6.0	2.8
<b>Problems related to Personality Retirement</b>						
1	Desire to remain young	2.0	16.2	16.2	22.8	22.8
2	Troubled by failing memory	15.8	70.2	12.0	1.5	0.5
3	Not knowing how to behave in certain situations	0.5	8.0	60.5	25.0	6.0
4	Decreased affectional ties with growing children and increased in affectional ties with grand children	0.5	9.5	62.5	21.2	6.2
5	Difficulty in adjusting to the changes in situations and habits	0.8	12.2	22.5	48.8	15.8

**Table No: 4 Respondents Distribution According to Their Health Status and frequency of problem scores**

Variable	Health status	N	Mean	S.D	Score	Df	Mean Score	'P' Value	'P' Value	Result
Health Status & Frequency of problems	Excellent	7	2.1429	.37	Between the groups	4	.827	4.789	0.000	Significant at 1% level
	Good	34	2.1765	.38						
	Moderate	27	2.1111	.32	Within the groups	95	.173			
	Poor	16	2.5000	.51						
	Very poor	16	2.5700	.51						

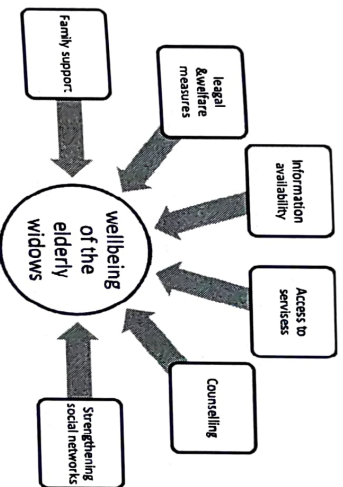
ANOVA test has been performed to find out whether the health status of the respondents differ significantly with regard to elderly women problems. The results from table no 4 indicates that there is significant difference among mean scores of respondents frequency of problem scores. The respondents who are having excellent health status are with low mean score (2.1429) which indicates better less frequency of problems score and high mean score (2.5700) was found in the case of elderly who possess poor and very poor health status. The results revealed that health status of respondents differs significantly with regard to their problems and wellbeing at 1 percent level. It can be concluded that the economic and health status of respondents influence their frequency of problems.

In India 50 percent of the elderly are fully dependent on Family, While 20 percent are partially. The elderly wellbeing is largely contingent on the economic capacity of the family as unit (Vijay Kumar, 2005) particularly in rural areas families suffer from economic crisis, their occupations do not produce income throughout the year. In India, according to the National policy on Older Persons (1999) 1/3<sup>rd</sup> of the elderly persons live below the poverty



line. Mohapatra, (2012) study revealed that 75.6 percent of the respondents felt completely insecure due to widowhood. Almost all the respondents were of the opinion that widow pension should be given to poor widows, they should be made aware of the facilities provided by the Government to the widows. Further sensitization is essential to society and people as widows should beget proper respect and support.

### Strategies for wellbeing of the elderly widows



### Need of Social Work Intervention:

To promote elder wellbeing, it is essential to establish more counselling centres to educate the family members on how to cope with the elderly problems vice- versa educate the elderly widows on how to cope with the family for graceful ageing. The social worker has to provide interventions to enhance adjustment to role change, family support, financial sources and awareness on physiological changes. Dietary and health counselling should be provided to elderly regarding regular exercise and preventive and curative health care management measures. Counselling should be provided for the victims of stress and elder abuse. More awareness is to be created through print and electronic media to sensitize the community about elder problems and recognize early signs of mistreatment and elder abuse. Further it is essential making the elderly aware about welfare measures and their accessibility and utilization procedures. Implementation of existing laws in toto with the help of community action teams is need of the hour.

### CONCLUSION:

The result of the study revealed that most of the elderly women widows are possessing poor health status. Further study indicated that there is a significant association between psychosocial problems and elderly health status, vice- versa on their wellbeing. Even though the ageing process cannot be stopped, being aware of the changes and adopting a healthy lifestyle can reduce its impact on their wellbeing. It is essential to provide Social work intervention with regard to dietary counselling, education about welfare services, preventive measures, recreational activities, suggestions about financial support systems, measures to improve family dynamics, create awareness about stress reduction and adjustment.

### RECOMMENDATION

- Establish more counselling centres to educate family members and elderly on how

## “Problems of Elderly Widows: Need of Social Work Intervention”

- to cope with the family and old age for graceful ageing.
- In-depth research is needed to assess problem and suggest suitable interventions
- Implementation of existing laws in toto
- More awareness is to be created through print and electronic media to promote elder well-being.
- Counselling for the victims and abusers on stress management etc.
- Sensitizing the community about elder abuse and recognizing early signs of mistreatment
- Constituting community action teams to reduce elder abuse and promote wellbeing.

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