
Identification and Impact of Post Retirement Traumas on Retired Women : Policy Resolution for Resettlement - "An Indian Case Study"

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Abstract

Today large numbers of women are entering into the labour market and there is a corresponding increase in their number after they retired from various job positions. Yet, very little is known about their economic and social status in the post retirement phase. So this study highlights the present conditions of retired women in India covering both rural and urban sectors.

Objectives of the Study

- Assessing the present position of women retirees in India in terms of their social, health and financial securities.
- Assessing the effectiveness of different old age & retirement security schemes.
- Developing a theoretical model for future empirical research on post retirement traumas and their effects on retired women.
- Finding some alternative strategies for their resettlements.

Methodology :

Apart from the general discussion regarding different schemes and their effectiveness, a theoretical model has been developed which can be empirically tested by Pearson's Chi-square (χ^2) test on randomly selected 3 groups of women retirees of equal sample size.

1. Introduction

After being employed for over three decades when a person attains the age of retirement at one point of his life, he is no more eligible for employment as per the rule of the land. To him or her, there is no other option left but to accept the retirement gracefully. Thus

retirement means –"Termination from one's economically remunerative employment, irrespective of one's faculties at a stipulated age-is a product of modern industrialized society."(Vineeta B.Pai, April 2004). So such a change in one's life though anticipated, seems sudden and abrupt when it actually occurs. At this stage a retiree suffers from a feeling of isolation, deprivation, boredom, frustration, which in turn often generate physical and mental retardation.

Today the three main requirements of a senior citizen are social, health and financial security. Comparing the condition of senior citizens in India and America, slight differences can be noticed in their policies. Leading National expert on the health and income security of old Americans, Richard Johnson of Urban Institute argued that in America income after taxes and health care spending for a typically old retired married couple will be no higher in 2030 than in 2000 despite 30 years of productivity growth. There people are living longer & having fewer children who can support each retiree. These demographic imbalances

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are the causes for declining social security benefits unless the taxes rise, downsizing government services can happen or the government borrows from future generations. Today Americans are thinking of changing the retirement policies in order to keep the efficient aged persons in the work force for a longer period of time. Much concern had been expressed regarding the various issues of ageing during the UN International "Year of The Older Person" in 1999.

Today population ageing is one of the great concerns all over the world and majority of the world's elderly population resides in the Asia pacific region. In this region the number of people of age group of 60 and over will increase from about 600 million at present to almost 2000 millions in 2050.(Ref: WHO conference on ageing, Madrid, April, 2002).

In India the situation of senior citizens is grimmer. " Perhaps no other Government believes in the adage –the old is gold –as much as India does since its Government is dominated by septuagenarians" (S.Majumdar, India Together, Oct. 2003). But how far India is seriously taking the issue of population ageing specially in case of women work force? Indian society has already recognized women as the part of their mainstream labour force both in the blue and white collar jobs, but yet the issue of woman's retirement has not been given due consideration and it is not taken seriously in policy formulations. So in order to enhance better quality of their life, an attempt has been made in this paper to reflect the present status

of the aged women both working and non-working vis-à-vis evaluation of different social security schemes.

2. Objectives

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3. Demographic Profile : Present Scenario of Indian Women

India is a vast & culturally diverse country. Nearly 826 languages and various dialects are spoken here. However with globalization, different parts and regions of the country are experiencing varying degrees of socio-economic changes. Currently in India 78% of the population live in rural areas and the level of literacy, employment, health and morbidity rates vary in a diverse way. In India the total population of a country can be divided into two categories, the working population and the non-working population. The data of the total work force in India comprising of male & female workers in both the urban and rural areas as per 2001 census is given below.

TABLE-1: TOTAL WORK FORCE IN INDIA (2001) (In Million)

	Persons	Male	Female
Total : Population	1025.2	530.4	494.8
Workers	402.5	275.5	127.0
% of workers	39.7	51.9	25.7
Rural Population	740.2	380.4	359.8
Workers	310.6	199.2	111.5
% of workers	42.0	52.4	31.0
Urban Population	285.0	150.0	135.0
Workers	91.9	76.3	15.6
% of Workers	32.2	50.9	11.6

Source: Census of India 2001

Besides Census 2001 has defined "main workers" as those who work for 183 days or more in a year and marginal workers who work less than 183 days in a year. Out of the total work force of 402.5 million, 77.8% were main workers and 22.2% were marginal workers. Among the male workers, the proportion of main workers is 87.3% and among the female workers, it was 57.2%. This implies that females account for much larger proportion of marginal worker – nearly 43%. Again in rural areas, the proportion of main and marginal workers among female work force was 54% and 46% respectively, while in urban areas the proportion was 79% and 21% respectively. So we see that the gender distribution of marginal workers in rural India as per the 2001 census is more tilted towards females.

Again the work force participation rate indicates the proportion of working population to the total population as shown in Table 2. Although the census data on work force participation rate from 1901 to 2001 are not comparable and fail to reveal a neat trend, yet they clearly reflect the underdeveloped nature of the Indian economy. The concept of "labour" or "worker" is changing in the different census. For the first time, the 1951 census adopted a strict definition of worker-as one gainfully employed or one working for a livelihood-and unpaid family workers were excluded from it. The work force participation rate naturally came down in 1951 and again a sudden rise to 43.1% in 1961, because the definition of the worker had again changed and person whose main activity was not economic such as house wives are classified as worker.

Table 2: Work Force Participation Rate During 1901-2001
(In percentage)

Year	Persons	Males	Females
1901	46.4	60.8	31.7
1911	48.1	62.0	33.7
1921	46.9	60.4	32.6
1931	48.8	58.1	28.8
1951	39.1	53.9	23.4
1961	43.1	57.3	28.0
1971	34.2	52.7	14.2
1981	36.7	52.6	19.7
1991	37.7	51.6	22.3
2001	39.2	51.9	25.7

Source: Census of India

Table 3: Work Force Participation Rate in India : (1971-91)

Year	Category	Person	Male	Female
1971	Total	34.2	52.7	14.2
	Rural	35.3	53.8	15.9
	Urban	20.6	48.9	7.2
1981	Total	36.7	52.6	19.7
	Rural	38.8	53.8	23.1
	Urban	30.0	49.1	8.3
1991	Total	37.7	51.6	22.7
	Rural	40.2	52.5	27.2
	Urban	30.4	49.0	9.7
2001	Total	39.2	51.9	25.7
	Rural	42.0	52.4	31.0
	Urban	32.2	50.9	11.6

Source: Census of India

It is clear that the ratio of the working population in India is low in comparison with the developing countries. The reasons are the rapid growth of population, low female participation, under remuneration and omission of the unpaid workers. But from the above table it is clear that increase in the work force participation rate is more perceptible in the rural areas than in the urban areas. For female it has shown an increasing trend both in rural and urban areas. From 1981-2001, the female work force participation rate in rural areas improved from 23.1% to 31%, while in the urban areas it has marginally improved from 8.3% to 11.6%. However the total female participation rate had improved from 19.7% from 1981 to 25.7% in 2001- an increase of 6% point. Today it can be assumed that according to the changing

socio-economic scenario it should be much higher.

Again analyzing the historical pattern of mortality and fertility rate in India indicates that the population ageing has intensified only in the 1990's. The older population in India (above 60) which was only 55.3 million in 1991, is 75.93 million in 2001. The United Nations defines a country as "ageing" in which the proportion of people over 60 reaches 7%. India has already crossed that limit (7.7%) and is expected to reach 12.6% in 2025. The data on old age dependency ratio is slowly increasing in both rural and urban areas, but the figure is quiet high in rural areas than in urban areas. Table-4 and Table-5 reveal the growth of elderly population in India.

TABLE-4 : Growth of elderly population aged 60 & over, by sex, in India (1901-2001)

Population 60+ (in Millions)			
Year	Persons	Males	Females
1901	12.06	5.50	6.56
1911	13.17	6.18	6.99
1921	13.48	6.48	7.00
1931	14.21	6.94	7.27
1941	18.04	8.89	9.15
1951	19.61	9.67	9.94
1961	24.71	12.36	12.35
1971	32.70	16.87	15.83
1981	43.98	22.49	21.49
1991	55.30	28.23	27.07
2001	75.93	38.22	37.71

TABLE 5: Percentage of population aged 60 & over to the general population by sex, India (1901-2001)

Year	Persons (%)	Males (%)	Females (%)
1901	5.06	4.55	5.59
1911	5.22	4.81	5.65
1921	5.37	5.04	5.70
1931	5.09	4.86	5.35
1941	5.66	5.43	5.91
1951	5.43	5.21	5.66
1961	5.63	5.46	5.80
1971	5.97	5.94	5.99
1981	6.42	6.35	6.50
1991	6.55	6.45	6.66
2001	7.70	7.55	7.86

From the data available from Table-4 & 5 it is clear that there is a continuous increasing trend in the % of male and female population above the 60+ age group and the proportion of female is higher than the male population. But in some states like Bihar, Madhya Pradesh, Rajasthan and UP the male population above 60 is higher than the female population. In other states such as Kerela, Maharashtra, Andhra Pradesh, Karnataka and Gujarat the female population in this age group outnumbered the male. These reflect the socio-economic status of these states and the vulnerability of older women living there.

Though in the evolutionary phases of Indian civilization people were mostly dependent on agriculture but today with modernization and liberalization there is a drastic transformation from agriculture to more sophisticated technological orientation. So at one point of time that economic environment which led to the formation of joint family system in India is slowly disintegrating mainly due to the migratory nature of working population in search

of employments. Previously the mobility of people was negligible and elderly male played a significant role in decision making while women were mostly involved in their familial roles. But today the rural population is forced to move to the urban areas in search of employments. In most of the cases they were unable to take all the family members due to the higher cost of living and lack of spaces in the urban areas leaving the older parents in their hometown. This lead to the breaking of the joint family system and senior citizens are denied of the invaluable family support system. Few years ago Indian women played a very important role as traditional caregivers, especially towards their husbands, aged and children, but today the situation has changed. Women are more educated and are showing their competencies in almost every sphere of diverse job market. Women today are joining the work force not only to provide financial support but also to build an identity of their own in this patriarchal society. Table-6 shows the increasing trend of women's participation in India in the organized sector.

TABLE-6 : Increasing trend of women employees in the organized sector.

Year	1990	1994	1998	2002	2003
Total Employment (in millions) both men & women	26.35	27.38	28.17	27.21	27.0
Female employees (in millions)	3.64	4.15	4.77	4.94	4.97
% of female employees	13.18	15.16	16.93	18.16	18.40

Source: Economic survey of India, 2004-05, (Table S-50), Ministry Of Finance, Government Of India.

The number of female employees registered a consistently rising trend from 1990 to 2003 and today in 2007 it must be much higher. Apart from the working women, those who are involved in familial roles, their family labour are not accounted for, unlike their counterpart in Western countries. So in the informal sectors the invisibility of women's labour leads to the official undervaluing of their economic role in many cases. The percentages of women literate are also increasing and they are getting legislative protection under various labour laws. So with growing awareness among them about their rights and statuesque, women

workers constitute a significant proportion of labour force in both organized and unorganized sector of the economy. But this rate seems to be insignificant when compare with the male participation rate in the work force.

5. SOCIAL SECURITY VIS-À-VIS SOCIO ECONOMIC CONDITION OF AGED & RETIRED WOMEN:

So from the demographic profile it is quite clear that there is an increasing trend of aged women employees in our economy. Despite their steady increase very

little is known about their life after retirement. Indian women are involved in varied kind of occupation starting from piece-meal worker, contract labourer in the factory in manufacturing, mining, agricultural to white collar executive jobs in service sectors, defense etc. Today a woman has to manage a dual role in both family and professional life and in the process experience a higher degree of physical and mental strain. Again over the last decade violence against women in developing countries have evolved as a growing concern among researchers and policy makers in terms of women's health and empowerments. Indian women are more prone to many forms of domestic violence. On the other hand higher socio-economic status level and higher educational level are generally found to be protective shield against women's risk of domestic violence. Several studies also revealed that increased status in the form of women's control over resources or membership in group based savings & credit programs is associated in lower rate of domestic violence. Apart from the educated women, older non-working female

including (married, single, widowed) are gradually becoming marginalized in our society. But the question lies that in what extent prevailing social security benefits are effective to meet the changing condition of the women work force of varying ages in India?

Social Security provisions:

In Indian context, the widely accepted view is to define social security in the broadest sense, which include all types of preventive, promotion & productive measures & strategies. These include ensuring non-occurrence of deprivation, safeguarding a minimum income in the event of loss or sickness or death or ensuring basic minimum income to meet the basic needs including that of the family. So social security includes the term social assistance, social safety net, social insurance, social protection and other related terms. According to the World Labour Report 2000, the public expenditure on social security in India is 1.8% of GDP against 4.7% in Srilanka and 3.6% in China.

TABLE 7: Social security entitlements to the organized sectors workers in India:

Type of benefit	Government & quasi-Government employees	Industrial workers in Organized sector
Medical care	Free treatment in government hospitals Reimbursement of cost of drugs	Free treatment and reimbursement for drugs under Employees State Insurance Scheme (ESI)
Sickness benefit	Medical leave on full pay	Sickness leave on pay under ESI
Maternity benefit	Maternity leave full pay	Maternity benefit under the Maternity Relief Act
Unemployment benefit	Does not arise	Retrenchment Benefit under Labor laws
Employment injury benefit	Ex-gratia relief	Provided under Workmen's Compensation Act
Invalidity benefit	Ex-gratia relief	Provided under Workmen's compensation Act
Old age benefit	Pension or Contributory Provident Fund	Employees' Provident Fund (EPF)
Survivor benefit	Lump sum payments on death while in service financed with state subsidy; family pension on death of retired employees	Deposit linked insurance under EPF.

Source : Guhan, 1993

This indicates a fair minimum standard of social protection to the members in the organized sector. Again the existing social security in the informal sector is of various types. These are social assistance programme of Central Government, social insurance

scheme, Welfare funds, State Government schemes and Public Initiatives. So let us look at the overview of the proportion of expenditure on social security and welfare schemes by various State Governments and their total financial expenditure in Table-8.

TABLE 8: States expenditure on social security and welfare 2001-2002 (in crores)

Name of Status	Total Expenditures	Expenditure on Social security & Welfare	Percentage to total expenditure
Andhra Pradesh	32823.6	331.4	1.00
Arunachal Pradesh	1324.6	3.5	0.26
Assam	9667.6	134.5	1.39
Bihar	15599.0	212.0	1.35
Goa	2437.9	15.2	0.62
Gujarat	33466.7	147.0	0.44
Haryana	10832.2	408.8	3.77
Himachal Pradesh	5558.3	73.8	1.32
Jammu & Kashmir	7516.6	65.9	0.87
Karnataka	23364.1	357.2	1.52
Kerala	14495.5	223.2	1.54
Madhya Pradesh	16794.6	384.2	2.28
Maharashtra	42268.5	428.3	1.01
Manipur	1545.4	20.4	1.32
Meghalaya	1744.6	22.4	1.28
Mizoram	1147.9	7.2	0.62
Nagaland	1869.8	20.2	1.08
Orissa	12768.7	254.3	1.99
Punjab	16861.4	184.6	1.09
Rajasthan	19561.3	234.8	1.20
Sikkim	1046.4	5.2	0.49
Tamil Nadu	28471.7	751.8	2.64
Tripura	2725.0	45.4	1.66
Uttar Pradesh	43247.0	703.4	1.62
West Bengal	29328.3	446.2	1.52
Delhi	7575.0	117.4	1.54
All States	401394.7	5885.3	1.46
Central Government	364436.4	1382.4	0.37

Source: Public Finance, (Economic Intelligence Service), CMIE, March 2002

From the Table-8 it is evident that the average total expenditure on the social security and welfare ranges from 1% to 3% (2001-2002 estimate) of the net state's domestic product, when calculated for 15 major states while the direct social assistance averaged less than 1%. So from here again if we try to find out the percentage of social security for male and female separately, the provision for female is obviously quite negligible and there is no separate allocation of social security provisions state-wise especially for women. But in some states like Gujarat, Kerala, Tamil- Nadu, Maharashtra, Haryana several public initiatives and State Governments schemes are there to give elderly destitute women some special support. Recently Government is also giving permission under its liberalization policy to several private players. These privatized insurance schemes are creating fund with respect to provident fund, which is then "invested" there by subjecting to market issues, is another move by the States to avoid its welfare responsibilities. Security provisions are being highly linked with fiscal reforms and taxation. In India the Life Insurance Corporations Group Insurance policy at a premium of Rs.10 for every Rs.1000 benefit, SEWA's bank scheme of integrated insurance and voluntary health services may also serve as a pointer (Alam & Anthony 2001).

Again apart from the states initiatives, Government of India have formulated several policies to enhance the women's status in the economic, political and social spheres as follows:-

- For the first time the sixth five year plan (1982-87) contains a chapter on women in development giving emphasis on women's health, education and family planning.
- Eighth five year plan (1992-97) gives importance to the empowerment of women in employment, education and health.
- A dual strategy has been adopted by the Government regarding mainstreaming the gender issue in all developmental activities, which include special programme for women to overcome several constraints in their life.
- The ninth five year plan (1997-2002) for the first time adopted a National Policy for the empowerment of women and the inclusion of women's component plan to ensure not less than 30% of fund flow to women from other developmental sectors, formation of self-help groups (SGHS), special midday

meal for women and children, increasing credit facilities through Development Bank for women entrepreneurs (Govt. of India, Annual Report: 2001-02)

The Tenth five years plan (2002-2007) again reviewed the strategies adopted in the previous plan.

For the first time, The Government of India tried to do a budget analysis from the gender perspective in 2001-2002. The National Institute of Public Finance & Policy (NIPEP) conducted it. Taking those figure as base, The Department Of Women & Child Development analyzed the annual budget of 2002-03 and women specific issues showed an increase of 3% within one year from 32.6 million rupees to 33.58 million rupees.

The Government of India announced a National Policy for empowerment of women in 2001 to bring about advancement of women specially belonging to weaker groups including SC/ST and other backward classes. But it ignored the critical elements of land and gender issues. Here gender is treated as an additional category rather than an integrated one. As for example the Government has taken a household as a unit for giving loans or allotting Indira Awas Yojana but in practice Indian family include very strong hierarchical gender relations. The policies are therefore non-transparent, overlapping and never get implemented properly since the gender component get diffused within the programme. Implementation of the empowerment policies of the Government gives somewhat mixed results. So though social security covers a wide variety of needs, there is a one-sided allocation of these provisions towards the male counterparts and the policies are being clearly entrenched in notion of the families where most of the women are dependent on men who are the earning members. Thus society is not recognising the distinction of women's unpaid works within the household and paid work outside and women's labour in the unorganized sector is getting submerged under family labour and domestic task. In the period of economic liberalization Government has only satisfied the needs of the investors and corporate groups by giving concessions and tax benefits on one hand and on the other hand continuing taxation or denying benefits to the elderly. But recently budget 2007-08 is set to rewrite the definition of senior citizens. It plans to reduce the qualifying age for availing tax exemptions

to 60 years instead of 65 and government proposed to introduce National Old Age Policy bill in Parliament shortly. Banks are offering a higher rate of interest of 9.5% to senior citizens against the average of 8.5% offered to others. Again at the same time the government may also raise the TDS (Tax deduction at source) limit from Rs.5000 to Rs.10,000 for income from interest on bank deposits. So elderly, who are excluded from the tax net, have to queue up at bank for their TDS certificates (Source: Economic Times issue Tue 6,2007). But no special programme has been announced for aged destitute women and retired widows.

Social Security Legislation:

Important areas where insurance principles are accepted as the main basis for security legislation are mostly for the workers in the organized sectors. Some of the important legislation in this regard are Employees Provident Fund Act, 1952, supplemented by family pension scheme in 1971 and the Deposit Linked insurance scheme in 1976, Maternity Benefit Act 1961, Payment of Gratuity Act 1972 etc. From 1970s and 1980s survivors benefits such as accident insurance, health insurance, crop & cattle insurance are subsidized by Government either through private insurance companies or through Life and general insurance. Due to various constraints states are providing these benefits selectively in the unorganized sectors depending upon their own financial viabilities. It is also noteworthy that the Hindu Adoption and Maintenance Act, 1956 provides for the maintenance of elderly and Section-125 of the criminal procedure code also depicts the maintenance of parents along with wife & children who can claim maintenance if unable to sustain daily livelihood. From independence till today there is a slow progressive growth in the arena of social security legislation and its uniformity in implementation is not maintained. For example though the pension system in India, covers less than 10% of the total work force in the organized sector yet there is a wide disparity in its application in both public and private sectors.

In Indian society land still carries and important socio-political and economic implications. Indian families neglect women in general and the girl

child in particular mainly because of land rights. Agarwal (2002) points out that land rights are never given to girls. But Government policies have not been able to successfully penetrate into the problems faced by women in accessing their economic rights including their land ownership.

6. INCIDENCE OF WIDOWHOOD AND MICRO-CREDIT:

The condition of older women and widows are most vulnerable and they are disadvantaged within their families compared to the male counterparts. Socio-demographic explanation that lies behind the cause may be due to the difference in pattern of remarriage of men and women who are widowed, differences in their life expectations and differences in the age of marrying partners (Gulati1998). Numerous examples are found in the rural areas where women who are married into the rich peasant household are driven to work on the farms of other landowner or in worst cases are not given ownership rights and even they beg their livelihood upon death or desertion by their husbands. Poverty of household headed by female member or widow is often dependent on household size or expenditure and researches also revealed that for a household of a given size the one headed by women or widow are poorer than those headed by men (Dreze, Srinivas 1998). Besides widows also face, threat to life and domestic violence in cases when they claim for their property and land from the paternal side or on the death of their husband. Several abuses of domestic violence against the elderly aged widowed were registered in both rural and urban areas. In the empowerment policy some analysts have tried to see the gender specific issues and removal of gender discrimination. There is recognition of higher life expectancy for women and more number of women in the age group above 60. The incidence of widowhood is also much higher compared to the situation of men above 60 years of age. Women who live longer than men are greater in numbers as they tend to be married to men who are older, besides many women do not remarry and live longer. In 1991 there were four times as many widowed females as compared to widowed male.

Table 9: Incidence of Widowhood, 1961, 1971, 1981, 1991 and 2001

	1961	1971	1981	1991	2001
Incidence of widowhood among all men	3.7	2.9	2.4	1.9	1.8
Incidence of widowhood among all women	10.8	8.9	8.1	6.5	6.9
Incidence of widowhood among men above 60 years	27.5	22.4	19.4	15.5	14.9
Incidence of widowhood among women above 60 years	75.4	69.2	64.3	54.0	50.6
Widows 60 years and above as a proportion of total no of widows	40.4	46.8	52.8	56.3	57.4
Widowers 60 years and above as a proportion of total no of widowers					

Source: Computed from Census of India reports for 1961, 1971, 1981, 1991, 2001; reports for Social and Cultural Tables; Age and Marital Status

Poverty alleviation has been an important part of India's National Policy. Access to micro-finance is a vital step towards reducing poverty and for the enhancement of the condition of the poor widowed. Self Employed Women's Association in India (SEWA) first started as a co-operative with the objective of empowering the poor women by providing them with access to credit & financial services to reduce their dependence on the traditional moneylender. By 1997, SEWA had a membership over 220,000, women with 262 producer groups & 72 Co-operatives (United Nations, 2000). In contrast to Bangladesh's Grameen Bank, SEWA emphasized group financing. The Government of India started its first programme on micro-credit- called the Development of Women and Child in Rural Areas (DWCRA) – in 1982. Even though it worked well in Andhra Pradesh, people's participation was lacking. This was the part of the poverty eradication initiative called integrated rural development programme (IRDPA). After this several programmes like "Swarnajayanti", "Gram swarozgar Yojana (SGSY)", "Swamsiddha", "Swashakti" were also launched by Government for the needy, rural, poor women. SGSY had given more emphasis on the organization of the poor at the grass-root level through the process of social mobilization to alleviate the incidence of poverty. At another level, in 2001 the Indira Mahila yojana scheme for economic empowerment also gave stress on awareness generation, achievement of economic strength through micro-credit and income generating activities. Major funding agencies for the micro-credit programme are

National Bank for Agriculture and Rural Development (NABARD), Rashtriya Mahila Kosh (RMK) and other Nationalized banks. But these banks had covered the credit facilities of nearly 1million woman by the end of the financial year 1998-99. Lack of good, capable and intermediaries is the major causes of huge sector of women are getting deprived of these facilities. There are also regional variations in the use and allocation of the funds from Rashtriya Mahila Kosh (RMK). Maharashtra had used the maximum amount of money followed by Andhra Pradesh & Tamil Nadu. But the women in the poorer state like Orissa and Uttar Pradesh are yet to take advantage of the scheme. Both in the rural and urban sector in India many older people work for longer days till they are incapable to do so and many women are involved in agricultural, livestock, poultry farming and harvesting activities.

7. HEALTH CARE AND FINANCIAL SECURITIES FOR ELDERLY WOMEN

In the National policy of older person there is no specific reference to the older women in terms of healthcare, nutrition and shelter and only the provisions are kept for younger women who are the potential caregiver. From the first plan (1951-56) to the ninth plan (1997-02), the allocation to the health sector was between 1.75% to 3.33%. Notably there was a declining trend in the estimated outlays but there is a slight increase in allocation of the family welfare sector from 0.01% to 1.81%. This health

provision is only focused towards reproductive mother & child health and the health problems in other elderly women both working and non-working are not mentioned (Gopalan 2002). For quite a long time the department of Family Welfare has been trying to implement the provisions through Panchayati-Raj Institutions at the Panchyat, Block and District level with adequate representation of older women in counseling and health service delivery through capacity buildings. Finally while addressing the health issues, other problems like social tensions, domestic violence, economic feasibilities, migration, break-up & nuclear families should be given due consideration. All these events are one of the main causes of creating stress on the life of elderly retired women. Still now no policy has been taken on the part of the Government on the issue of the Geriatric Health care, but some private and voluntary organization are venturing into these issues. In return they are getting incentives in the form

of tax relief and land at subsidized rate to provide care for the poor elderly (Sujaya 1999).

Among the organized sector the largest form of old age security is given as pensions. The contributory pension schemes are Employees State Insurance Scheme (ESIS), Provident Fund, Pension and the Deposit Linked Insurance Scheme etc. Here both the employers' and employees' contribution are taken into account. Among the non-contributory schemes are Workmen's Compensation Act (1962), National Social Assistance Programme (1995), Payment of Gratuity Act (1972). As part of the anti-poverty measures all states in the country have old age pension (OAP), for which all persons above 65 years of age both men and women who are old, poor and infirm are eligible. The widow pension schemes (older person above 65) are also been functional since 1960.

Table 10: List of Various Social Security and Welfare Schemes at the State Level:

1. Old age pension

Andhra Pradesh (1960)
 Assam (1983)
 Bihar (1970)
 Gujarat (1978)
 Haryana
 Himachal Pradesh (1968)
 Jammu & Kashmir (1976)
 Karnataka (1965)
 Kerala (1960)
 Madhya Pradesh (1970)
 Maharashtra (1980)
 Orison (1975)
 Punjab (1968) Rajasthan (1964)
 Tamil Nadu (1962)
 Uttar Pradesh (1957)
 West Bengal (1964)

2. Pension for agricultural landless laborers

Andhra Pradesh (1984)
 Gujarat (1981)
 Kerala (1982)
 Tamil Nadu (1981)

3. Destitute Women

Tamil Nadu (1975, 1986)

4. Maternity Benefit

Gujarat (1975, 1986)
 Karnataka (1984)
 Kerala

5. Physically Handicapped

Haryana
 Gujarat (1978)
 Kerala (1982)
 Tamil Nadu (1974)
 West Bengal
 6. Health & Medical under voluntary agencies
 Tamil Nadu
 Voluntary health services (1963)

7. Employment

Maharashtra (EGS)

8. Relief for the educated unemployed

Gujarat (1979)
 Kerala (1982)
 Maharashtra (1979)
 Tamil Nadu (1980)
 West Bengal (1985)

9. Self employment

Kerala (1982)
 Maharashtra (1980)
 Tamil Nadu (1985-86)
 Gujarat (1981)

10. Group Insurance schemes

Gujarat
 Kerala
 Maharashtra
 Orissa
 Tamil Nadu
 Bihar
 West Bengal , Karnataka

Source: Statistical Abstracts and Economic Surveys at State Level, Various Issues

Some of the other states to introduce old age schemes later are Pondicherry (1987) & Arunachal Pradesh (1988). National Social Assistance scheme was introduced on August 15, 1995. Its components are National Old age Pension Scheme (NOAPS), National Family Benefit Schemes (NMBS). NOAPS is a 100% centrally sponsored scheme, which is only aimed at poor elderly and managed by the Union Ministry of Rural Development & administered through state governments. Male and female above 65 years of age are eligible for these combined scheme provided they fulfill the eligibility criteria. Some states like Tamil Nadu, Gujarat, Kerala and Orissa launched pension schemes for destitute and deserted widows for the age group of 40-64 specially who are young and physically disabled. Data obtained from the Ministry of rural development revealed that from the NOAPS scheme in 1989-99, 30% of women are benefited followed by 36.7% in 1999-2000. For SCs the proportion was 28% & 31% while for STs it was 10.6% and 14.2% respectively. Even the physically disabled women had coverage of 0.9% to 1.5% in the two time periods.

Again in 1999 the Government Of India announced "Annapurna" a national social assistance schemes for the elderly destitute. Under this scheme an old destitute person will be provided 10 Kg of rice or wheat per month through public distribution system (PDS). The Ministry of Rural Development with the Assistance of Ministry of food and Civil Supplies had implemented this scheme. It includes those destitute that are eligible under NOAPS and are single. As of October 2000, 15 states and 2 major union territories came under the programme. Both the above schemes as well as states pension schemes together cover 25% of Indian elderly population (Rajan 2001).

According to the OASIS (Old Age Social and Income Security) the adequacy of the financial allotment in each of these schemes has been debated by social scientists and it was inferred that uniform age limit has to be fixed across all states and union territories in order to reduce the disparities in its applications. Besides SEWA (as mentioned earlier), different non-government organizations are also providing user-friendly affordable services to the elderly men and women. Another endeavour in this regard is of Help Age India. It is a national body working for the welfare of the senior citizens, has a comprehensive pre-retirement counseling package for prospective

retirees. This includes ways for generating income even after superannuating. But this activity of Help Age India is mostly centred on organized sectors. The unorganized sectors continue to be clearly neglected. Survey made by Help Age India in 256 old age homes in 1995 revealed that nearly 12,702 residents were accommodated there and there are simultaneous demands for more beds (Shankardas 2000). Infact government needs active help and participation of the voluntary sectors and private organizations to meet the needs of the older persons.

8. THEORETICAL MODEL FOR IDENTIFICATION OF SPECIFIC POST-RETIREMENT STRESSORS:

So from the above discussion it is quite clear that life after retirement is such a situation where there is a sudden and drastic change in ones life. As long as a particular person is in employment, he or she is in the process of socialization & each and every day he or she expects to learn new things, take up challenging tasks, prepare for higher responsibilities, both in his family and also in his workplace. But after retirement many of these functions no more exist and a retiree experiences a kind of role stagnation. Sometimes the stress due to this role stagnation is so acute that he or she is unable to accept the situation and experience tremendous insecurity at this point of time in his life. These insecurities sometimes also emerge due to the behaviour of the family members, where the person may not get due importance & respect from them as before. The level of these insecurities may be both from the social and financial perspectives which sometimes may indirectly affect his healthy body and mind leading him more prone to various hypertension and chronic diseases. These factors again create negative effects on his healthy ageing process.

With advancing age and insufficient amount of social and financial benefits in India than men, women are more likely to feel disempowered. In India a workingwoman is fulfilling dual role and being an earning member of the family enjoys considerable authority. A woman might grow skeptical about her retirement due to this role reversal since she considers that her spouse, children and other family member may not give her enough importance. This is also evident from the survey conducted in Europe and United States of America, which have shown that the middle aged women, despite feeling that they could

afford to retire, are not ready to do so when compared with the attitude of men in the same age group (Mercer and Garner, 1989). Women may experience more distress after retirement than men and hence more likely to develop mental illness (Atchley, 1976; Fox, 1977). Women's attitude to their work-roles were not very different from those of men, though their expectations of retirement were "gender" and "occupational position" related (Newman et.al1982). Parker (1980) found that women missed the people at work more than they missed the money. So increasingly, work places are serving as a major source of identification (Kuhn, 1985, cited from Perkins, 1992) as these not only provide them economic independence, but also provide associations, relationships, self-expressions and worth. Hence women who have enjoyed their career may not like to retire and lose their own self-esteem. They are likely to grow miserable after retirement and suffer a low quality of life.

However, in order to have a clear insight of the different socio-demographic variables and their impact on the women retirees a theoretical perspective can be framed by the following methodology which can help further empirical research in identifying post retirement traumas among women retiree.

This empirical study attempts to find out the different insecurity factors in the life of a woman retiree and their effects on their attitude, behaviour and decision-making. For this study the three groups of retired women can be chosen randomly – from any urban locality at the time of the study. Each group constitutes a sample size 100. These 3 groups are:

- a) Voluntary retired women of sample size 100
- b) Retirees (Superannuating) getting pensions of sample size 100
- c) Retirees not getting pensions of sample size 100

Total size of the sample = 300

Retired women belonging to government, semi-government and private organization can be taken randomly for the purpose of the study. All the respondents will be contacted at their respective residences after taking a prior appointment and will be interviewed with the help of a pre-tested question-

naire consisting of 35 to 40 questions. Since the three main requirements of the women retirees today in India are social, health and financial security, the questions are framed keeping in mind these three factors and their importance. The responses obtained from this questionnaire study on the three groups being categorical in nature are helpful in identifying the different stressors. Now a statistical Chi-square (χ^2) test will be done in order to test the independency or association of each of these stressors in the 3 groups in order to prove their presence & to study their age wise variations among different group of women retirees.

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Here in this research study to find out the independency or association of different stressors on the three groups, Pearson (χ^2) test is used to decide whether the observations are in good agreement with the hypothetical distribution i.e. whether the sample may be supposed to have arisen from the specified population. The observed frequencies (f_o) of different classes are compared with the expected frequency (f_e) by the statistical formula:

$$\chi^2 = \sum \{ (f_o - f_e)^2 / f_e \}$$
 which approximately follow Chi-square distribution with degrees of freedom **d.f.** = (Number of rows - 1) x (Number of columns - 1)

The observed frequencies (f_o) in the three different categories are shown in a two-way table (Contingency table). On the basis of the cell frequencies it is required to test whether the two attributes are associated or not for all these three groups. Under the null hypothesis, H_0 (attributes are independent), the expected frequency (f_e) of any cell is given by the formula:

$$f_e = \{ (\text{Row total}) \times (\text{Column total}) \} / \text{total frequency} = (A_i)(B_j) / N$$
 — (as shown in the table below).

Then we apply the statistical formula: $\chi^2 = \sum \{ (f_o - f_e)^2 / f_e \}$ which approximately follows Chi-square distribution with degrees of freedom :
d.f. = (Number of rows - 1) x (number of column - 1) —(i)

If it is found that the calculated values of χ^2 exceeded the tabulated values for the given d.f. at a specified level then the null hypothesis is rejected and we conclude that the attributes are not independent but associated and vice-versa.

CONTINGENCY TABLE (3x3)

(Attributes): **B** **A**

	B1	B2	B3	TOTAL
A1	A1B1	A1B2	A1B3	(A1)
A2	A2B1	A2B2	A2B3	(A2)
A3	A3B1	A3B2	A3B3	(A3)
TOTAL	(B1)	(B2)	(B3)	N

The above is an example of (3x3) contingency table where A & B are the two attributes column-wise and row-wise respectively. Here A is shown in m categories like A1, A2,.....Am. Similarly B is shown in n categories B1, B2,.....Bn. This type of frequency table for two attributes is known as (m x n) contingency table or "bivariate" frequency distribution table. The frequency of members belonging to both the categories Ai and Bj simultaneously is shown in the cell at the i-th Row and j-th Column and is denoted by (AiBj) and N the total frequency in the table above.

The above concept of bivariate contingency table is used in the three groups of retirees and the expected frequencies are calculated as shown by the following example where two attributes are arbitrarily considered for calculation of frequencies in the three groups. Let these two attributes are anxiety and monthly income.

MONTHLY INCOME

ANXIETY	Voluntary Retirees	Retirees getting pension	Retirees not getting pension	Total
Anxious	*	*	*	-
Not anxious	*	*	*	-
TOTAL	100	100	100	300

The asterisk (*) denote the expected frequencies (f_e) in each cell $(A_i \times B_j) / N$. From each of these values of (f_e) for each cell in the bivariate contingency table, the value of (χ^2) is calculated by applying the formula $\chi^2 = \sum \{ (f_o - f_e)^2 / f_e \}$ and the degrees of freedom (d.f.) is also determined by the formula — (i)— above.

For the calculated degrees of freedom the tabulated value of (χ^2) at the desired level can be found out and can be compared with the calculated value of (χ^2). When the observed value of (χ^2) > the tabulated value, then it is highly significant and we can conclude that above two attributes are not independent but associated or if calculated (χ^2) < tabulated value then the attributes are not associated but independent in the three groups and in that case the null hypothesis is valid.

The results will be analyzed further. Comparative study of each of these factors in the three groups of retirees through age-wise simple co-relation or regression analysis can also reveal the reasons of their attitude or behavioural change after retirement and there by help a researcher in predicting the procedure to cope up with all the post retirement problems in the life of the retiree. So all these statistical analysis will be applied in the research study after making survey to a group of 300 retirees randomly through a pre-tested questionnaire.

Adequate importance will be given while framing the questionnaire for this statistical testing. The different variables that will be chosen for the purpose of the study and for framing of the questionnaire are as follows.

Different variables for questionnaire survey on retired women:

- Age
- Marital status
- Number of dependent
- Living arrangement (with or without dependent members)
- Educational Status
- Annual or monthly family income
- Present health status with major or minor chronic ailments

- Anxiety level or hypertension
- Satisfaction level with the post retirement's benefits.
- Relationships and interactions with other family members
- Nature & class of service at the time of retirement
- Period of being in retirement
- Impulsive buying behaviour of a woman retiree
- Life satisfaction level
- Alternative employment or self-employment venture after retirement.

However it is to be noted that above list of different variables is not an exclusive list and the person doing this study on the three groups of women retirees can make variation both in the sample size and the different variables according to the nature of study and the nature of the sample population. This is just a theoretical model towards further research on the life of the retired women in India.

From this type of study we can get an idea about the behavioural attitude of the women retirees in India i.e. whether they are accepting the retirement gracefully or not? If "no", then the question lies in finding the expectation pattern of the women retirees in terms of their age and financial status. This study can categorically identify the problems of the respondents with low paid jobs, and having dependent family member and also the widows. From the demographic profile it is clear that women in India are living longer than men, are obviously will be worried when they develop a fear about the growing needs and reduction of income after retirement. Some of the questions, which remain unexplored, can be searched from this study:

- Are working women neglecting their family?
- Whether women suffering after retirement are due to their own faults or any other external factors?
- How the post retirement stressors are affecting women belonging to different financial and social status?
- What are the perceptions of other family member towards a retired woman?

➤ How they are taking their life after retirement?

So the final recommendations can only be predicted after the analysis of the result to know their exact problem and adjustment in the post retirement phase and the type of social and financial securities needed to cope up with the post retirement stressors.

9. ALTERNATIVE RESETTLEMENT STRATEGIES:

In India there is an alarming increase in the growth rate of 60 and above age group of women both working and non-working. Various survey estimated that aged women are mainly suffering from minor and major chronic ailments and serious health problems than their male counterparts. Acute diseases which are prevalent specially among the aged destitute women including widows from very lower income group in rural and semi-urban areas are partial and complete blindness due to malnutrition, tuberculosis, leprosy, heart problems, acute anemia, osteo-arthritis, limb impairments, cancer etc. Nearly 36 Elderly women both working and retired are subjected to gender biases and discrimination with respect to social and health care securities.

(Dr. Bhushan Patwardhan: UNESCAP September 2003).

While conceptualizing social security for the informal sector, distinction should be made between two distinct groups of workers i.e. the self-employed & waged worker working in casual, temporary & contract labour. The study group of the Second National Commission on Labour of social security suggested a combination of social assistance programme at the grass-root level and social insurance programme for the higher income group. Accordingly the study group summarizes the estimated cost of providing the social security as follows:

Table 11: Estimated annual cost of social security provision in India

Nature of benefit		Rs.in crores per annum
1.	National Pension	
(a)	Old age pension	3000
(b)	Widows	350

(c)	Disabled persons	12
2.	Equipment grant 1,00,000 widows	50
3.	Maternity Benefit	1500
4.	(a) Family Benefit	90
4	(b) Children's Allowance	5400
5.	Distribution of Cloth	1340
6.	Unemployment Relief	420
7.	Insurance Schemes	52,50
8.	Welfare Funds and Area Schemes	1,000
	Total	18,412

Source: Report of the Study Group on Social Security, Second National Commission on Labour, 2002.

Note: (The table excludes the estimated cost of ongoing schemes in respect of which no change is proposed in money terms such as the PDS or which are expected to be self-financing such as ESI).

From the Table-11 it is clear that out of the total benefit national pension constitute only 18.25% of which widow pension is only 1.90% of the total. The percentage of the female employees in the organized sector only in 2002 is 18.16% of the total employment (Ref: Table-6). The incidence of widowhood among women is 6.9% and above 60 age group is 50.6% (Ref: Table-10) only in 2001. So the widow pension is very negligible and a large number of aged women and widows in the unorganized sector as well as in many areas of organized sector are not getting any financial assistance at all.

Again health insurance can be a solution for accessibility of health services for extremely aged and poor population. The existing health insurance schemes for the elderly have excessive premium or have exclusionary ailments criteria. In this regard there is an urgent need to establish a new health insurance system especially for the women who are very prone to major ailments like cancer, osteo-arthritis, renal, heart problems and other infectious diseases in the old age. Again this year Government of India has proposed the issue of raising the deduction against premium contributions to medical insurance from 15000 to

20,000 in order to provide cover to those senior citizens who have attained the age of 60.

Demographers have worked out the dependency ratio, which basically takes into account the working versus non-working sections in the population, and found it to be rising steadily. This means the burden of a larger group of older people will have to be borne by a relatively smaller younger adult working group. In India, as in many other parts of the world, the joint family system that was once a strong backbone for social and emotional support for family members is rapidly vanishing. Except Kerala, Tamil Nadu, Gujarat, Haryana and Maharashtra in all other major states the condition of the women retirees including widow and destitute women are worsening day by day specially in the unorganized sector.

So let us discuss in general some of the ways of resettlement strategies for these elderly in the context of this paper:

In Indian context, social security has to be integrated with anti-poverty programme. This will involve an optimal combination of promotional and protective policies, which will be a mixture of appropriate social insurance, social assistance & social welfare effort.

- There is a need to protect and strengthen the institution of the family and provide such support services and counseling, which will enable the family to cope with its responsibilities of taking care of the elderly.
- There should be separate allocation of financial resources for the elderly women in our subsequent five years plan and financial budget. Comprehensive social health insurance scheme should be launched which will have a wide coverage of different age group of women both working and non-working with reasonable rate of premium according to their financial status.
- Employers, government and non-government organizations may devise courses on retirement planning. These types of modules will focus on guiding women in proper

management of funds, wide investment policies, taking advantage of various loan and insurance facilities and giving advice regarding alternative self-employment opportunities after retirement.

- Like the Pre-Retirement training programme of Help Age India, several such training modules can be conducted to encourage prospective women retirees to participate in such programme along with their spouses for ensuring peaceful and harmonious relations with all the family members after retirements. Courses should also include various bio-medical, psychosomatic, and other health problems commonly found among ageing population, including knowledge about Alzheimer's disease, arthritis, Parkinson's disease, cancer, cerebrovascular accident, dementia and other chronic health problems in the old age and their remedies. Tips regarding health care management and stress management should be taught by professional counselor and doctors to raise awareness among the retired women employees. From Government Of India, the Department of Women and Child care can actively arranged for these types of programme along with the assistance from different local NGOs to raise awareness and discuss the problem the women retirees in India in an open forum.
- There is a need for establishment of more trained care giving centers who can provide physical, psychological and spiritual support and also assist the inmates of the house in house-keeping, shopping, attending phone calls, paying monthly bills and rentals etc. This type of organization should have a basic knowledge of the social, financial and legal aspects of population ageing and if required, should co-ordinate a meeting with concerned professionals for detailed guidance. They also give consultancy services of geriatric nursing, first aid, and geriatric nutrition to the concerned person. In India we immediately have to establish these types of care giving centers for the old retired widow women as well as for very poor destitute women who

are abandoned by their family members or their children are residing in different country for employment purposes.

- New legislation for prohibiting domestic violence on aged widows need to be enacted and the existing legislations should be stringently followed especially in cases of disputes arising from the land and property rights of the aged women both working and non-working. Enough participation of older educated women in the panchayat, block and district levels are required for this purpose.
- Aged women who are healthy, active, single and without any dependent can be considered for a gradual retirement instead of sudden superannuation. During this period they will not be in the company's permanent payroll but can work for temporary period of time with reduced working hours and longer vacations in a particular month. This will lessen their fear for loss of work role due to retirement they will get some time to set their mind for their life after post retirement.
- India, with its cultural, traditional, philosophical and spiritual heritage, should be well equipped to deal with the challenges of population ageing. Generally, more researches are required in the areas of geriatric and Longevity study of the ageing population.
- Non-government organizations can utilize the potential, knowledge and experience of these retired women by providing them opportunities to participate in community work like poverty eradication, spreading of education among the women in the unorganized sectors, AIDS awareness campaign etc. Active involvements in latter years in the community work may help to reduce their stress level after retirements.
- Women who are less educated and are engaged in hard core employment in the unorganized sectors as a contract labourers in manufacturing, agriculture, mining, building and construction, fish curing activities

are highly exploited in the hands of the contractor or the employer in terms of their financial benefits. They are mainly migratory from rural areas in search of their daily bread. So stringent modification of existing labour legislation like The Contract labour (Regulation and Abolition) Act 1970, Workmen's compensation Act, 1923, The Employees P.F. and Misc. Provision Act, 1952, Equal Remuneration Act 1976 are necessary. New sections especially for women in unorganized labour should be introduced so that they are not denied of their financial securities or pension after they become infirm due to old age.

- There is an urgent need to make necessary changes in the existing widow pension schemes and especial committee should be constituted by the Government in order to make this scheme much more viable up to the grass-root level of the society including the unorganized sector.

10. CONCLUSION:

Retirement has many pleasant surprises to provide in ones life. But in India women have to play different role in different and varied phases of life leading to lot of stress and strain and most of the time they lack awareness for themselves for coping with the socio-psychological implications of life after retirement. So there is need for proper retirement planning on their part before accepting this sudden change in their life. This paper has highlighted some of the issues and complexities in the life of aged women and the role of government in India in this regard. But more concrete evaluation can be made after sample survey of the population through questionnaire study and identification of the stressors through statistical (χ^2) testing as predicted by the theoretical model.

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