

ENVIRONMENTAL FACTORS INFLUENCING ACTIVE AGEING AMONGST ELDERLY WOMEN

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Abstract

The global phenomenon of population ageing has huge implications on the overall well-being of the elderly, especially women. In addition, rapid industrialization and urbanization have altered the socio-economic milieu for the elderly and impacted their lives. The elderly are more susceptible to changes in the environment that affect their well-being. Thus, a supportive environment is an essential component for ensuring healthy ageing. With this understanding, the present research paper based on a phenomenological study, analyses the environmental factors that influence the ageing experiences of women. It highlights the interplay of various structural factors in shaping the everyday experiences of elderly women. Utilizing a qualitative approach, in-depth interviews were conducted with ten elderly women in the age group 60 to 70 years and residing in the national capital, Delhi. The findings of the study focused on the perceptions and experiences of community-dwelling elderly women vis-à-vis their health, security and participation in society. The results show that functional health, the physical environment, financial security and a social support system are major structural factors influencing active ageing. Being community dwellers, irrespective of their social position, women haven't the added advantage of traditional support from the family, neighbours and community at large. The age-unfriendly nature of their physical environment adds to constraints in ageing actively.

Keywords: Active ageing, Social gerontology, Social participation, Social support, Age-friendly community

INTRODUCTION

The inevitable consequences of the global phenomenon of demographic transition, and the changing age structure of the world's population, are the major demographic issues of the time (Subaiya & Bansod, 2011). Population ageing, which is a result of sustained decline in mortality and subsequently in fertility, is no longer a concern only for developed regions. The tempo of ageing is, rather, being experienced exponentially in less-developed regions. The old age dependency rate is decreasing and the parent support ratio increasing, indicative of the challenges resulting from a demographic transition. The participative perspective is indeed present in most contemporary discourses on ageing, and viewed both as a way to manage the current demographic juncture and as a promising direction for enhancing seniors' well-being and achievements (Raymond, Sevigny, Tourigny, Vezina, Verreault & Guilbert, 2013).

Supportive environments are essential preconditions for healthy ageing. To maintain the quality of life, there is a need to create a supportive environment for the elderly. Ageing experiences are determined by a range of factors that surround the individual, society and nation. Active ageing is a process of optimizing opportunities for health, participation and security to enhance the quality of life as people age (World Health Organization, 2002). A combination of all these determines the way individuals and populations age. A very significant, yet less recognised concern, is the feminization of ageing. Ageing can lead to different outcomes for women who face the challenges of poor health, financial crises and a greater care-giving burden. Demographic trends indicate that ageing is predominantly a women's issue. When women are likely to live longer, they are more prone to experience domestic violence and face discrimination in terms of education, work, income, and political power (World Health Organization, 2002). The present paper is an effort to highlight the distinct and diverse experiences of elderly women from the perspective of active ageing. The experience of older women is determined by miscellaneous economic, social, political and cultural factors.

The paper presents the findings of a study in the context of the role of environmental factors in promoting or restricting elderly women in the process of ageing actively. Environmental factors comprise both the physical and social environment. Factors affecting the latter comprise social support (family, neighbours, friends, colleagues), opportunities for education, lifelong learning, protection from abuse and violence, exposure to conflict situations, and the role of civil society in fostering social networks, while factors affecting the physical environment comprise a holistic, age-friendly environment comprising the home, transport, and parks; safe and adequate housing; falls, injuries, accidents, traffic snarls, and others.

METHODOLOGY

The research paper is based on an empirical study conducted by the author in the national capital, the union territory of Delhi. The researcher aimed at exploring and understanding the life experiences of elderly women residing in their natural settings, i.e., the community and home. As the qualitative paradigm focuses on the informants' realities and encourages them to describe their own feelings, experiences and actions freely, a phenomenological approach was followed. This also allowed the researcher to gather information and insights into the participants' feelings and the meaning of their experiences. Gubrium and Holstein declared that instead of casting older people as 'mere components of the social world,' we need to treat them as 'active interpreters who construct their realities through talk, interaction, stories and narration' (Russell, 1995). The presented research is an attempt to study the experiences of ten elderly women in depth vis-à-vis their health status, security and participation in society.

Research Participants

The participants were recruited through a non-governmental organisation, HelpAge India, in Delhi. The other three criteria, apart from being beneficiaries of HelpAge India, for selection were 1) The choice of young-old elderly women, i.e., 60 to 70 years of age. Studying the social protection and social support systems of elderly women was one of the chief objectives of the study. The support of

family, neighbours and community is considered to be of prime importance. 2) The focus on only community-dwelling elderly women, so as to examine the premise listed above and (3) The emphasis on unique cases to highlight diverse trends and experiences among elderly women, with frail and bedridden elderly women out of the purview of the inclusive criteria.

The Research Process

Two to four rounds of interviews were conducted with each of the participants, all elderly women, between June 2013 and November 2013, at their convenience. In the first round, the objective was to understand their circumstances in life and their particular first-person stories. The opening question was 'Can you tell me something about yourself - whatever you would like - to begin with?' The principal objective in the first round of interviews was to understand the socio-economic profiles of the participants and to ascertain the particular circumstances of their lives, their living arrangements, and their societal and family relationships. This formed the basis for the interview in the second round, where in-depth personal accounts of the experiences of the participants were taken note of, vis-à-vis active ageing, with a threefold approach to understanding their problems, perceptions (awareness) and actions (situation). In the final round, the participants' views on the discussions in the earlier rounds were ascertained to fill gaps in the data from the previous rounds of interviews so as to ensure the richness of the data. An interview checklist was used to facilitate in-depth, probing questions, with several open-ended questions about their socio-demographic profiles, social network systems, functional health status, intergenerational solidarity, and age-friendly environment. Information in the form of data was recorded with the consent of the participants, using an audio recorder gadget.

Data analysis

The interactive model of data collection, proposed by Miles and Huberman in 1984, was used for data analysis. After a general coding, pattern coding was carried out to identify themes and explanations emerging from the data.

The data was analysed with the WHO Active Ageing Framework along the lines of the theoretical framework of the modernisation theory, the political economy theory, and the feminist approach.

RESULTS AND DISCUSSION

Physical and Social Environment of the Elderly

An ideal environment for the elderly would comprise both a physical environment which is pleasant and enables safe activity, and a social environment which is supportive of them. The prime requisite of a supportive physical environment is the provision of a safe and accessible living environment. The friendliness of the people around them, the ability to live among the people they know, establishing and sustaining good relations with neighbours, and opportunities to pursue a variety of hobbies contribute to a sense of safety and add to the living comfort of the elderly, particularly women. Indeed, the lack of social support, the decline in traditional care by family members, environmental pollution, and deprived living conditions are factors contributing to the poor health status of the elderly (World Health Organization, 1998). Therefore, an understanding of the role of the physical environment on their physical activity and mobility is fundamental to the promotion of active ageing among older adults.

Physical Environment Factors for Active Ageing

Physical factors, including natural and manmade elements, have been identified as key influences on the health and well-being of the elderly (Annear, Keeling, Wilkinson, Cushman, Gidlow & Hopkins, 2014). As adults grow older, their spatial area shrinks to the vicinity of their home or immediate neighbourhood and resources within the community become increasingly important (Lawton 1978; Glass and Balfour 2003; Weiss, Maantay & Fahs, 2010). Supportive physical conditions are crucial to enable active ageing among the elderly because unsafe areas may restrict their mobility, culminating in isolation, depression, and reduced fitness and well-being. Major concerns in terms of the physical environment are the age-friendliness of the community, living arrangements, changing residence and moving elsewhere, and the use of public transport.

An Age-Friendly Community for the Elderly

The home, which is where the elderly spend much of their time, ought of necessity to be a safe and secure place. Environmental conditions in the residential area can promote or impair the physical health of elderly people. With rampant real estate projects in full swing in the cities, there is an increasing trend towards fancy interiors like smooth floors and tiles, narrow staircases, less spacious yet fully-occupied rooms, narrow balconies, gigantic buildings and elevators. All of these, to an extent, can be constraints hindering the mobility of the elderly. Satya and Meena, two elderly women, admit that they avoid leaving home because they constantly fear falling on the narrow and steep staircases in their buildings. They make as few visits as possible outside since their buildings have no provision for no lifts. With increasing age, staircases can become a big concern. The steep design of stairs makes it difficult for the elderly to climb up and down, especially for those are physically disabled or are being treated for aches and pains in the legs and feet. As a result of climbing up and down the stairs several times a day, Partinderjeet confirmed that she had developed serious problems with her cervix and back, adversely impacting her overall health and functioning. This compounded her vulnerability as a single woman, especially in old age. There was no one to help, not even for minor tasks like opening the door. This, later on, culminated in depression. It was during this time that she missed having a family of her own to care for her. The situation worsened when she fell down the stairs and fractured leg, confining her to complete bed rest for the next three months. She was compelled to hire full-time domestic help to care for her self and her elderly father who was staying with her. She was fortunate enough to be able to afford hired help, but what could a poor elderly woman have done in the same circumstances? Something similar happened to Razia, too. She fell down while alighting from an auto rickshaw and sustained severe injuries all over. Both Partinderjeet and Razia needed external help: the only difference between them being that Razia couldn't afford to take a break or hire domestic help, unlike Partinderjeet, and had to continue working for a living. A daily wage worker, Razia confessed that she was in great pain as she attended to

household chores like cooking, drawing water from the well, or manually lifting buckets of water. How could she have hired a domestic help when her own basic necessities had not been met? Family support is the sole help for the poor elderly and they are more vulnerable than most if they lack this traditional buttress.

Annear, Keeling, Wilkinson, Cushman, Gidlow & Hopkins (2014) clubbed excessive noise, inadequate lighting, heavy traffic, temporary hazards, poor walking surface conditions, substandard air quality, the presence of piles of uncleared garbage, environmental barriers in and around the home, and extreme temperatures (both low and high) as concerns affecting the physical environment of the elderly. The neighbourhood may be the strongest source of social support, but the age-unfriendly nature of society can restrict the interaction of the elderly with their environment. Razia reportedly had problems meeting her neighbours, with whom she had been on cordial terms, on the third floor in the same building. She merely wanted to continue seeing them to say hello and talk shop for a while, but couldn't do so as she was made to feel increasingly unwelcome there. Vijay Rani and Reena, however, had rather more positive experiences to relate because of their big, spacious houses, with separate rooms for everyone at home. They felt very comfortable with their current living arrangements. Bijay confessed that her colony was not at all senior citizen-friendly, with very heavy traffic a regular feature on the roads outside and near her home. The roads themselves were ridden with potholes, and crowded. She feared losing her balance on the roads owing to the poor street lighting at night. Earlier, she had managed all her errands on her own but had since decided to not venture outside anywhere alone. Such environmental barriers restrict the elderly from enjoying autonomy and make them dependent on their family.

The public parks in most zones here are too small and crowded for the most part. The seating benches are so few that the elderly don't get to sit when they want to. Environmental features - like proximity to and density of public open spaces, recreational and high-quality age-appropriate facilities, peacefulness, cleanliness, safety and security in public areas, pedestrian crossings, access to health services,

availability of transport, proximity to shops and places for walking about in - are positively correlated to improved health among the elderly (Annear, Keeling, Wilkinson, Cushman, Gidlow & Hopkins, 2014).

Use of Public Transport

The connection between elderly women and public transport was found to be very weak. None of the participants reported the use of public transport in recent years, and some had stopped using it altogether after having had unpleasant experiences. Bijay shared a horrible experience she had had with the Delhi Transport Corporation buses, when the driver braked without warning, giving her a rude, physically-shocking jolt, after which she did not dare take the bus again. Razia's fall from the autorickshaw was a traumatic experience for her in her old age limiting her functional capacity, restricting her social life and interaction, and affecting her mental health.

Living Arrangements and a Change of Residence:

Opportunities for participation and enjoyment depend chiefly on what the community has to offer its elders. The community in which Meena formerly lived in Bengaluru had several facilities to engage the elderly in recreation, and the environment facilitated their coming together in groups so they could enjoy the company of people of the same age. Meena was happy, fit and fine there but the present community has failed to provide her with similar pleasurable experiences. Firstly, in her colony, there are no senior citizens' groups where people can sit together and have fun. Secondly, the present community does not seem people-friendly to her, and she anticipates that it will take her years to establish friendly relations with the people in the current neighbourhood to enjoy the kind of life she had had in Bengaluru. A change of residence creates more difficulties for the elderly than for younger people in terms of making adjustments. Since the colony boasts a very small park, she prefers to walk on the terrace of the building she lives in. The building has no elevator, which has restricted her visits outside. The circumstances have made Meena more or less home-bound, despite being fit and healthy. Reduced physical activity has started telling on her health.

Living arrangements have a special meaning for the elderly, and any change in them can significantly impact their lives. Rapid economic growth, urbanization and modernization, the literacy rate and longevity have brought far-reaching changes in society, such as weakened kinship ties, nuclear families, and children moving abroad. Even after two years of shifting to her father's place, Partinderjeet has still not adjusted well to the new place. She hurt her back climbing up and down the stairs. She had been forced to leave her circle of friends behind and her current neighbours are not as friendly and supportive. Things worsened when she fell down the stairs and fractured her leg. She was advised complete rest for three months, which was when she realized how helpless she had become. Owing to the increased density of population, apartment living has become the norm rather than the exception. Radical architectural home designs incorporating compact, studio-type apartments with features such as smooth flooring and small, cramped rooms may well look fancy and be cost-effective, but they do little to add to the comfort of the elderly. A change in residence can cause a great deal of discomfort, especially for the elderly.

Social Environmental Factors for Active Ageing

Researchers have considered the role of social environment factors on the overall well-being of the elderly, including social networks, social capital, and incidental social interaction. The diversity of social contacts, a high level of participation in society, a vast social network, the presence of living children, the ethnic homogeneity of an area, a high level of perceived neighbourliness, a respected socio-economic community profile, and an age-specific community are certain aspects of a social environment positively associated with older adults' well-being (Annear, Keeling, Wilkinson, Cushman, Gidlow & Hopkins, 2014). The section below highlights the experiences of the participants in the study on the aspect of social environment, such as the interaction within the family, relationship with the spouse, social support systems and access to voluntary associations.

Interaction within the Family

Traditionally, interaction within the family has always been greatly

valued in India, and is very dynamic. The elderly have a special place in the family. In the context of the female elderly, the interaction with daughters-in-law appears crucial in determining the position of mothers-in-law in the family and vice-versa. Elderly women enjoy a sense of pride and satisfaction when the interaction is positive and supportive of them, attested to by almost all the participants in the study. Mohan Pyari, Samta and Razia see their experiences in old age as being unpleasant because of the poor relationship and interaction they share with their daughters-in-law. The respect due to them and their hold over the family has waned over time, and their say in family matters is, correspondingly, limited. The feeling of being respected and taken care of instils confidence in the elderly, clearly reflected in the participants' attitudes while sharing their experiences.

Mohan Pyari, a participant, believes that with age, her importance in the family has declined. She says, *"Everyone is busy with their lives; no one has time for me, to talk to me and ask about my well-being."* She adds that before her son got married, everything was in her hands but now nothing is in her control. She is being not consulted even on major decisions. This decline in her social status and being ignored by her family have disturbed her emotional and psychological equilibrium, with the dynamics of the changed family relationship negatively impacting her mental health.

Razia, a participant and daily wage earner, works so she can earn money to support herself. Despite this, her work brings in money but not the love and respect of her family. She does not share a good relationship with her daughter-in-law. She is not given adequate food and proper clothing in line with her needs, and is taunted by her daughter-in-law when the neighbours try to help with food and clothing. What is of utmost concern, however, is the shocking physical abuse by her daughter-in-law, who slapped her a week ago. Razia believes that outsiders like neighbours are much more helpful and concerned about her than her immediate family. Her grandchildren are not particularly fond of her either. Intergenerational solidarity has been proposed as an important component for active ageing. Bhagyashree, Mina and Bijay say that they take care of their grandchildren,

considering it their responsibility in terms of contributing to the family. In exchange, their families shower them with love and attention.

The 'say' that elderly women have in the family is also linked with their economic status. This is probably the reason why Samta's daughter-in-law doesn't consult her but her husband, a pensioner who contributes to the household expenditure.

Relationship with the Spouse

The support of the spouse is considered a major factor in shaping positive experiences in old age. Elderly women can count on their spouse for support at any time while participants who are widowed or single lack such support. Mohan Pyari and Razia had lost their husbands 35 and 30 years ago respectively, when their deaths were seen more as a financial blow but now, in their old age, they appear as a huge emotional loss. Razia, while not segregated physically, feels lonely and helpless despite having a big family. Viewing her life in old age as a curse, she states, *"I work to earn and sustain myself. I have no husband or parents. All of my sons are busy with their families; no one cares, though I stay with them."*

Old age without the support of a spouse is pitiful for her, she adds.

Partinderjeet, a single elderly woman from the privileged class, now regrets her decision not to marry as she says, *"At this stage, you need somebody as a companion to talk to and share your feelings with. At this age, no one thinks about other benefits, except just being with someone."*

The support of a spouse results in a positive ageing experience in later life. Bhagyashree, Mina, Bijay, Reena and Vijay Rani report that they enjoy the support of their spouse and feel a sense of fulfilment, and the mere presence of their spouse gives them security. Elderly couples can complement each other in ageing actively. Bhagyashree and her husband start and end their day together. She writes inspirational articles for an organisation and her husband reviews them and encourages her to write more. Another participant, Vijay Rani, along with her husband actively manages a senior citizens' association. They

live separately from their children and support each other in engaging in voluntary work, which gives them much pleasure.

A lack of spousal support can be depressing for some people, but there are ways to deal with it. Satya says, *"Look, the absence of a husband can't be compensated with anything, yet I don't miss him all the time. That's because my life is very busy. I have hobbies, and I keep myself busy. This is why I have been doing fine for so many years."*

The grief of losing spousal support in old age can be compensated with the extensive care provided by other family members and, further, by pursuing hobbies.

Social Support Systems

Owing to a variety of reasons, the social network systems of elderly women were found to be quite weak, irrespective of their social standing. Ties with relatives and neighbours have weakened with the passage of time. After retirement, the social circle of elderly women may shrink. However, for elderly homemakers, factors like financial stability, a limited social network and health issues are more prominent. Like Razia and Samta say, they have not met their daughters and other relatives for a long time because they can't afford to visit them as they live too far away, and the expenses involved in making such trips are prohibitory. Razia says, *"It costs Rs 250 to visit them; from where I will get the money? So I don't go."* Another constraint elderly women face when it comes to travel is health.

The elderly living alone are vulnerable to isolation, especially women. The lack of a strong social support system creates insecurity. Sometimes there is no one to talk to, as is plain when Mohan Pyari says, *"Many things have changed with time. Today my son says, 'We are feeding you. Is n't that enough for you?' I am neither happy nor sad (breaks down). Sometimes no one in the family speaks to me. I feel like running away from home, but where will I go? Everyone is busy with their lives. I even can't share these feelings with anyone. I have no interest left in living any more."*

Intimacy with neighbours is more likely to be found in less-privileged economic communities. Samta and Razia, for instance, are more

dependent on their neighbours for emotional support than their immediate families. However, people living in elite colonies observe sophisticated niceties that complement their lifestyles. As, Partinderjeet sarcastically observes, “*Nowadays, one has to fix an appointment with people before visiting them.*” We may conclude, consequently, that there is no added advantage in community living for elderly women as one may assume.

Social support is considered the backbone of old age, and its lack may make elderly women vulnerable, hampering their personal adjustment and development.

Association with Senior Citizens' Organizations and Voluntary Work

An association with voluntary work can be seen as a substitute for diminishing neighbourly and community support in modern times. Only two participants living in less-privileged socio-economic communities mentioned their neighbourhood and its support while talking about their daily lives and routines, whereas those in upper-middle class communities did not speak of engaging with the neighbourhood. In fact, they talked about the complexities involved in keeping the lines of communication open with their neighbours. They are required to plan their visits to the neighbours, quite unlike the scenario in less-privileged socio-economic communities where neighbours are closer to the elderly than their own immediate families. Therefore, there is a pressing need for substitutes like senior citizens' organizations and associations promoting voluntary work to meet the special social needs of the elderly.

These associations are community-based groups where people come together, work on an activity collectively, and associate with one other, reaching out to the other elderly in the same community. These offer senior citizens a platform to share their lives with people in the same age group, though no claim is made by these associations to offer to substitute the traditional support the elderly receive from the family and neighbourhood rather, they can only hope to complement the former, at best. Bijay asserts that her involvement in the local

association has widened her social circle and made her quite popular. Partinderjeet states she feels good because she gets to meet with and talk to people, whereas Bhagyashree's motivation behind teaching underprivileged children is not monetary but the satisfaction it brings. 65-year-old Reena experiences satisfaction and peace in her association with a religious organisation, said to have a positive psychological impact.

Such facilities as senior citizens' associations are not, as a matter of course, routinely extended to every community: they seem to be, unfortunately, more or less confined to the upper middle-class strata of society. They have undoubtedly ushered in sweeping changes in the lives of the elderly, especially women who, traditionally, had few options to set up informal groups of friends to share their joys and sorrows with. Additionally, it affords them opportunities to contribute to social development.

CONCLUSION

In the past few decades, the face of Delhi has changed drastically. Gigantic buildings, the metro train service, and huge investments in realty are the new, defining characteristics of the city. However, they do not guarantee a friendly and safe environment for the elderly. The use of state-of-the-art escalators and elevators may be difficult for the elderly, restricting their mobility, because the fear of new technology would likely keep them indoors. The size of most homes has shrunk, creating difficulties in terms of mobility for the elderly. Smooth, tiled flooring; narrow staircases; and small, compact rooms with narrow balconies are concerns for the elderly. The roads in residential colonies need to be pothole-free for the elderly to walk freely on and even if they take an autorickshaw, they need to exercise caution on alighting, and again while crossing the street. There's difficulty in driving as well, since new car models come with high floors and elderly women may find it difficult to swing their legs to get into and out of these cars. Small modifications in the physical environment will help them function independently.

As a result of urbanization and migration, the younger generation leaves home for a better education and job opportunities, while relatives are far away and the once-familiar neighbourhood no longer offers the same measure of social support. This weakening social support system may be substituted or supported by external support in the form of neighbourhood groups, senior clubs or recreational centres. The elderly women studied show signs of healthy ageing on several fronts, as long as they are provided with an enabling environment. It was interesting to note that they were concerned about their health, and consequently engage in household chores and assorted errands to keep fit and illness at bay. As long as the elderly get support and opportunities from the family, community and state, they will continue to participate in social, economic and civic pursuits which give them a sense of inclusion in society. The elderly should be encouraged to engage in recreation and the pursuit of hobbies. At the community level, the agencies concerned - such as residents' welfare associations, non-governmental organisations, police cells of the Delhi National Capital Region and other civil society organisations - need to work collaboratively to facilitate opportunities for recreation and hobbies, lifelong learning, voluntary work and work opportunities, if required. By promoting social participation in the elderly, we ensure active ageing, for which a congenial environment is a must.

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