



## Dignity of Institutionalized Elderly as Perceived by their Care Takers

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**Abstract:** *In India old people living in traditional joint families had a say in their household affairs and they also had a role in the home and the wider community. Today in the modern society where economic factor is the prime motivating factor, the lives and relationship have been sacrificed for one's pleasure, comfort and luxury and the old people have lost all their respect and dignity. Without the safe, secure and dignified status in the family, the elderly are finding themselves vulnerable. Welfare of the elderly has been a low priority with the country. In order to get an insight into perceptions of institutionalized care takers regarding the dignity of elderly, the present study was undertaken with twenty-one care takers of four old age homes of cities namely Baroda and Anand of the Gujarat state. Purposive sampling method was employed for the sample selection. Questionnaire was used as a data collection tool for the study. The major findings of the study revealed that all the selected four institutions offered enjoyable, stimulating and challenging activities for elderly people, perceived choices and interests of elderly people while planning activities for them as well as planned for religious and recreational programs in order to reduce loneliness and isolation of elderly in the institution. Many factors are responsible for their living in such old age homes. However, this does not mean that their life has come to an end. Elderly people can also live with dignity and respect in old age homes. There is a necessity to focus on emerging needs of elderly. The stereotypical activities should be replaced. Moreover, the institutions are required to give older people scope for personal development and participation.*

**Keywords:** *Dignity, elderly, perceptions, respect, stereotypical, vulnerable.*

### I. INTRODUCTION

“Trees grow stronger over the years, rivers wider. Likewise, with age, human beings gain immeasurable depth and breadth of experience and wisdom. That is why older persons should be not only respected and revered; they should be utilized as the rich resource to society that they are”: United Nations Secretary-General Kofi Annan

Ageing is a natural process that begins at birth, or to be more precise, at conception, a process that progresses throughout one's life and ends at death. Ageing is a constant, predictable process that involves growth and development of living organisms. Aging can't be avoided, but how fast we age varies from one person to another. How we age depends upon our genes, environmental influences, and life style. Ageing can also be defined as a state of mind, which does not always keep pace with our chronological age. Attitude and how well we face the normal changes, challenges and opportunities of later life may best define our age.

Growing older cannot be prevented. We begin aging at the time of conception and continue aging one day at a time. However, some of the effects of aging can be slowed and even prevented. Prevention in later years requires participating in health education and health promotion activities designed to reduce the risk of disease. Prevention also involves engaging in interventions that improve outcomes in the event an illness does occur and includes efforts that reduce the risk of progressive disability and decline of function. In later life the goals of prevention also include maintaining function, vitality and quality of life. According to “Towards Enriching Years” during the process of ageing, physical functions of the body slowly deteriorate demanding greater coping skills on the part of the ageing person to adjust to the environment. In addition, there are problems caused by others in the society because of their unfavourable attitudes. Ageism, like sexism or racism, is a concept pertaining to prejudice or a negative attitude towards a particular group. Ageism implies that the old are perceived as sick, unhappy, empty and useless, and are discriminated against.

As ageing is a continuous process in the structure and functions of the body, the physical abilities of the former tend to slow down with the passage of years. It is an impoverished environment, poor nutrition and diseases that break down the nervous system's natural potential resistance against deterioration. As far as the psychological structures and functions are concerned, there need not necessarily be deterioration. Cicero, the Roman statesman and philosopher of first century BC, writing in his treatise On Old Age said that old people could retain their intellectual abilities by engaging their minds fully and actively and that old age was respectable as long as the elderly asserted themselves and were not dominated by anyone else. He supports his statements by referring to the death of Plato, the fifth century BC Greek philosopher. When death occurred, Plato was writing at his desk, at the age of 81 (Encyclopedia Britannica, 1963).



Aging refers to a multidimensional process of physical, psychological, and social change (Hultsch and Deutsch). Some dimensions of aging grow and expand over time, while others decline. Reaction time, for example, may slow with age, while knowledge of world events and wisdom may expand (Schaie). Research shows that even late in life potential exists for physical, mental, and social growth and development. Aging is an important part of all human societies reflecting the biological changes that occur, but also reflecting cultural and societal conventions.

Chronological aging, referring to how old a person is, is arguably the most straightforward definition of aging and may be distinguished from "social aging" (society's expectations of how people should act as they grow older) and "biological aging" (an organism's physical state as it ages). Stuart-Hamilton also notes distinction between "proximal aging" (age-based effects that come about because of factors in the recent past) and "distal aging" (age-based differences that can be traced back to a cause early in person's life, such as childhood poliomyelitis). (<http://silverinnings.com/Ageing.html>)

People today live longer and enjoy better health than in the past. They are also able to cultivate interests made possible by higher levels of education. The contribution that older people, by their experience, can make to the process of making our society and culture more human is particularly valuable. No longer is old age synonymous with dependence on others or a diminished quality of life. But all this seems not enough to dislodge a negative image of old age or encourage a positive acceptance of a period of life in which many of our contemporaries see nothing but an unavoidable and burdensome decline.

The perception of old age as a period of decline, in which human and social inadequacy is taken for granted, is in fact very widespread today. But this is a stereotype. It does not take account of a condition that is in practice far more diversified, because older people are not a homogeneous human group and old age is experienced in very different ways. There are those older people who are capable of grasping the significance that old age has in the context of human existence, and who confront it not only with serenity and dignity, but as a time of life which offers them new opportunities for growth and commitment. But there are others—more numerous in our own day—to whom old age is a traumatic experience, and who react to their own ageing with attitudes ranging from passive resignation to rebellion, rejection and despair. They are persons who become locked into themselves and self-marginalized, thus accelerating the process of their own physical and mental deterioration.

([http://www.vatican.va/roman\\_curia/pontifical\\_councils/laity/documents/rc\\_pc\\_laity\\_doc\\_05021999\\_older-people\\_en.html](http://www.vatican.va/roman_curia/pontifical_councils/laity/documents/rc_pc_laity_doc_05021999_older-people_en.html))

**Dignity in Old Age:** Dignity is recognised as an essential factor in ensuring good health, wellbeing and independence and as a key component of high quality care. If someone has dignity, it means they are worthy of respect. Dignity refers to an individual maintaining self-respect and being valued by others. It centres on three integral aspects: Respect, Compassion and Sensitivity. Essential components of dignity are identity, respect, recognition, independence and control as well as participation in decision making. The various components of dignified care are: Respectful communication, Respects privacy, Promotes autonomy and a sense of control, Addresses basic human needs, Inclusive and encourages participation and Promotes identity. Undignified care consists of care that renders the individual invisible, depersonalises or objectifies the individual, is narrowly focused, is abusive as well as humiliating and disempowers the individual (**Matiti and Trorey, 2008**).

In India old people living in traditional joint families had a say in their household affairs and they also had a role in the home and the wider community. They were consulted for guidance by the younger generation because of their experience and mentality in providing appropriate decisions. Today in the modern society where economic factor is the prime motivating factor, the lives and relationship have been sacrificed for one's pleasure, comfort and luxury and the old people have lost all their respect and dignity (**Packiam, 2002**).

Family structure is changing to nuclear/small unit families. There is a disruption of joint family system into nuclear family system where elderly people are not given due attention and consideration in the family. Without the safe, secure and dignified status in the family, the elderly are finding themselves vulnerable. Welfare of the elderly has been a low priority with the country. ([www.gerontologyindia.com/ppt/elderly-care-in-india-changi...](http://www.gerontologyindia.com/ppt/elderly-care-in-india-changi...) · PPT).

The changing socio-economic environment in the country has led to further marginalisation and destitution of elderly people. The large scale migration that is now becoming the norm for working class people is leaving the elderly without the physical and financial support of younger family members. These socio-economic changes are the results of the economic changes the government has been championing over the last twenty years. This makes the government even more responsible for the plight of the elderly. (<http://www.im4change.org/news-alert/dignity-for-the-elderly-join-the-campaign-14893.html>)

Of the various problems that commonly afflict older people today, one—perhaps more than any other—injures the dignity of the person: marginalization. The development of this problem, a relatively recent one, has found a fertile breeding ground in a society that cultivates nothing but material success and the glossy image of perennial youth, to the virtual exclusion of those who no longer possess these requisites.

The factors that conspire to consign many older people to the fringes of the human community and civil life are many: evasion of responsibility at the institutional level and consequent social inadequacies; poverty or a drastic reduction of income and of the necessary financial resources to secure a decent standard of living and appropriate levels of care; and the progressive removal of older people from their own family and social environment.

The most painful dimension of this marginalization, however, is the lack of human relations. Older people suffer not only by being deprived of human contact, but also from abandonment, loneliness and isolation. And as their interpersonal and social



contacts are diminished, so their lives are correspondingly impoverished; they are deprived of the intellectual and cultural stimulus and enrichment they need. Older people experience a sense of impotence at being unable to change their own situation, due to their inability to participate in the decision-making processes that concern them both as persons and as citizens. The net result is that they lose any sense of belonging to the community of which they are members.

To accompany older people, to approach them and enter into relation with them, is the duty of us all. The time has come to begin working towards an effective change in attitude towards older people and to restore to them their rightful place in the human community. Society and its institutions are called to give older people scope for personal development and participation, and provide them with forms of social assistance and health-care consonant with their needs and responding to the need of the human person to live with dignity, in justice and freedom.

([http://www.vatican.va/roman\\_curia/pontifical\\_councils/laity/documents/rc\\_pc\\_laity\\_doc\\_05021999\\_older-people\\_en.html](http://www.vatican.va/roman_curia/pontifical_councils/laity/documents/rc_pc_laity_doc_05021999_older-people_en.html))

Older people still have a lot to say and a lot to give to the life of society, it calls for their dignity and fundamental rights to be respected, and hopes that the question may be tackled with a great sense of responsibility by everyone: by individuals, families, associations, governments and international organisations, each according to its own competencies and duties and in conformity with the very important principle of subsidiarity. Only in this way can older people be enabled to enjoy ever more human living conditions and play their indispensable role in a society undergoing a rapid and continuous process of economic and cultural change. Only in this way, moreover, can concerted action be taken to exert influence on the social, economic and educational systems in such a way as to provide all citizens, without discrimination, with the necessary resources to satisfy old and new needs, to ensure the effective protection of rights, and to restore grounds for trust and hope and a sense of belonging to all those excluded from active participation in the human community.

**Old Age Homes:** Old Age Home refers to a multi-residence nursing home for old people, which is also known as retirement home. Each couple or person lives here in a room which is either apartment style or is a set of matching of rooms. Under one roof or in a one building old people are served with different facilities like gatherings, meals, health or sanatorium care, and recreation activities. Levels of these facilities differ from each other.

Number of impoverished senior citizens has been increasing now-a-days in India. There are many different factors, which are accountable for increasing the number, like diminishing moral values, globalization, nuclear family and many other social and economic factors. At present 728 Old homes exist in India. Complete information of 547 Old Age Homes is accessible. Among these 325 Old homes do not charge and 95 homes charge money, 116 Old homes include both without charge as well as stay and pay facilities and the information of 11 homes is not available. There are 278 homes available for ailing people and 101 Old homes especially for women all around the country. Kerala has the highest number of Old homes in India among all states which is 124. Many factors are accountable for the separation of old persons such as (i) Many young couples are relocating themselves for better employment from villages to cities in order to have a better future, (ii) Many elders are also reluctant to provide the duty of household, which they are controlling for an elongated time, to children, (iii) Youngsters are sometimes indignant in behavioural attitude to their parents, (iv) Youngsters have migrated to different places distant from their inhabitant places and also to numerous countries abroad. So they are unable to provide accommodation to their parents in their own houses even if they desire, (v) Elders sometimes are too debilitated or ill to take care of themselves or get medicinal help in any urgent situation. For all these reasons the homes for elders increasingly seem more appropriate in Indian circumstances.

(<http://www.oldagehomes.org.in/>)

Still today—indeed increasingly so—recourse is had to the system of institutional care to assist and treat older people who are infirm, no longer self-sufficient, without any family to look after them, and without adequate financial resources to look after themselves. The confinement of older people in such institutional structures may translate itself into a kind of segregation from society. Some social and welfare policies and the institutions to which they gave rise, however understandable in the light of the different social and cultural context of the past, have now been rendered obsolete and in conflict with a new human consciousness. A society, aware of its responsibilities towards the older generations who have helped to make it what it is, must strive to create institutions and services adapted to their real needs. Wherever feasible, older people should be given the chance to remain within their own environment by means of such forms of support as home-help, day-care, day-centres, etc.

In this context, a mention of retirement homes is not out of place. By the very fact that they provide accommodation to older persons who have been forced to abandon their own homes, such residential structures are being increasingly urged to respect the autonomy and the personality of each individual, to give each of them the chance to pursue activities linked to his or her own interests, to provide all the forms of care and treatment required by old age, and to give to the accommodation they provide an atmosphere as close to that of the family as possible.

([http://www.vatican.va/roman\\_curia/pontifical\\_councils/laity/documents/rc\\_pc\\_laity\\_doc\\_05021999\\_older-people\\_en.html](http://www.vatican.va/roman_curia/pontifical_councils/laity/documents/rc_pc_laity_doc_05021999_older-people_en.html))

In contemporary Indian society however, the position and status of the elderly their care and protection that they traditionally enjoyed have been ignored by several factors. Urbanization, Migration, break-up of the extend family system, growing individualism, change in the role of women from being full-time careers and increased dependency of the elderly etc. changes in the term of education, aspirations and values of availability of resources have contributed a lot to this decline (Thobani, 2009). The homes for elders are increasingly in Indian circumstances due to various reasons. Older persons are in a position of dependence when requiring health and social care. The responsibilities of elderly are now shifted to old age homes which were earlier taken care by the family members. Thus, it becomes imperative to draw our attention on whether the needs of elderly in the



old age homes are taken care of and given due consideration. As a result, a need was felt to undertake this study with main focus on dignity of elderly in the old age homes.

**Objectives of the Study:** The rationale behind undertaking this research was:

- i. To obtain perceptions of institutionalized care takers regarding the dignity of elderly,
- ii. To obtain information of care takers related to their personal background,
- iii. To obtain information related to institution, elderly in the institution, provision of facilities in institution,
- iv. To seek suggestions from the care takers related to enhancement of status of elderly in society,
- v. To study the differences in the perceptions of the care takers regarding dignity of elderly in relation to the following variables:
  - (a) Age,
  - (b) Educational qualification,
  - (c) Number of years of service.

## II. REVIEW OF LITERATURE

Article on “Ageing with dignity” published in **The Hindu** updated on **December 17, 2012** described that the trouble with ageing is that it is inevitable. The truth about ageing in India is that we have not yet built an adequate knowledge base to respond to its multifarious challenges. So says the United Nations Population Fund in its recently released Report on the Status of Elderly in Select States of India. The focus of the study is on the seven States where the aged population is larger than the national average. These are Tamil Nadu, Kerala, Maharashtra, Odisha, West Bengal, Punjab and Himachal Pradesh. Three-fourths of the elderly in India live in rural areas and bear the brunt of poverty, illiteracy, income insecurity and inadequate health care. The economic burden incurred by the elderly to make provision for health care is compounded by the fact that most of them have to work to make ends meet and enjoy no social protection to speak of. A rapid rise in the numbers of the elderly would impose additional responsibilities on an ever-shrinking population in the working age and raise fresh social challenges in the context of the ongoing nuclearization of India’s traditional joint family. In western countries, economic development and accompanying socio-political advancement preceded population ageing, enabling better planning. India, as with other developing countries, finds itself having to balance the concerns of the elderly into its current growth imperatives.

**Bayer et al. (2011)** conducted a study on **Dignity in Practice: An exploration of the care of older adults in acute NHS Trusts** with an objective to examine healthcare practitioners’ behaviours and practices in relation to dignified care. The sample of the study consisted of 4 hospital trusts having 45 recently discharged older people (65+) and 20 Relatives/cares of older people. The data was collected through in-depth interview of older people and non-participant observation of practices and activities in 16 wards of 4 hospitals. The study concluded that a high profile account of people (most of whom were older people) not being treated with dignity was found. Respect for dignity must be a priority of care and must be at the forefront of clinicians’ minds.

Another article on “**Securing a life of dignity for the elderly**” published in **Times of India (2003)** stated that life for those pushing sixty and seventy can at times be burdensome. Their devaluation stares in their face the moment their kith and kin declare them a liability. Thus was formed Godhuli - a unique home for senior citizens, located at Dwarka, Delhi. The idea of an old age home came to creator of home when he heard heart rending stories of neglect of old people. Then, there were couples who moved in here to overcome loneliness.

**Lothian and Philp (2001) in Care Of Older People: Maintaining the Dignity and Autonomy of Older People in the Healthcare Setting** described that issues relating to dignity and autonomy of older people are information provision, insensitivity and disrespect and tackling negative attitudes through training. Health services should aim to preserve dignity and autonomy and minimise distress among patients. Older people are being treated unacceptability-insensitively & disrespectfully by healthcare staff. Older people’s dignity and autonomy is being undermined in health care setting. Dignity is challenged through negative interactions between staff and elder patients, a lack of regard for patient’s privacy and insensitivity to needs and desires of an older population. Attitude of staff greatly affect quality of treatment and regard given to maintaining elder’s dignity and autonomy. Many healthcare professionals hold stereotypical, negative attitudes towards older people. Key means of tackling poor attitude of staff towards older people is through extensive and continued training. Tackling negative attitudes through exposure and education can help to preserve older patient’s dignity and autonomy. Elderly and carers need to be given adequate information to enable them to make informed choices about care. Effective communication and information provision are fundamental principles of quality health care.

**Donald, Malouf and Paulus (2001) in Maintaining Older People's Dignity and Autonomy in Healthcare Settings** stated that Elder abuse is both community and healthcare issue. Elder abuse may be physical, psychological or financial; neglect is also a form of abuse. Whole system must be looked at to prevent degrading treatment. Community education is required as a primary preventive measure. Public awareness programmes outlining the prevalence and impact of elder abuse, as well as promotion of geriatric services, would lead to a considerable improvement in notification and outcomes of abuse.

## III. RESEARCH METHODOLOGY

The study aimed at studying the perceptions of institutionalized care takers regarding the dignity of elderly. Purposive sampling method was used for selecting the sample of twenty-one care takers of four old age homes of cities namely Vadodara and Anand



of the Gujarat state. Questionnaire containing both open and close ended questions was used in this study in order to collect data from the respondents.

#### IV. MAJOR FINDINGS OF THE STUDY

- A little more than fifty percent (52%) of the respondents were below forty-six years of age and remaining (48%) of them were forty-six years and above forty-six years of age.
- Majority of the respondents (64%) were educated up to secondary level, twenty-four percent (24%) of them were graduate and post graduate whereas only six percent (6%) of them were illiterate and had education up to higher secondary level respectively.
- Equal percent of the respondents (50%) had monthly income below Rs.2500/- and above Rs.2500/- respectively.
- A little more than fifty percent (53%) of the respondents had worked for less than 5 years whereas the remaining of them (47%) had worked for more than 5 years in the institution.
- A little less than fifty percent (48%) of the respondents said that family disputes was the reason for elderly people staying in the old age home, thirty-three percent (33%) of them said that death of life partner and children staying abroad were the reasons respectively, twenty-eight percent (28%) said that poor relationship with family members was the reason, fourteen percent (14%) said that lack of financial support was the reason whereas only ten percent (10%) of the respondents said that poor housing condition was the reason for elderly living in old age homes.
- Majority of the respondents (71%) said that elderly who were living in the old age home faced health related problems, nineteen percent (19%) of them said that poor physical condition was the problem faced by the elderly, ten percent (10%) and five percent (5%) respectively said that loneliness and low food intake were the problems faced by the elderly while staying in the old age home.
- Majority of the respondents (62%) monitored each elder person more than three times whereas remaining thirty-eight percent (38%) of them monitored two-three times in a day.
- All the selected four institutions:
  - Planned religious activities such as Katha, Bhajans and visit to religious places whereas two institutions planned religious discourses and only one institution planned activity of Gujarat tour to visit various famous religious destinations in order to reduce loneliness and isolation of elderly in the institution.
  - Planned recreational activities such as outing at gardens and picnic points as well as special events like celebration of festivals whereas two institutions planned activities like birthday celebration of inmates, get to gather programs, movie watching and cultural programs in order to reduce loneliness and isolation of elderly in the institution.
  - Offered enjoyable, stimulating and challenging activities for elderly people.
  - Perceived choices and interests of elderly people while planning varied and leisure activities for them.
  - Kept a record of individual's lifestyle.
  - Encouraged openness and participation of elderly in decision making about their care.
  - Provided meals at set time.
  - Maintained privacy when elderly are bathing, dressing and using toilets.
- Out of selected four institutions:
  - Two institutions offered a choice of food.
  - Three institutions offered facilities of regular health check-ups, two of them offered yoga training, and only one of them offered facilities of acupressure session and exercises respectively.
  - Three institutions had appointed 1-2 permanent doctors to examine health condition of elderly whereas one of the institutions had no permanent doctors.
  - In three institutions, doctors visited and examined regularly each elderly.
  - In two of the institutions, doctors examined elderly once in a month whereas in one institution doctors examined elderly once in a week and only when gets ill respectively.

#### V. SUGGESTIONS RELATED TO ENHANCEMENT OF STATUS OF ELDERLY IN THE SOCIETY

The following were suggestions given by the care takers of the institutions regarding enhancement of dignity of elderly in the society:

- Provide physical, emotional and social support
- Take proper care related to food, health and daily activities.
- Respect and provide love, affection and adequate attention.
- Seek advice and suggestions for decisions related to family, family members and own self.

The following was the suggestion given by the care takers of the institution regarding the efforts to be done by government organizations for enhancing the dignity of elderly.

- Provide financial support or funds for old age homes for maintenance and up-gradation of infrastructure and other facilities.

The following were the suggestions given by the care takers of the institution regarding the role of non-government organizations (N.G.Os) or voluntary agencies towards enhancement of status of elderly.



- Generate awareness among public regarding provision of respect for elderly.
- N.G.Os should visit old age homes and discuss their problems and try to solve them.
- Provision of volunteers who can work for elderly without any monetary gain.

#### **VI. PERCEPTIONS OF ELDERLY CARE TAKERS RELATED TO DIGNITY OF ELDERLY WITH RESPECT TO THE SELECTED VARIABLES**

- There was no significant difference in the perceptions of the elderly care takers related to dignity of elderly with respect to their age.
- There was no significant difference in the perceptions of the elderly care takers related to dignity of elderly with respect to their educational qualification.
- There was significant difference in the perceptions of the elderly care takers related to dignity of elderly with respect to their years of experience.

#### **VII. CONCLUSION**

The elderly people stay in old age homes forcefully or due to some situations/circumstances aroused in their families. Many factors are responsible for their leaving in such old age homes. However, this does not mean that their life has come to an end. Elderly people can also live with dignity and respect in old age homes. There is a necessity to focus on emerging needs of elderly. Care takers must be responsive towards the elderly. The stereotypical activities should be replaced. Activities other than religious activities should be undertaken. It has become imperative to work towards an effective change in attitude towards older people and to restore their rightful place and dignified position in the community. Moreover, the institutions are required to give older people scope for personal development and participation, and provide them with forms of social assistance and health-care consonant with their needs and responding to the need of the human person to live with dignity, in justice and freedom.

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