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Toward Inclusive Aging
Socio-Economic Distress, Emotional Isolation, and Policy Interventions for Elderly Citizens in Odisha

Ghanashyam Sahu[1], Aloklaxmi Behera[2] and Gopal Sahu[3]

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Abstract

Population ageing is a pressing global concern, with India witnessing a sharp rise in its elderly population. In Odisha, this trend is accelerating, signalling the need for urgent policy attention. This study investigates socio-economic distress, emotional isolation, and gender-based vulnerabilities among the elderly in rural and urban areas of the state. Using a descriptive research design, primary data were collected from 200 elderly individuals through a structured interview schedule. Findings reveal distinct rural–urban disparities: urban elderly report higher levels of emotional isolation, depression, and chronic illness, while rural elderly face greater risks of abuse and inadequate social support. Elderly individuals living with a spouse experienced notably lower levels of depression, loneliness, and social isolation than their widowed counterparts, highlighting the emotional benefits of spousal support in later life. The study calls for inclusive ageing policies that address both socio-economic and emotional dimensions of ageing, with attention to gender and regional inequalities. Evidence-based policy recommendations are proposed to enhance elderly well-being through improved healthcare access, robust social protection, and community-based support systems.

Keywords: Aging, Elderly, Socio-economic Distress, Emotional Isolation, Gender Disparities, Odisha, Rural-Urban Divide, Policy Interventions.

[1] Assistant Professor, College of Teacher Education, Bhawanipatna, Kalahandi, Odisha, Email:gsahu.al@gmail.com, ORCID: https://orcid.org/0009-0004-5199-6888

[2] Lecturer in Education, DAV Autonomous College, Titilagarh, Balangir, Odisha.
Email: aloklaxmibehera@gmail.com, ORCID: https://orcid.org/0009-0004-0423-5453

[3] District Co-ordinator, Scholarship and Hostel Management, Sambalpur, Odisha
Email:gopalsahu97@gmail.com (M):7873151246, ORCID: https://orcid.org/0009-0000-4768-6064

Corresponding author's email*:* gsahu.al@gmail.com

1.0 Introduction

Population aging has emerged as one of the most significant demographic shifts of the 21st century, fundamentally reshaping economic, healthcare, and social systems globally. India, standing at the threshold of this transition, had over 149 million elderly individuals in 2020, a number expected to escalate to 347 million by 2050, accounting for more than one-fifth of its total population (UNFPA & IIPS 2023). Odisha, although geographically smaller, mirrors this trend with sharper intensity. The elderly population in Odisha is projected to surge from approximately 3.98 million in 2020 to over 11.5 million by 2036 (UNFPA 2011).

The evolving demographic landscape in Odisha presents layered challenges. Rural elderly populations continue to grapple with inadequate healthcare access, fragile income security, and food insufficiency, while their urban counterparts increasingly face emotional isolation, loneliness, and mental health issues (LASI 2020). State-level initiatives such as the *Odisha State Policy for Senior Citizen*s, 2016 (GoO 2016) have made initial strides, yet significant gaps persist in addressing emotional well-being, financial security, and gender-specific vulnerabilities. Recent reports underscore a worrying increase in crimes against elderly individuals, pointing toward growing social neglect and insecurity (The New Indian Express 2023). Understanding these multi-dimensional challenges is crucial to framing an aging policy that is sensitive to rural-urban divides, gender disparities, and evolving socio-economic realities.

2.0 Review of literature

Population aging, though a global phenomenon, manifests differently across socio-economic and cultural contexts. Globally, the proportion of individuals aged 60 years and above is projected to double from 1 billion in 2020 to 2.1 billion by 2050, bringing new pressures on welfare systems (United Nations 2020). In India, the expansion of the elderly demographic similarly necessitates reforms in healthcare, social security, and community support systems (UNFPA & IIPS 2023). Studies highlight that rural elderly populations are especially vulnerable due to compounded issues of poverty, poor healthcare access, and absence of reliable social protection (Alam 2006 and Rajan 2018).

The Longitudinal Ageing Study in India (LASI 2020) provided empirical evidence that nearly 58% of Indian elderly suffer from chronic illnesses and experience heightened emotional isolation, with women and rural residents particularly disadvantaged. Mishra (2009) observed that in Odisha, demographic aging outpaces national averages, exacerbating rural-urban divides in healthcare access, emotional support, and income security. The state's elderly face unique challenges including ill-treatment within families and increasing criminal victimisation (The New Indian Express 2023).

Internationally, research affirms that social isolation severely impacts elderly health outcomes. Courtin and Knapp (2017) demonstrated that loneliness elevates risks of cognitive impairment, depression, and early mortality. Similarly, the WHO (2021) emphasised fostering inclusive environments as critical to promoting active and healthy aging. Gender inequalities

further intensify elderly vulnerabilities. Arber et al. (2003) in their edited volume established that older women are more likely to experience poverty, chronic illness, and emotional loneliness than their male counterparts. In urban settings, Victor and Bowling (2012) identified that nuclear family structures often leave elderly individuals socially isolated, emphasising the need for community-based interventions.

Thus, existing literature converges on the understanding that elderly well-being is influenced by an intersection of economic insecurity, healthcare access, emotional support, gender disparities, and social participation. In light of this review, it is evident that while aging is a global and national concern, the intersectionality of rural distress, urban isolation, gender disparities, and healthcare access forms the core of the elderly experience in Odisha. Addressing these concerns demands an inclusive, context-sensitive policy framework supported by robust research and participatory community-based interventions.

3.0 Objectives of the Study and methodology

3.1 Objectives

The study is based on the following objectives:

1. To examine the socio-economic distress among elderly populations across rural and urban areas in Odisha.
2. To assess the extent of emotional and social isolation experienced by senior citizens, particularly in urban settings.
3. To explore gender-specific disparities socio-economic distress, emotional isolation among the elderly.
4. To propose evidence-based policy recommendations aimed at promoting inclusive aging and enhancing the quality of life for senior citizens in the state.

3.2 Methodology

The study adopted a descriptive research design to explore the socio-economic and emotional challenges faced by senior citizens in Odisha. It was conducted in Bargarh district, which was selected purposively due to its balanced representation of both rural and urban elderly populations. A primary survey was conducted with a sample of 200 elderly individuals from both rural and urban areas, including both male and female participants, to capture variations in the aging experience. Individuals aged 60 years and above were selected using simple random sampling from updated records maintained by local municipal authorities (urban) and Gram Panchayats (rural).

The sampled elderly individuals belonged to different families; therefore, each respondent represented a separate unit of data. Data were collected using a structured interview schedule designed to capture multiple dimensions of elderly well-being, including socio-economic status, access to healthcare, emotional well-being, social participation, experiences of neglect or abuse, and perceptions of existing welfare measures, with all

information based on the respondents' self-reporting. The drafted schedule was pre-tested on a small group of elderly individuals outside the selected sample to ensure clarity, relevance, and cultural sensitivity, and was then finalised. Interviews were conducted face-to-face in the respondents' homes or community spaces, depending on their convenience. Ethical considerations, including informed consent, confidentiality, and voluntary participation, were strictly adhered to during the data collection process. The collected data were subjected to simple statistical analysis (percentages and cross-tabulations) to highlight trends and disparities across rural-urban and gender categories. The findings were analysed in line with the study objectives to draw meaningful insights and actionable policy recommendations.

4.0 Research Findings

The findings are presented in tables and discussed.

Table 1. Distribution of Sample

Age Group	Total Sample	Male	Female
60 to 80 Years	167 (83.50)	58 (34.73)	109 (65.27)
Above 80 Years	33 (16.50)	13 (39.39)	20 (60.61)
Total	200 (100.00)	71 (37.06)	129 (62.94)

Source: Field data

The distribution of the sample presented on table 1 revealed a notable gender and age-based difference in the elderly population. Of the total 200 elderly individuals surveyed, a significant proportion, 83.50%, belonged to 60 to 80 years age group, with females constituting the majority at 65.27% compared to males, who represented 34.73%. In contrast, only 16.50% of the sample was above 80 years, where females again made up the majority at 60.61%, slightly more than the 39.39% of males in this age category. This showed a clear predominance of females, who represented 62.94% of the total sample, compared to 37.06% males. This suggested that women in Odisha were more likely to be part of the elderly population.

Table 2. Socio-Economic Distress

Indicators	Total	Rural	Urban
Income Sources	88 (44.00)	43 (48.86)	45 (51.14)
Living with Joint families	80 (40.00)	41 (51.25)	39 (48.75)
Member of Social/Community Institution	81 (40.50)	32 (39.51)	49 (60.49)
Use of Smartphone and social media	81 (40.50)	19 (23.46)	62 (76.54)
Pacca House of the families	121 (60.50)	45 (37.19)	76 (62.81)
Covered under Regular Pension/Old Age Pension	124 (62.00)	59 (47.58)	65 (52.42)
Ration Card	141 (70.50)	116 (82.27)	25 (17.73)
Health Insurance	127 (63.50)	93 (73.23)	34 (26.77)

Source: Field data

Significant disparities in socio-economic distress among elderly populations across rural and urban areas in Odisha were revealed, as presented in table 2. A total of 44% of elderly individuals reported having income sources, with a slightly higher proportion in urban areas (51.14%) compared to rural areas (48.86%). When it came to living with joint families, 40% of the elderly lived in joint families, with a higher proportion in rural areas (51.25%) compared to urban areas (48.75%). Membership in social or community institutions was reported by 40.50% of the elderly, with a higher proportion in urban areas (60.49%) than in rural areas (39.51%), indicating better access to social networks and support in urban settings. Regarding the use of smartphones and social media, 40.50% of elderly individuals reported usage, with a marked urban-rural divide: only 23.46% of rural elderly used smartphones and social media, compared to 76.54% in urban areas.

This suggests that urban elderly populations had greater access to technology, including how and why it was accessed, potentially reducing social isolation and enhancing connectivity. A 60.50% of the elderly lived in pacca houses, with a higher percentage in urban areas (62.81%) compared to rural areas (37.19%), indicating better housing conditions in urban settings. In terms of financial security, 62% of the elderly were covered under regular or old-age pensions, with a higher proportion in urban areas (52.42%) compared to rural areas (47.58%). Additionally, 70.50% of elderly individuals had a ration card, with a significant urban-rural contrast: 82.27% of rural elderly had a ration card, compared to only 17.73% in urban areas, possibly due to differences in access to government schemes. Lastly, 63.50% of the elderly had health insurance, with a higher proportion in rural areas (73.23%) compared to urban areas (26.77%), suggesting that rural elderly populations might have been more dependent on government health schemes or community-based insurance.

Table 3. Emotional and Social Isolation

Indicators	Total	Rural	Urban
Prevalence of mobility issues or disabilities	71 (35.50)	32 (45.07)	39 (54.93)
Prevalence of chronic diseases (Hypertension, Diabetes)	127 (63.50)	34 (26.77)	93 (73.23)
Prevalence of Depression and Anxiety	155 (77.50)	45 (29.03)	110 (70.97)
Prevalence of Social Isolation	112 (56.00)	42 (37.50)	70 (62.50)
Prevalence of Loneliness	123 (61.50)	53 (43.09)	70 (56.91)
Experienced Physical Abuses	57 (28.50)	39 (68.42)	18 (31.58)
Experienced Verbal Abuses	124 (62.00)	78 (62.90)	46 (37.10)

Source: Field data

Emotional and social isolation among elderly populations in Odisha, as shown in table 3, highlighted critical patterns across rural and urban settings. Approximately 35.5% of the elderly reported experiencing mobility issues or disabilities, with a slightly higher prevalence in urban areas (54.93%) than in rural areas (45.07%). Chronic diseases such as hypertension and diabetes were reported by 63.50% of the elderly, and the urban elderly accounted for a substantial majority (73.23%) compared to their rural counterparts (26.77%), indicating higher health burdens in urban settings. Depression and anxiety were prevalent

among 77.50% of the elderly, with urban elderly contributing to a significant share (70.97%) compared to rural elderly (29.03%). Similarly, 56% of the elderly reported experiencing social isolation, with a greater prevalence among urban elderly (62.50%) than rural elderly (37.50%), highlighting the emotional vulnerabilities associated with urban living conditions.

Feelings of loneliness were reported by 61.50% of the elderly, with urban areas again showing a higher share (56.91%) compared to rural areas (43.09%). Instances of abuse also surfaced from the data. 28.50% of the elderly reported experiencing physical abuse, predominantly in rural areas (68.42%), whereas 62% reported facing verbal abuse, with rural elderly constituting a larger portion (62.90%) compared to urban elderly (37.10%). The findings suggested that while emotional isolation and health issues were more prevalent among urban elderly, rural elderly faced relatively higher instances of physical and verbal abuse, reflecting diverse dimensions of vulnerability in different settings.

Table 4. Gender distribution on socio-economic distress and emotional isolation

Indicators	**Male**	**Female**
Income Sources	67 (76.14)	21 (23.86)
Living with Joint families	37 (46.25)	43 (53.75)
Member of Social/Community Institution	34 (41.98)	47 (58.02)
Use of Smartphone and social media	65 (80.25)	16 (19.75)
Pacca House of the families	54 (44.63)	67 (55.37)
Covered under Regular Pension/Old Age Pension	65 (52.42)	59 (47.58)
Ration Card	65 (46.10)	76 (53.90)
Health Insurance	67 (52.76)	60 (47.24)
Prevalence of mobility issues or disabilities	32 (45.07)	39 (54.93)
Prevalence of chronic diseases (Hypertension, Diabetes)	83 (65.35)	44 (34.65)
Prevalence of Depression and Anxiety	45 (29.03)	110 (70.97)
Prevalence of Social Isolation	65 (58.04)	47 (41.96)
Prevalence of Loneliness	34 (27.64)	89 (72.36)
Experienced Physical Abuses	12 (21.05)	45 (78.95)
Experienced Verbal Abuses	23 (18.55)	101 (81.45)

Source: Field data

Access to financial and welfare services presented mixed patterns: 52.42% of males and 47.58% of females were covered under regular or old-age pension schemes. A similar pattern was observed in ration card ownership (53.90% females and 46.10% males) and health insurance coverage (52.76% males and 47.24% females), showing relatively equitable access across genders. Health-related indicators, however, revealed concerning trends. Females reported a higher prevalence of mobility issues or disabilities (54.93%) than males (45.07%). Chronic diseases were more common among males (65.35%) than females (34.65%). Emotional vulnerabilities showed stark gender gaps: 70.97% of females reported suffering from depression and anxiety compared to only 29.03% of males. Likewise, loneliness was significantly higher among females (72.36%) compared to males (27.64%). In terms of abuse, elderly women faced higher rates of physical abuse (78.95%) and verbal abuse (81.45%)

compared to their male counterparts (21.05% and 18.55%, respectively). These findings highlighted that while elderly males generally had better economic and digital access, elderly females bore a disproportionate burden of emotional isolation, health challenges, and experiences of abuse.

Elderly individuals living with a spouse reported significantly lower levels of emotional distress, as evident from table 5. Depression and anxiety were present in 58.55% of married respondents, compared to 87.50% among widowed individuals. Social isolation was reported by 35.53% of those with spouses, whereas it affected 81.25% of the widowed. Loneliness was nearly universal among the widowed (95.83%) but reported by only 30.26% of married individuals.

Table 5. Emotional Status by Marital Status

Indicators	Elderly persons and with Spouse (N=152)	Widowed (48)
Prevalence of Depression and Anxiety	89 (58.55)	42 (87.50)
Prevalence of Social Isolation	54 (35.53)	39 (81.25)
Prevalence of Loneliness	46 (30.25)	46 (95.83)

Source: Computed by Authors from field data

These findings revealed the crucial role of spousal support in later life. A partner provides emotional security, companionship, and shared coping mechanisms, which collectively help mitigate mental health challenges. In contrast, the absence of a spouse, particularly due to widowhood, significantly increases emotional vulnerability in old age.

5.0 Analysis and Discussion

The study revealed a significant gender and age-based disparity within the elderly population in Odisha. A majority of the elderly were within the 60 to 80 years age group, with females constituting a higher proportion compared to males. The higher presence of women among the elderly reflected broader national trends, where increased female life expectancy contributes to a greater proportion of elderly women compared to men (Bloom et al. 2010 and GoI 2021). This feminization of ageing often leads to unique vulnerabilities, especially considering the social and economic disadvantages women face throughout their lives (HelpAge India 2021). The socio-economic status of the elderly population highlighted both rural-urban and gender disparities. Urban elderly were found to have comparatively better access to financial resources, technology, and institutional memberships. Urban residents reported more frequent usage of smartphones and participation in social/community institutions, suggesting greater digital and social inclusion in urban areas. These findings are consistent with prior research indicating that digital literacy and community engagement among elderly populations are significantly higher in urban settings (Ghosh 2024 and Pew Research Center 2017).

Housing conditions also varied sharply across locations, with urban elderly more likely to live in pucca houses, indicating better living standards compared to rural

counterparts. Similar trends have been observed in broader studies where rural elderly populations often reside in more vulnerable housing conditions, making them more susceptible to physical and environmental challenges (United Nations 2023 and Tiwari et al., 2013). Financial security indicators showed that while a majority of the elderly were covered under pensions and had ration cards, rural elderly were more dependent on public welfare schemes compared to urban elderly. This dependency on government support aligns with findings from recent national surveys, which have noted the critical role that social welfare programs play in sustaining rural elderly populations (ILO 2014 and Suryanarayana, 2022).

Regarding emotional and social isolation, the study found a higher prevalence of chronic diseases, depression, anxiety, loneliness, and social isolation among the elderly, especially in urban areas. The mental health burden was substantially heavier among urban elderly, aligning with global patterns where urbanization, despite offering better services, correlates with higher psychological stress and loneliness among older adults (WHO 2015 and Rajan & Aliyar 2013). Studies have highlighted that shrinking family structures, migration of younger generations, and reduced social interaction intensify loneliness and depression among urban elderly (Victor & Pikhartova 2020 and Maity & Sinha 2021). The incidence of abuse was another critical finding. Rural elderly were more vulnerable to physical and verbal abuse compared to their urban counterparts. Social norms, lower legal awareness, economic dependency, and weakened family structures in rural areas often contribute to elder abuse (Yon et al. 2017 and Chaurasia & Srivastava 2020). The study also found that elderly women experienced higher levels of abuse, highlighting entrenched gender disparities in caregiving roles and intra-household resource distribution, consistent with the findings of Maurya et al. (2022).

Gender-based analysis further revealed pronounced economic and social vulnerabilities among elderly women. Fewer women had independent income sources compared to men, indicating greater financial dependence. Digital exclusion was also significantly higher among women, limiting their access to social connectivity and information. This digital divide reflects existing gender gaps in technology use reported across India (GSMA 2024). Spousal presence in old age offers emotional security, companionship, and shared coping, which significantly reduce psychological distress.

Conversely, widowhood heightens emotional vulnerability due to the loss of daily emotional support and social interaction. Previous studies confirm that elderly individuals with partners report lower levels of depression, loneliness, and social isolation compared to their widowed counterparts (Mishra et al. 2023 and Kim et al. 2017). Hence, the findings suggested that elderly women, particularly those in rural areas and widowed represented the most vulnerable subgroup and need special attention.

6.0 Conclusion

The study highlighted that aging in Odisha is shaped by a complex interplay of socio-economic distress, emotional isolation, and gender disparities, with rural elderly facing challenges of income insecurity, inadequate healthcare access, and limited technological

connectivity, while urban elderly encounter heightened emotional and social isolation. Although initiatives like pensions and ration cards provide some support, significant gaps persist in ensuring a dignified and inclusive aging experience. The predominance of elderly women further points to the urgent need for gender-sensitive interventions. Strengthening community-based support systems, expanding health and social protection coverage, enhancing digital inclusion, and promoting emotional well-being must form the cornerstone of a comprehensive, inclusive aging policy for Odisha.

6.1 Recommendations

To promote inclusive aging and enhance the quality of life for senior citizens in Odisha, it is recommended to adopt a multi-pronged, evidence-based policy approach. First, expanding the coverage and timely disbursement of social security schemes such as pensions, healthcare subsidies, and affordable housing must be prioritized, particularly for elderly women and marginalized groups. Second, developing community-based healthcare models with mobile clinics and telemedicine services can bridge healthcare access gaps in rural areas. Third, strengthening geriatric mental health services and establishing senior citizen wellness centres focusing on emotional, recreational, and social engagement activities will address issues of loneliness and psychological distress. Fourth, integrating digital literacy programs tailored for the elderly can help reduce the digital divide and foster social connectedness. Lastly, building partnerships with civil society organizations to deliver localized, culturally sensitive care and promoting intergenerational solidarity initiatives can ensure a more holistic and dignified aging experience for all senior citizens in Odisha.

Notes

1. The living arrangement data indicated that male and female respondents resided in distinct household units.

2. The living arrangement data recorded that female and male elderly respondents were from different household units and constituted separate families.

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