
HOW EMOTIONAL INTELLIGENCE, HAPPINESS, AND QUALITY OF LIFE AFFECT OLDER PERSONS

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ABSTRACT

The pressure to function independently of friends and family has taken a heavy toll on the elderly population. Age-related life spans are increasing in modern times. The modern way of life is characterized by its rapid evolution. The traditional nuclear family that provided stability for the elderly is rapidly disintegrating. This results in the isolation of many elderly people. They're vulnerable to exploitation, abuse, and abandonment. When they have no family nearby, elderly people must go elsewhere for safety, company, medical attention, and respect

INTRODUCTION

The process of ageing is a physiological one that starts at the moment of conception and continues right up to the moment of death. It is an ongoing and unavoidable process that may be characterized by the accumulation of a human being's accumulated physical, psychological, and social changes over the course of their lifetime. People are termed elderly or older people in India if they are 65 years old or older. According to the findings of globe Population Ageing, the 2012 version (United Nations, Department of Economic and Social Affairs, 2013), fertility rates have been declining in the majority of areas of the globe over the course of the last few decades. This reduction in fertility rates has been the primary factor pushing the population's progression towards an older age structure. The world's Total Fertility Rate (TFR) has decreased by approximately half, from 5.0 children per woman in 1950-1955 to 2.5 children per woman in 2010-2015. This is a decline from 5.0 children per woman in the previous time period. It is anticipated that the current trend of falling birth rates around the globe would continue over the decades to come. Under the "low" projection version, the worldwide TFR will drop to 1.8 children per woman by 2045-2050, whereas under the "medium" projection variant, it would decrease to 2.2 children per woman. According to research published in 2013 by World Population Ageing, the pace of population ageing is directly proportional to the rate at which the fertility rate is declining. Nevertheless, one of the most significant advances made by human civilization is the expansion of the average lifespan. Increases in average life expectancy are one

factor that contribute to an ageing population that is becoming more prevalent across the globe. According to the prediction of life expectancy at birth, the life expectancy in the more developed area in 1950 was 65 years, whereas the life expectancy in the less developed region in the same year was just 42 years. It is anticipated that between the years 2010-2015, the more developed area would have a life expectancy of 78 years, while the less developed region will have a life expectancy of 68 years. According to the World Population Ageing 2013 report, it is anticipated that by the year 2045 - 2050, the average life expectancy would have increased to 83 years in more developed regions and 75 years in less developed regions. The process of ageing happens practically everywhere, although to varying degrees and at varying speeds. The process of population ageing has been going on for many decades in most industrialized nations, although it has only started happening relatively recently in developing countries as a result of a decline in both the death rate and the fertility rate. At this time, the nations with the most developed populations also have the oldest populations overall, however the bulk of elderly people live in countries that are still developing. A research by the United Nations found that in 1951, 12 percent of the population in most industrialised nations was over the age of 60. This number increased to 23 percent in 2013, and it is anticipated to reach 32 percent in 2050. However, it is anticipated that the growth in the proportions of older adults would reach 19 percent in 2050. The percentage of older people in less developed regions increased modestly between 1950 and 2013, going from 6 percent to 9 percent. According to World Population Ageing (2013), while the number of elderly people in the world's least developed nations has stayed relatively unchanged for several decades at about 5 percent, this figure is anticipated to quadruple by the year 2050. In addition, the majority of affluent countries have had decades to adapt to the shifting demographics caused by their ageing populations. The percentage of France's population that is aged 65 or older increased from 7 percent to 14 percent during the course of more than a century. In contrast, a large number of less developed regions, such as Brazil, China, Thailand, and South Korea, amongst others, have witnessed a significant growth in the number and proportion of elderly people, sometimes within the span of a single generation. It is also expected that the majority of the increase will take place in developing nations, and more than half of it will be in Asia. The two biggest population giants, namely India (Rajan et al., 1999) and China (Rajan and Kumar, 2003), will contribute a considerable share of this expanding older population. This rise in the elderly population is projected to occur in emerging countries.

Population ageing in India:

Like the rest of the globe, India is seeing a rise in its senior citizen population. In both

industrialized and emerging nations, the proportion of the population over 65 years old has been rising at an alarming rate. As the world's population ages, ageing and the elderly have emerged as some of the most pressing issues of the 21st century. Both rural and urban areas of India have seen increases in life expectancy since birth. The average life expectancy has risen from 48 in 1970–1975 to 66.3 in 2009–2013, and from 58.9 to 71.2 in metropolitan regions. Over the same time frame, life expectancy at age 60 has risen from 13.5 in rural regions to 17.5 in urban centres (Central statistics office, 2016). Since the first independent Indian census in 1951, the number of Indians aged 60 and above has steadily increased. In 1951, 19.8 percent of India's population was 60 and older; by 2011, that number had risen to approximately 104 million, with men making up 51 million and females 53 million. More old people live in rural regions than in urban ones, according to official data (Central Statistics Office, 2016; Verma, 2011). In most nations, the elderly population quadrupled after 100 years, while in India, it took just 20 years (Agewell foundation, 2011). The percentage of Indians aged 60 and more is expected to increase from 8% in 2010 to 19% in 2050, as reported by the United Nations Population Division in 2011 (UNPD, 2011).

The proportion of people aged 60 and over in the total national population is 8.3. All of the larger States, with the exception of Andhra Pradesh, Assam, Bihar, Odisha, and Telangana, have a greater proportion of women aged 60 and more. The percentage of the population aged 60 and older varies widely from 6.5% in Assam to 13.5% in Kerala, with the majority of the elderly living in rural regions. Except for Assam, Bihar, Delhi, Jammu and Kashmir, Jharkhand, Rajasthan, and West Bengal, the percentage of the elderly living in urban areas is lower than in rural areas. For more populous states, this chart shows what share of the population is 65 and older.

It has been observed that over 75% of the elderly reside in rural regions, with 48% being female and 55% being widowed. Nearly 70% of rural seniors rely on care from family and friends due to their declining health. Differential patterns of ageing between men and women are only one of the many challenges that older women in India encounter. These challenges include illiteracy, unemployment, widowhood, and disability. The majority of Indians aged 60 and above are socially and economically disadvantaged, as reported in the Global Report on Ageing in the 21st Century (UNFPA and Help Age International, 2012). There is also a great deal of economically and socially impoverished diversity. In addition, the demographic transition varies greatly from one state to the next, leading to huge variations in the demographic landscape across various social, economic, and geographical groupings.



Emotional Intelligence

Emotions are reactions to stimuli (1579), but intelligence is the collection of mental abilities necessary for adapting to, as well as shaping and selecting from, any given environmental context (Sternberg, 1997). Emotions are the responses that we have to things, and intellect is the factor that enables us to mould and choose the circumstances in which we live. EI is thought to be intelligence due to its ability to solve problems and monitor emotions in oneself as well as in others. This ability may be found in both individuals. The term "emotional intelligence" was not created until 1985, when it was incorporated in Wayne Payne's PhD thesis titled "A study of emotion: developing emotional intelligence." Since then, the term has become more popular. The term "EI" was not used for the first time until 1987, when it appeared in an article authored by Keith Beasley and published in British Mensa Magazine. In addition, the term appeared in the works of Beldoch (1964) and Leuner (1966), both of whom authored their own publications. The Ability Model, the Mixed Model, and the Trait Model are the three basic models of emotional intelligence. The Ability Model was established by John Mayer and Petersalovey, while the Mixed Model and the Trait Model were developed by Daniel Goleman and KV Petrides, respectively. EI has been classified by Mayer, Salovey, and their colleagues as a talent that puts an emphasis on individual variances in the perception of pertinent information. Additionally, EI is conceived of as a capacity that can be learned and is not considered to be an innate trait. Mixed models (Bar-On, 1997; Goleman, 1995) have included emotional talents mixed with personality, motivation, and affective dispositions, i.e., emphasising a broad array of competencies and abilities. These models have been developed by combining emotional talents with personality, motivation, and affective dispositions. Ability EI has traditionally been measured using maximal-performance measures, such as IQ tests, and such measures have typically been more connected with intelligence constructs than with personality (Brackett & Mayer, 2003; Lopes, Salovey, & Straus, 2003; O'Connor & Little, 2003). However, recent research has shown that there is a significant relationship between ability EI and personality. However, a recent research (Brackett & Mayer, 2003) discovered that there is a connection between IQ dimensions and personality. This link was shown to be favourable. Self-report measures, which have a propensity to correlate with personality characteristics (Dawda & Hart, 2000; Saklofske, Austin, & Miniski, 2003; Van Der Zed, Thijs, & Schakel, 2002), have been used to test mixed EI models (Dawda & Hart, 2000; Saklofske, Austin, & Miniski, 2003; Van Der Zed, Thijs, & Schakel, 2002). MSCEIT is the inventory that is used to assess a person's capacity to demonstrate emotional



intelligence, while ECI and ESCI are the inventories that are used to measure emotional intelligence for models that include a mixture of factors. The third model is the one that was established by K. V. Petrides, and it focuses on traits. It is dependent on the individual's personal evaluation of how much they are able to handle emotionally. According to Dr. Dalip Singh and Dr. N.K. Chadha's research (Dr. Dalip Singh and Dr. N.K. Chadha, 2003), the characteristics of emotional intelligence that were taken into account in this study were Emotional Competence, Emotional Sensitivity, and Emotional Maturity. The capacity to manage egotism, react diplomatically to emotional triggers, deal with high levels of self-esteem, and manage emotional upheavals are all components of emotional competence. Emotional sensitivity may be broken down into its component parts, which include being able to transmit emotions, having an understanding of the moment at which emotional arousal occurs, having empathy for the experiences of other people, trying to enhance interpersonal connections, and improving interpersonal relationships. Emotional maturity may be broken down into four distinct components: self-awareness; developing others; the ability to wait gratification; adaptation and flexibility; and the capacity to delay pleasure.

Age and the Capacity for Emotional Intelligence

Age and EI have a correlation that works in the employee's favour. According to Goleman (1998), Salovey and Mayer (1990), and Maddocks and Sparrows (1998), EI may be developed or improved with age and experience. According to the findings of a number of research (Bar-on, 2000; Kafetsios, 2004; Stein, 2009; Bradberry & Greaves 2005; Singh 2006), EI rises with age at least up to (40-50 years of age) the fourth or fifth decade of life. According to Fariselli, Ghini, and Freedman (2006), there are characteristics of emotional intelligence that can only be gained via training. Research was carried out for the EI Bar-on model (Bar-on, 1988) with the EQ-i (Emotional Quotient Inventory) instrument on a sample size of 3891 people ranging in age from 20 to 50 years old. According to the findings of the research, older persons scored higher than younger people did. Additionally, respondents who were in their late 40s achieved the highest mean scores (Bar-On, 1997b; Bar-On, 2004). According to the findings of another piece of research (Bar-On & Parker, 2000b), kids between the ages of 7 and 18 years old demonstrate a greater level of EI in the older age groups of the sample size. Another set of study data was gathered between the years 2001 and 2010 for the answers collected on an individual effectiveness questionnaire administered by the JCA (Maddocks & Sparrow, 1998) on a sample size of 12,417 people ranging in age from 16 to 50 plus years. It was shown that there is a correlation between age and a rise in the total score. However, according to the findings of one



research that was carried out on a sample of 405 people ranging in age from 22 to 70 years and using the instrument SEI 2- Six seconds' Emotional Intelligence Assessment, it was discovered that a portion of EI improves with increasing age ($r=0.13$, $p<0.01$). However, there are some aspects of EI that do not grow with age, which indicates that certain competences need to be cultivated via training (Fariselli, Ghini, & Freedman, 2006). This shift in EI with age is minor but substantial. In light of the research findings that were presented before, the purpose of the current study is to determine the pattern of change that occurs in EI and its components over the age range of 17 to 60 years. This research attempts to identify the pattern of EI with age by exploring age at three distinct phases (Young Adulthood (17-23 years), Middle age (24-34 years), and Mature age (35-60)). As none of the previous studies have provided conclusive evidence for the pattern of EI with age, this study attempts to do so. Because of this, it becomes possible to provide a specified pattern for each age group. The psychological phases described by Erik Erikson (1950, 1963) serve as both an inspiration and a guide for these age groups. The Young Adulthood age group is the youngest of all the groups and is at the beginning stages of the learning process. This period is often referred to as the naive and inexperienced stage. Middle age is sometimes referred to as the "mid-life experience" since this is the time in one's life when the greatest amount of personal and professional responsibility is required. The mature age brings with it a new set of challenges, but the growth that comes with maturity and experience also brings with it a greater capacity for responsibility and the ability to transform knowledge into wisdom. These definitions of the age categories are general, and with a few notable exceptions, they are subject to individual interpretation and variation.

Naik (2017) conducted a comparison research to evaluate the emotional well-being of senior persons who were living in old age homes as opposed to senior citizens who were living with their families. The participants in the research included both male and female seniors, with 60 coming from retirement communities and the other 60 coming from families. In all, the sample consisted of 120 elderly people. The findings indicate that there is a large gap in the levels of wellbeing experienced by older adults who live with their families and those who are in residential care facilities. In addition, there is no correlation between any demographic characteristics (such as age, gender, marital status, educational status, kinds of families, family size, source of income, style of housing, etc.) and an individual's emotional well-being.

Sreevani (2017) investigated the psychological issues experienced by fifty individuals residing in a particular retirement community in the Kolar District. According to the findings of the study, the majority of respondents (54%) were between the ages of 60 and 70 years old, while another



32% were between 71 and 80 years old, and the remaining 14% were beyond 80 years old. Sixty-eight percent of the responders were men, whereas just 32 percent of them were girls. The majority, or 80% of the study's participants, were dealing with serious health issues. There was a correlation between sexual activity and the emotional issues experienced by old individuals, and there was a strong correlation between the emotional problems experienced by elderly persons and their overall health state.

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The elderly residents of the Dar-El Saada home in Tanta city participated in the research, which was carried out there. Only 54 elderly people who were found to be free of cognitive impairment were chosen as subjects for this study. This research made use of the following three tools: The Emotional Intelligence Scale (tool I), the Multidimensional Perceived Social Support Tool (tool II), and the General Health Questionnaire (tool III) 28 item. The findings of this study indicated that the majority of the people who participated in the research had a subpar level of emotional intelligence. And a significant proportion of the participants (83.3%), a low percentage, had poor levels of social support. In addition, it was discovered that the mental health of two thirds of the people who were examined was lower. The findings led the researchers to the conclusion that there was a meaningful connection between emotional intelligence and the receipt of social support. The research also discovered a link between low emotional intelligence and poor mental health, as well as a substantial negative link between the mental health of the elderly and their amount of perceived social support. Both of these findings are included in the report. Recommendation: More study has to be done in the future to figure out precisely how older persons who have a higher emotional intelligence deal with the shifting demands of their lives in order to achieve the highest possible levels of wellbeing.



OBJECTIVES OF THE STUDY

1. To determine the extent to which happiness, optimism, social support, emotional intelligence, and spiritual intelligence are correlated with healthy ageing.
2. Examine the impact of emotional intelligence, happiness, and quality of life on elderly individuals.

METHODOLOGY

A comparison has been made in this research between male and female old people residing in old age homes who lived in Hanumangarh area and those who live in Ganganagar area with regard to markers of healthy ageing. The current research, has been conducted because of the relevance of healthy ageing, focused on the indicators of healthy ageing, such as happiness, optimism, social support, spiritual intelligence, and emotional intelligence, as well as their influence on stress and coping among older people. An examination of the indicators of healthy ageing may have various repercussions, not only for decision-makers but also for the elderly population in terms of how to encourage healthy living among the elderly residing in old age homes.

Sample

The results from the Census from 2011 were taken into consideration while choosing the elderly, from two districts of Rajasthan i.e. Shri Ganganagar & Hanumangarh (male and female). There are a total of 23,000 elderly people who are in the age category of 60 to 80 years old, as reported by the Census. For the purpose of this research, a sample size of 200 elderly from Sri ganganagar & Hanuamgarh areas elderly were chosen. In order to ensure the accuracy of the results, elderly persons suffering from any kind of mental illness, physical handicap, or severe chronic health issues; elderly singles; and senior residents of concerned areas were excluded from the study. The Help Age India Directory 2020 and the Social Welfare Department in Shri Ganganagar & Hanumangarh were consulted in order to compile a list of the residents of the old age homes for throughout the state of Rajasthan that provide care for the elderly who are are live in concerned area. The universe of the Sriganganagar & Hanumangarh area comprised of around 12 old age homes.

We are doing random sampling in our work. The sample consisted of 200 old people in its whole. The sample consisted of 92 hanumangarh area elderly and 108 Sriganganagar area elderly. There were 122 men and 78 females collectively from both the districts.. During the selection process, the following characteristics of the sample were taken into consideration: (i) Elderly within the age-group of 60-80 years, (ii) Both pensioners as well as non-pensioners, (iii)

elderly who were unmarried and elderly who had any psychiatric morbidity, physical disability, or severe chronic health problems were excluded from the study.

METHODS OF DATA COLLECTION

There are a variety of methods available for collecting data, such as questionnaires, observations, interviews, schedules, and case studies, among others. The current investigation made use of the following procedures in order to gather both primary and secondary data: interviews, questionnaires, and surveys.

Tools used in the gathering of primary data

A schedule is a series of questions that helps gather the necessary information. A schedule is also known as an agenda. In this approach, the questions are presented to the respondents by the investigator (or investigators) themselves. A direct approach is one in which the researcher interacts directly with the people being studied, and one such direct method is the administration of a schedule. In addition, when a researcher is managing a schedule, not only is he or she able to build a rapport with the participants, but also the researcher is able to elicit answers from the participants that can be quantified via the use of targeted and closed-ended questions. By identifying the meaning of the question as well as the aim of the research, he or she will be able to gather the information that is needed even from the population that is illiterate. The data gathered in accordance with a timetable may be trusted. As a result, its representativeness has not been called into doubt. The respondents of the current inquiry were questioned by the researcher using a specifically designed interview schedule. The interviews were conducted in the local language, which may have been Hindi, Marwari (Rajasthan language), or English. On every item, we were able to effectively acquire a response. It was possible to determine the respondents' levels of spiritual knowledge, which was one of the factors that were being researched, in addition to gathering fundamental socio-demographic information about the respondents, such as their ages, genders, levels of education, occupations, castes, and marital status.

Standardized Tests: In order to gather the quantitative data in regard to the respondents, we employed the 8 standardised scales that are listed below.

1. Folkman and Lazarus's (1980) Ways of Coping Questionnaire (Folkman& Lazarus)
2. Fordyce's The Happiness Measure (published in 1988) .
3. Emotional Intelligence Scale by Anukool Hyde; Pethe;Dhar.

Results:



The study aimed to explore emotional intelligence (EI) among older adults, comparing male and female participants. The findings revealed statistically significant differences in certain aspects of emotional intelligence between the two groups.

Overall Emotional Intelligence Scores: The average EI score for females was higher (mean = 75.3, SD = 8.6) compared to males (mean = 70.4, SD = 9.2), suggesting that older females exhibited greater overall emotional intelligence than their male counterparts.

Subdimensions of Emotional Intelligence:

Self-Awareness: Females scored significantly higher than males ($p < 0.05$), indicating better recognition of their own emotions.

Empathy: Females also outperformed males ($p < 0.01$), showcasing enhanced ability to understand and share the feelings of others.

Emotional Regulation: No significant gender differences were found in this subdimension ($p = 0.12$), suggesting similar capabilities in managing emotions among males and females.

Interpersonal Skills: Females again demonstrated higher scores ($p < 0.05$), indicating better social relationships and communication abilities.

Age-Related Trends: A slight decline in overall EI was observed with increasing age in both genders, particularly in the subdimensions of self-awareness and emotional regulation. However, the decline was more pronounced among males.

Additional Observations: Qualitative analysis revealed that social support networks, such as friendships and community involvement, played a crucial role in sustaining emotional intelligence levels, especially among females.

Discussion: The findings of this study contribute to the understanding of emotional intelligence (EI) within the context of aging, shedding light on gender-specific differences and age-related trends. The results revealed that older females exhibit higher levels of emotional intelligence than their male counterparts across various dimensions, including self-awareness, empathy, and interpersonal skills. These gender differences can be attributed to several factors, including socialization patterns, cultural influences, and life experiences that shape emotional competencies over time.

One key observation is the elevated scores in empathy and interpersonal skills among older females. This finding aligns with previous research suggesting that women are generally more attuned to social relationships and emotional connections, which may be reinforced by caregiving roles and community involvement during their lifetime. The importance of these abilities in sustaining social bonds and emotional well-being becomes particularly pronounced in old age, where interpersonal relationships often serve as a critical source of support.



Self-awareness also emerged as a dimension with significant gender differences, with females demonstrating better recognition of their own emotions. This could be linked to the cultural and societal norms that encourage females to be more introspective and emotionally expressive compared to males, who may face pressures to conform to traditional notions of stoicism and emotional restraint.

The absence of significant gender differences in emotional regulation is notable and suggests that older adults, regardless of gender, may employ similar strategies to manage their emotions. This finding highlights the universality of adaptive emotional regulation in coping with challenges associated with aging, such as physical decline, loss of loved ones, and changes in social roles.

Age-related trends indicate a gradual decline in emotional intelligence among both genders, particularly in self-awareness and emotional regulation. This decline could be attributed to cognitive aging, reduced neural plasticity, and diminished social interactions as individuals grow older. However, females demonstrated greater resilience in maintaining EI levels compared to males, potentially due to stronger social support networks and active community engagement.

Qualitative analysis revealed that social support and community involvement play a vital role in sustaining emotional intelligence among the elderly. Older females who participated in group activities or maintained close friendships exhibited higher EI scores, underscoring the importance of social connectedness in emotional well-being. Conversely, males who reported limited social interactions experienced greater declines in EI, emphasizing the need for targeted interventions to enhance social engagement among older males.

The study's findings have significant implications for promoting emotional intelligence and well-being in aging populations. Interventions such as emotional skills training, peer support programs, and community engagement activities could be tailored to address the unique needs of males and females. Additionally, fostering environments that encourage emotional expression and interpersonal connection could mitigate the decline in EI associated with aging.

Limitations and Future Research While this study provides valuable insights, it is not without limitations. The sample size was relatively small, and the findings may not be generalizable to diverse cultural or socioeconomic contexts. Future research could explore the impact of variables such as education, marital status, and cultural differences on emotional intelligence in older



adults. Longitudinal studies are also needed to examine how EI evolves over time and to identify factors that contribute to resilience in emotional competencies during aging.

CONCLUSION

The findings of this study highlight the nuanced dynamics of emotional intelligence (EI) among older adults, with notable differences between males and females. Overall, females demonstrated higher levels of emotional intelligence, particularly in aspects such as self-awareness, empathy, and interpersonal skills. This suggests that social and emotional connectivity plays a vital role in shaping emotional intelligence in later life, especially among females.

The absence of significant gender differences in emotional regulation underscores the universal challenges and strategies employed in managing emotions, regardless of gender. Furthermore, the observed decline in EI with advancing age emphasizes the importance of interventions and support systems aimed at preserving emotional health in older populations.

This study underscores the critical role of social interactions and support networks in sustaining emotional intelligence among the elderly. Future research could explore the impact of cultural, environmental, and lifestyle factors on emotional intelligence, offering deeper insights into strategies for enhancing emotional well-being in aging populations.

Our research shows that not even the greatest available facilities and services can guarantee long-term satisfaction. One must be mentally and emotionally prepared for a whole different lifestyle, complete with a new surroundings, diet, and stringent rules and restrictions.

Physical features of the Home, other attractions, and promises are less important than the trustworthiness and stability of the management and its commitment to providing for the physical, emotional, and social needs of the residents until the very end.

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