



P-ISSN: 2706-7483
E-ISSN: 2706-7491
NAAS Rating (2025): 4.5
IJGGE 2025; 7(9): 142-165
www.geojournal.net
Received: 07-07-2025
Accepted: 11-08-2025

Rabin Das
Assistant Professor, UG & PG
Department of Geography,
Bajkul Milani Mahavidyalaya
Kismat Bajkul, Purba
Medinipur, West Bengal, India

Aging vulnerability and rural elderly abuse: A socio-geographical appraisal from kalagachhia gram panchayat, khejuri-i cd block, west Bengal

Rabin Das

DOI: <https://www.doi.org/10.22271/27067483.2025.v7.i9b.421>

Abstract

Aging is increasingly becoming a critical social and geographical concern in rural India, where demographic transitions intersect with poverty, migration, and weakening community ties. This study investigates the patterns and processes of aging vulnerability and elderly abuse in the rural context of Kalagachhia Gram Panchayat under Khejuri-I CD Block, Purba Medinipur District, West Bengal. Using a socio-geographical lens, the research combines field-based household surveys, in-depth interviews, and spatial analysis to reveal the everyday struggles of older adults. Findings highlight that elderly persons face multiple dimensions of vulnerability economic dependence, physical neglect, emotional isolation, and gendered inequalities that are often intensified by rural social structures and intergenerational conflicts. Abuse manifests not only as physical or verbal mistreatment but also as exclusion from decision-making and denial of care. The geography of vulnerability is further shaped by migration-induced family fragmentation, declining traditional support systems, and limited institutional interventions. By situating these experiences within the broader rural landscape, the study underscores the need for inclusive policy frameworks, community sensitization, and localized welfare mechanisms to address the silent crisis of aging in rural Bengal. The paper contributes to the discourse on social justice, human geography, and rural development by offering empirical evidence on the intersection of age, space, and vulnerability.

Keywords: Aging vulnerability, elder abuse, rural Bengal, socio-geographical appraisal, purba Midnipur

Introduction

Aging is an inevitable stage of the human life cycle, yet it remains one of the most neglected dimensions of social and developmental discourse in the Global South. In India, the elderly population (60 years and above) has been steadily increasing due to declining fertility rates, improved life expectancy, and demographic transition. According to Census 2011, nearly 8.6% of India's population was elderly, with projections suggesting a sharp rise to over 19% by 2050. This demographic shift is not merely a numerical phenomenon but is deeply embedded in social, economic, and geographical contexts. The situation is especially critical in rural India, where nearly 70% of the elderly reside, often facing precarious livelihoods, poor healthcare accessibility, and weakening traditional support systems.

In West Bengal, one of the most densely populated states of India, the rural elderly constitutes a vulnerable group, particularly in socio-economically fragile districts such as Purba Medinipur. Here, traditional agrarian livelihoods are undergoing transformation due to land-use change, out-migration of the younger workforce, and the decline of customary family care. Such transitions amplify aging vulnerability, manifesting in neglect, dependency, and in extreme cases, elder abuse. Abuse may take multiple forms physical harm, emotional neglect, financial exploitation, or social exclusion all of which erode the dignity and quality of life of older persons.

The Khejuri-I CD Block in Purba Medinipur, where Kalagachhia Gram Panchayat is located, offers a poignant site for such inquiry. This rural setting, characterized by a fluvio-coastal landscape, has witnessed significant socio-economic transformations in recent decades. Migration to urban and overseas destinations, occupational diversification, and changes in household structures have created gaps in intergenerational bonding. Consequently, elderly individuals are increasingly marginalized in decision-making, care, and community life. From a geographical perspective, aging is not only a biological or social process but also a

Corresponding Author:
Rabin Das
Assistant Professor, UG & PG
Department of Geography,
Bajkul Milani Mahavidyalaya
Kismat Bajkul, Purba
Medinipur, West Bengal, India

spatial one. The experience of old age is shaped by place-specific factors such as settlement pattern, availability of healthcare, mobility constraints, and social networks. A socio-geographical appraisal thus allows for a holistic understanding of how space and society together construct elderly vulnerability.

This study, therefore, aims to explore the lived realities of rural elderly in Kalagachhia Gram Panchayat with special attention to abuse and neglect. By integrating household-level surveys, qualitative narratives, and spatial mapping, the research provides an in-depth picture of aging vulnerability in a rural Bengal context. In doing so, it contributes to the broader discourse on rural development, social justice, and human geography, while also calling for localized policy interventions to address the silent crisis of rural elderly abuse.

2 Statement of the Problem

The elderly population in rural India is facing a silent yet deepening crisis. Despite the constitutional and legal safeguards provided for senior citizens in India, ground realities often reflect persistent neglect and abuse. In rural Bengal, where traditional joint family systems are disintegrating due to migration, modernization, and economic pressures, elderly persons are increasingly left without adequate care and protection.

In the context of Kalagachhia Gram Panchayat, Khejuri-I CD Block, Purba Medinipur, these challenges are magnified. The area has witnessed significant demographic and livelihood transitions, leading to an erosion of intergenerational support. Elderly individuals often experience economic dependency, poor healthcare access, and psychological isolation, making them more vulnerable to abuse. Abuse may be overt, such as physical violence or verbal humiliation, or covert, such as neglect, abandonment, and exclusion from household or community decisions.

Despite its prevalence, elderly abuse in rural Bengal remains under-researched and under-reported, partly due to stigma, silence, and normalization of such practices within families. This lack of systematic documentation and analysis limits the scope for effective policy intervention. A socio-geographical lens is particularly useful in this regard, as it situates abuse within the broader rural landscape, examining how space, livelihood, and social structures interact to shape aging vulnerability.

Thus, the central problem addressed in this study is the growing vulnerability of the elderly to abuse and neglect in rural Purba Medinipur, with a focus on understanding its patterns, causes, and implications through a socio-geographical appraisal.

3. Literature Review

Worldwide scholarship shows elder abuse is a persistent but under-recognized global public-health and human-rights problem, with pooled prevalence estimates indicating that roughly one in six older adults experience some form of abuse during their lifetime (psychological, financial, neglect, physical, sexual). Systematic reviews also reveal wide variation in prevalence estimates because of definitional, methodological and cultural differences across studies (Yon *et al.*, 2017; WHO reports summarized in Nemati-Vakilabad *et al.*, 2023) [53, 38]. The global evidence highlights psychological and financial abuse as particularly

common, and underscores links between abuse and adverse mental-health outcomes such as depression and reduced wellbeing (Yon *et al.*, 2017; Mawar *et al.*, 2018) [53, 32].

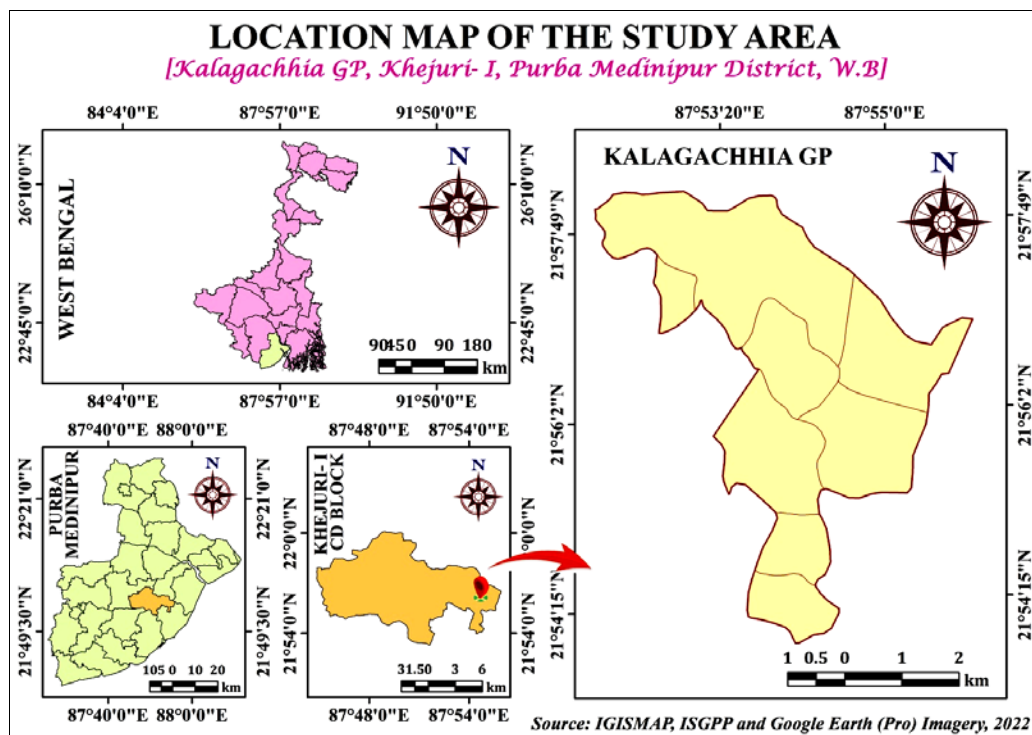
In the Indian context, a growing body of empirical studies and reviews documents high and variable prevalence of elder mistreatment and identifies multiple structural and proximate drivers. National and multi-site reviews report prevalence ranges that reflect methodological heterogeneity - Indian estimates vary widely (single studies report ranges from under 10% to over 40%), with psychological abuse and neglect frequently reported (Chandanshive *et al.*, 2022; Maurya, 2022) [7, 31]. Large-scale analyses point to important predictors: functional limitations/disability, female gender, poverty, living in nuclear households, multimorbidity, dependency for daily living, and social isolation are consistently associated with higher risk of abuse (Sathya *et al.*, 2020; Nemati-Vakilabad *et al.*, 2023) [45, 38].

Rural settings in India show both commonalities and distinct features relative to urban contexts. Several community-based studies from rural India including multiple studies from West Bengal - note under-reporting driven by stigma, normalization of mistreatment, and limited access to grievance mechanisms, but also indicate that rural community networks and neighborhood cohesion can sometimes act protectively (Chang *et al.*, 2020; Chandanshive *et al.*, 2022) [8, 7]. Importantly, functional disability and dependence increase vulnerability in rural populations, especially where health-care access and social protection are weak (Sathya *et al.*, 2020) [45]. Recent empirical work in West Bengal highlights intra-regional variation: tribal vs non-tribal differences, gendered patterns, and the interaction of functional impairment with social status in shaping abuse risk (Jana, 2025) [21].

Human-geographical and socio-spatial scholarship argues that aging and elder abuse must be read as place-sensitive phenomena. Geographical lenses locate vulnerability within spatial structures - settlement patterns, mobility constraints, service accessibility, migration-induced family fragmentation, and the morphology of households and community institutions all shape lived experience of aging (Ricoy-Cano *et al.*, 2024; Research on ageing widows in rural Bengal; Chang *et al.*, 2020) [43, 8]. This socio-geographical framing underscores that abuse is not only interpersonal but is produced and mediated by wider socio-spatial processes (out-migration of younger cohorts, changing livelihoods, and declining informal safety nets).

Despite this expanding literature, important gaps remain that are directly relevant to the Kalagachhia case. First, studies frequently adopt clinical, epidemiological, or gerontological frames and pay limited attention to the spatial distribution and place-specific production of vulnerability. Second, there is a shortage of mixed-method, small-area socio-geographical case studies that combine household survey data, qualitative narratives, and spatial mapping to link individual experiences with neighborhood and landscape characteristics. Third, localized evidence from peripheral fluvio-coastal gram panchayats (such as Khejuri-I) where livelihood shifts and out-migration are pronounced is sparse. Filling these gaps would sharpen both theoretical understanding and policy responses, enabling targeted, place-sensitive interventions to reduce aging vulnerability and elder abuse in rural Bengal.

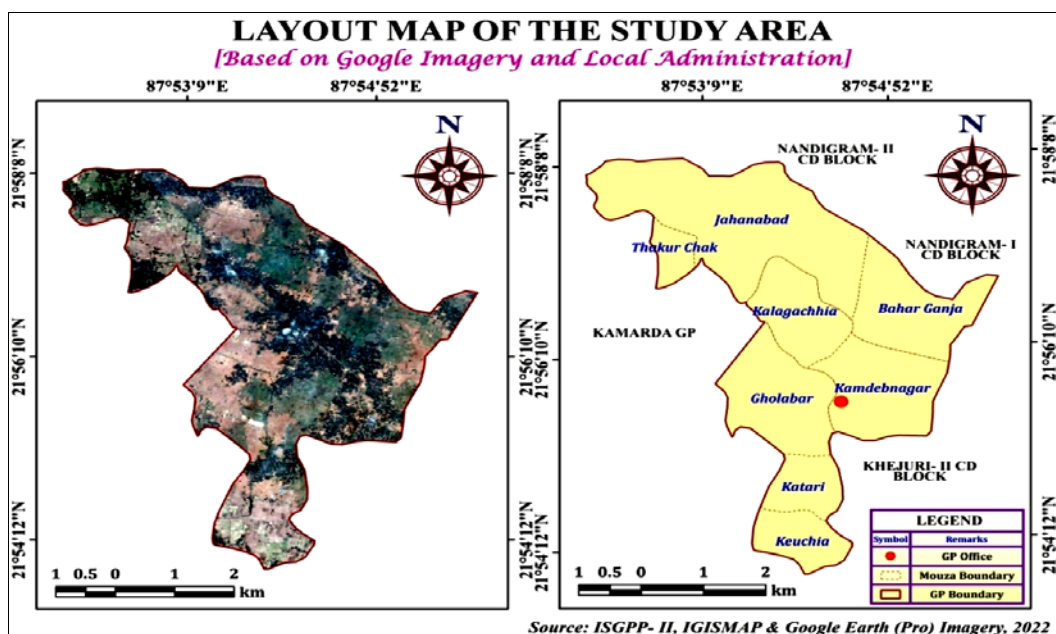
4. Location of the Study Area



Map 1: Location of the Study Area

My study area, Kalagachhia Gram Panchayat is one of the rural segments of fluvio-coastal Bengal. Geometrically, the study area is located in between $21^{\circ}54'05''\text{N}$ - $21^{\circ}57'58''\text{N}$ and $87^{\circ}52'02''\text{E}$ - $87^{\circ}56'04''\text{E}$. Geomorphologically, this area is one of the fluvio-coastal segments over Rasulpur river sub-basin under South Bengal Basin. Geologically, this is one section on the recent fluvio-coastal sedimentary and alluvial sub-formation of Quarternary-Holocene Sequence of Bengal Coastal Formation (6000-8000 BP). From its geo-environmental location, this agro-economic region is existed on Medinipur fluvio-coastal belt having deciduous types of vegetation, sub-tropical monsoonal climatic features and clay type soil characteristics. From the view point of political and

administrative background, the study area, Kalagachhia Gram Panchayat is one of the important rural fluvio-coastal GP having 8-villages belonging to Khejuri-I Community Development Block of Khejuri Police Station under Contai Sub-division in Purba Medinipur district. The study area is existed under 215-Khejuri Legislative Assembly (Schedule Caste Reserved) and 31-Kanthi Parliamentary Constituency on the democratic background. The study area is featured by 8-villages named as Jahanabad, Thakurchak, Kalagachhia, Baharganj, Kamdebnagar, Gholabar, Katari and Keuchia respectively. Administratively, this study area is neighboured by Kamarda GP of Khejuri-I CD Block at the west, Baratala GP of Khejuri-II CD Block at the east, Haludbari GP of Khejuri-II CD Block at the south and Amdabad GP of Nandigram-I and II CD Block at the north.



Map 2: Google Earth Imagery-2022 and Administrative Layout of the Study Area

5. Specific Objectives of the Study

1. To analyze the socio-economic and demographic profile of the elderly population in Kalagachhia Gram Panchayat under Khejuri-I Block.
2. To identify and examine the forms, patterns, and underlying causes of elderly abuse and neglect in the study area.
3. To assess the spatial and social dimensions of aging vulnerability in the rural context of Purba Medinipur.
4. To suggest policy recommendations and community-based measures for reducing elderly vulnerability and abuse.

6. Materials, Methods and Methodology

The study adopts a socio-geographical case study approach, combining both quantitative and qualitative methods to capture the complexity of aging vulnerability and elderly abuse in Kalagachhia Gram Panchayat, Khejuri-I CD Block, Purba Medinipur.

6.1 Data Collection

A. Primary Data

- A structured household survey was conducted among elderly individuals (aged 60 and above), with purposive sampling to ensure gender and socio-economic representation.
- In-depth interviews and focus group discussions (FGDs) were carried out with elderly persons, caregivers, community leaders, and local health workers to capture qualitative insights on experiences of abuse, neglect, and vulnerability.
- Participatory observation methods were employed to document lived realities, daily struggles, and social exclusion in the village environment.

B. Secondary Data:

- Census of India (2011), District Statistical Handbook of Purba Medinipur, Panchayat records, and existing policy documents were consulted for demographic, socio-economic, and institutional information.
- Relevant literature on aging, vulnerability, and elder abuse was reviewed for theoretical framing.

Table 1: Major database, software and sampling techniques used for project

Major Database	Major Software	Major Survey Techniques	Major Sample Techniques
Different Base Maps collected from various institutions/ organization/ departments ISGPP, IGISMAP and Google Earth Imagery Bhuvan: Indian Geo-platform of ISRO Database of Different Govt./ Administrative Offices/ Departments Census Records/ Documents Institutional/ Departmental/ Organizational Draft Report/ Audit Report/ Progress Report, etc.	ARC GIS GPS MS Excel SPSS	Literature Survey Village Tracking by GPS Perception Survey (Structured Questionnaire Method) Institutional Survey (Structured Questionnaire Method) Individual Interview (Formal Method)	Stratified Random Sampling Purposive Sampling, Chunk and Snowball Sampling
Source: Author's Own Composition			

6.2 Data Analysis

- Quantitative data from surveys were tabulated and analyzed using descriptive statistics (frequency distribution, cross-tabulation) to identify trends in socio-economic conditions and abuse patterns.
- Qualitative data from interviews and FGDs were thematically analyzed to understand lived experiences, cultural norms, and power relations shaping elderly vulnerability.
- A socio-geographical appraisal was undertaken by linking individual experiences with spatial dimensions such as household location, accessibility to services, and migration patterns.
- Aging Vulnerability Index (AVI)

Table 2a: Indicators, Principle and Measurement of AVI

Dimensions	Indicators	Measurement
Demographic	Age group (60-69, 70-79, 80+), Gender	Ordinal / Categorical
Health	Disability status, Chronic illness, ADL (Activities of Daily Living) dependency, Mobility limitation	Binary / Scale
Economic	Monthly income, Economic dependency on children, Pension/social security access	Continuous / Binary
Social	Living arrangement (alone, nuclear, joint), Participation in social/cultural activities, Support network strength	Categorical / Likert scale
Spatial/ Service Access	Distance to nearest health facility, road connectivity, availability of transportation	Continuous (km)
Psychological	Reported feelings of loneliness, neglect, or depression	Likert scale (1-5)
☉ Normalize indicators (Min-Max normalization) $X_{norm} = \frac{X - X_{min}}{X_{max} - X_{min}}$ Ensures all indicators range from 0 (least vulnerable) to 1 (most vulnerable).		
☉ Assign weights • Equal weights (simple average) if no strong evidence for prioritization. • Or use Principal Component Analysis (PCA) to derive weights from data.		
☉ Aggregate dimension scores $AVI = \frac{\sum_{i=1}^n w_i x_{i,norm}}{n}$ Higher AVI → greater vulnerability.		
Categories: Low Vulnerability = 0-0.33; Moderate Vulnerability = 0.34-0.66 & High Vulnerability = 0.67-1.00		

Source: Author's Composition

Elder Abuse Index (EAI)

Table 2b: Indicators, Principle and Measurement of EAI

Category	Indicators	Measurement
Physical Abuse	Beating, pushing, physical harm	Binary (Yes/No)
Emotional/ Psychological Abuse	Insulting, humiliating, ignoring, threatening	Likert scale (frequency)
Neglect	Denial of food/medicine, left uncared, abandonment	Binary / Likert
Financial Abuse	Misuse of pension/income, property grabbing, forced asset transfer	Binary
Social Exclusion	Exclusion from family/community decisions, isolation from cultural activities	Binary / Likert
Index Principle Assign scores to each abuse type (e.g., Yes = 1, No = 0; Likert 1-5). Normalize across abuse dimensions (0-1 scale).		
Aggregate abuse scores $EAI = \frac{\sum_{j=1}^{nm} w_i y_{j,norm}}{n}$		
Equal weights unless severity weights are assigned (e.g., physical = higher weight) Categorization: No Abuse = 0; Mild Abuse = 0.01-0.33; Moderate Abuse = 0.34-0.66 & Severe Abuse = 0.67-1.00		

Source: Author's Composition

6.3 Ethical Considerations

- Given the sensitive nature of the topic, anonymity and confidentiality of respondents were strictly maintained, and informed consent was obtained before each interview.
- This mixed-methods design provides a comprehensive

understanding of how aging vulnerability is constructed and manifested in rural Bengal.

7. Result and Discussion

7.1 Demographic and Social Profile

Table 3: Age-sex Composition of the Elderly Respondents

Sl. No.	Age Groups (Yrs.)	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	55-60	21	19	40	8.43	7.63	16.06
2.	60-65	27	25	52	10.84	10.04	20.88
3.	65-70	24	30	54	9.64	12.05	21.69
4.	70-75	22	19	41	8.84	7.63	16.47
5.	75-80	16	14	30	6.43	5.62	12.05
6.	80-85	7	8	15	2.81	3.21	6.02
7.	85-90	6	4	10	2.41	1.61	4.02
8.	90-95	2	3	5	0.80	1.21	2.01
9.	≥95	1	1	2	0.40	0.40	0.80
	Total	126	123	249	50.60	49.40	100

Source: Field Survey, 2022-2024

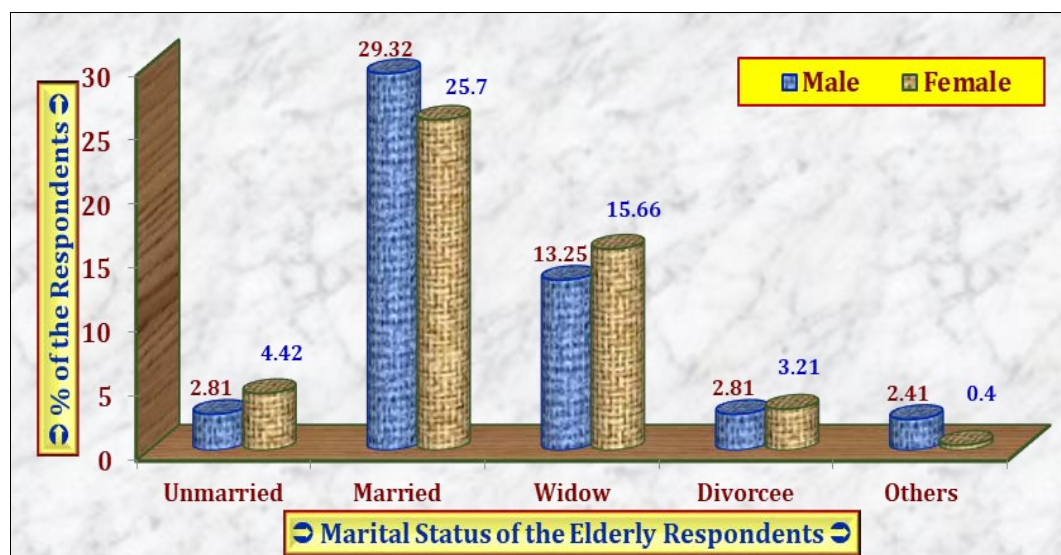


Fig 1: Marital Status of the Elderly Respondents (N=249)

Table 4: Residential Villages of the Elderly Respondents

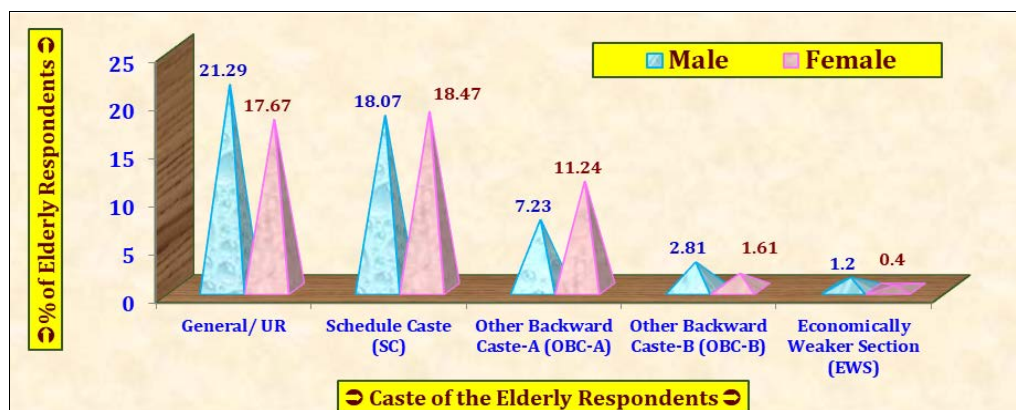
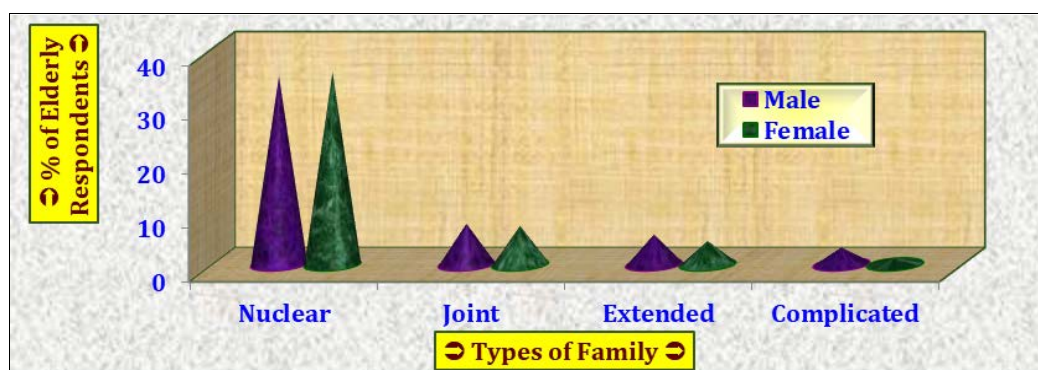
Sl. No.	Residential Village	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Keuchia	10	14	24	4.02	5.62	9.64
2.	Katari	12	13	25	4.82	5.22	10.04
3.	Gholabar	17	19	36	6.83	7.63	14.46
4.	Kamdebnagar	15	17	32	6.02	6.83	12.85
5.	Kalagachhia	14	10	24	5.62	4.02	9.64
6.	Jahanabad	21	19	40	8.43	7.63	16.06
7.	Baharganj	26	22	48	10.44	8.84	19.28
8.	Thakurchak	11	9	20	4.42	3.61	8.03
	Total	126	123	249	50.60	49.40	100

Source: Field Survey, 2022-2024

Table 5: Religion of the Elderly Respondents

Sl. No.	Types of Religion	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Hindu	101	94	195	40.56	37.75	78.31
2.	Muslim	20	26	46	8.03	10.44	18.47
3.	Christian	5	3	8	2.01	1.20	3.21
4.	Others	-	-	-	-	-	-
5.							
	Total	126	123	249	50.60	49.40	100

Source: Field Survey, 2022-2024

**Fig. 2:** Caste of the Elderly Respondents**Fig. 3:** Family Type of the Elderly Respondents**Table 6:** Residential Duration of the Elderly Respondents

Sl. No.	Residential Duration (Yrs.)	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	<10	5	2	7	2.01	0.80	2.81
2.	10-20	6	4	10	2.41	1.61	4.02
3.	20-30	17	19	36	6.83	7.63	14.46
4.	30-40	28	23	51	11.24	9.24	20.48
5.	40-50	38	40	78	15.26	16.06	31.33
6.	≥ 50	32	35	67	12.85	14.06	26.91
	Total	126	123	249	50.60	49.40	100

Source: Field Survey, 2022-2024

Table 7: Nature/ Types of Respondent

Sl. No.	Types of Respondent	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Retired older people	13	5	18	10.32	4.07	7.23
2.	Non-pensioners / self-employed	35	16	51	27.78	13.01	20.48
3.	Laborers / farmers	31	13	44	24.60	10.57	17.67
4.	Housewives / working elderly men & women	67	69	136	53.17	56.10	54.62
5.	Professionals / businessmen	8	3	11	6.35	2.44	4.42
6.	Literate	92	71	163	73.02	57.72	65.46
7.	Financially secure	67	48	115	53.17	39.02	46.18
8.	Disabled / bedridden	16	19	35	12.70	15.45	14.06
9.	BPL (below poverty line) Family	75	89	164	59.52	72.36	65.86
10.	Well off elderly / destitute	10	16	26	7.94	13.01	10.44
11.	Can't say/ Don't know	1	5	6	0.79	4.07	2.41
	Total	126	123	249	100	100	100

Source: Field Survey, 2022-2024

Table 8: Living Arrangement of Respondent

Sl. No.	Living Arrangement of Respondent	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Living Alone	4	7	11	1.61	2.81	4.42
2.	With spouse only	33	32	65	13.25	12.85	26.10
3.	With spouse and other family members	49	39	88	19.68	15.66	35.34
4.	With children but without spouse	12	19	31	4.82	7.63	12.45
5.	With other relations without spouse	10	8	18	4.02	3.21	7.23
6.	With family relatives	8	9	17	3.21	3.61	6.83
7.	With non-relations (outside family relatives)	7	5	12	2.81	2.01	4.82
8.	Living alone in old age home	3	1	4	1.20	0.40	1.61
9.	Can't say/ Don't know	0	3	3	0.00	1.20	1.20
	Total	126	123	249	50.60	49.40	100

Source: Field Survey, 2022-2024

The elderly population surveyed (N=249) shows a nearly balanced sex ratio (50.6% male, 49.4% female), with the largest cohorts in the 65-70 years (21.7%) and 60-65 years (20.9%) brackets. This reflects a growing concentration of the “younger-old,” who may still be economically active but increasingly vulnerable to dependency. A significant proportion live in extended households, yet 4.4% live alone and 1.6% in old-age homes, underlining early signs of family disintegration in rural Bengal.

Caste and religious distribution reveal a Hindu majority (78.3%), followed by Muslims (18.5%). The presence of marginalized caste groups likely compounds socio-economic vulnerability

7.2 Major Socio-economic Dimensions of Elderly Respondents

7.2.1 Family's Socio-economic Status and Occupation

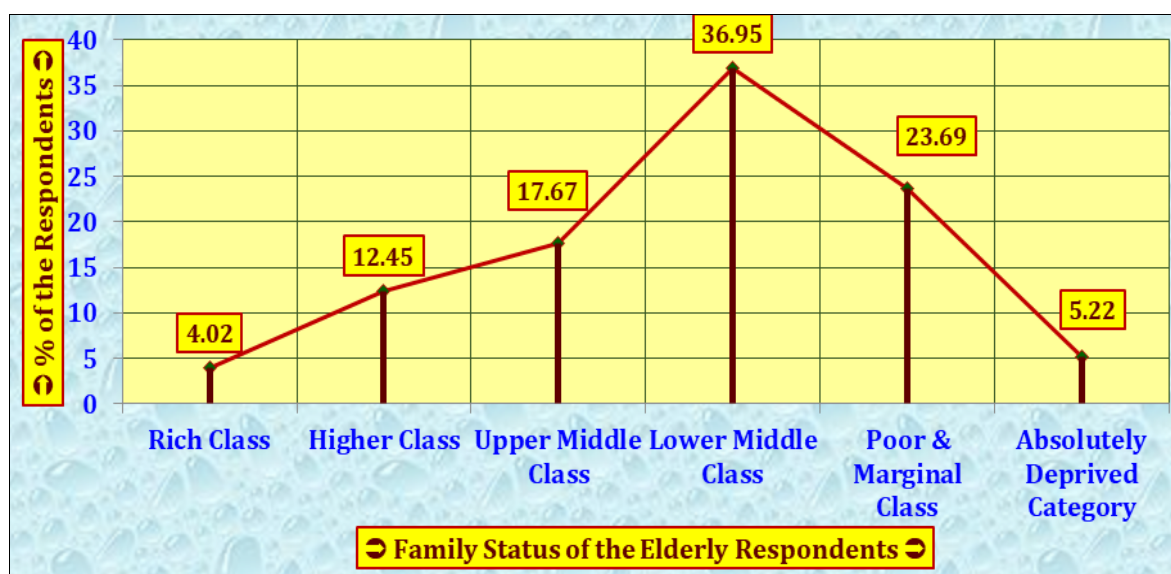
**Fig. 4:** Family's Socio-economic Status of the Elderly Respondents

Table 9: Driving Occupation/ Main Source of Income of Respondent's Family

Sl. No.	Types of Driving Occupation/ Main Income Source	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Agriculture	19	23	42	7.63	9.24	16.87
2.	Aquaculture	12	9	21	4.82	3.61	8.43
3.	Livestock Farming	6	3	9	2.41	1.20	3.61
4.	Business (Trade & Commerce)	18	15	33	7.23	6.02	13.25
5.	Daily Labour	35	41	76	14.06	16.47	30.52
6.	Govt. Service	16	12	28	6.43	4.82	11.24
7.	Non-govt. Service	12	10	22	4.82	4.02	8.84
8.	Politics & Public Service	5	3	8	2.01	1.20	3.21
9.	Others	2	5	7	0.80	2.01	2.81
10.	Can't say/ Don't know	1	2	3	0.40	0.80	1.20
	Total	126	123	249	50.60	49.40	100

Source: Field Survey, 2022-2024

The socio-economic status of elderly households is anchored in low to middle-income rural livelihoods, with agriculture (16.9%), aquaculture (8.4%), livestock farming (3.6%), and daily labour (30.5%) dominating the economic base. Daily wage labour represents the largest single category, suggesting precarious and irregular earnings. Business and trade account for 13.3%, while salaried government (11.2%) and non-government service (8.8%)

are relatively small proportions. Gender differences are modest, but women are slightly more concentrated in casual labour and unpaid occupations. This occupational profile reflects dependency on primary and vulnerable sectors, prone to shocks (climate, price fluctuations, or health crises), thereby amplifying elderly insecurity.

7.2.2 Previous Occupations of the Elderly

Table 10: Previous occupation of the elderly respondent

Sl. No.	Previous occupation of the elderly respondent	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Agriculture	31	8	39	12.45	3.21	15.66
2.	Aquaculture	4	1	5	1.61	0.40	2.01
3.	Livestock Farming	2	9	11	0.80	3.61	4.42
4.	Business (Trade & Commerce)	12	3	15	4.82	1.20	6.02
5.	Daily Labour	45	31	76	18.07	12.45	30.52
6.	House wives/ Home work	10	63	73	4.02	25.30	29.32
7.	Govt. Service	9	3	12	3.61	1.20	4.82
8.	Non-govt. Service	7	1	8	2.81	0.40	3.21
9.	Politics & Public Service	2	0	2	0.80	0.00	0.80
10.	Others	4	2	6	1.61	0.80	2.41
11.	Can't say/ Don't know	0	2	2	0.00	0.80	0.80
	Total	126	123	249	50.60	49.40	100

Source: Field Survey, 2022-2024

Patterns of past engagement reveal gendered trajectories: men largely engaged in daily labour (18.1%) and agriculture (12.5%), while women were overwhelmingly concentrated in household/unpaid domestic work (25.3%). Only 4.8% of men and 1.2% of women were in government service. These figures highlight the life-course roots of vulnerability: lack

of formal-sector employment leads to limited pension coverage, and the unpaid domestic labour of elderly women translate into lifetime economic dependence, leaving them more exposed to neglect and abuse.

7.2.3 Sources of Income of the Elderly

Table 11: Source of Income of Elderly Respondent

Sl. No.	Source of Income of Elderly Respondent	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Helps from Family Members	55	51	106	43.65	41.46	42.57
2.	Pension	9	3	12	7.14	2.44	4.82
3.	Interest, Rent, etc.	15	3	18	11.90	2.44	7.23
4.	Jobs/ Gainful Engagement	30	19	49	23.81	15.45	19.68
5.	Business/ Profession	14	5	19	11.11	4.07	7.63
6.	Old Age Pension	68	47	115	53.97	38.21	46.18
7.	Widow Pension	0	31	31	0.00	25.20	12.45
8.	Others Govt. Schemes (Laxmi Bhandar, Kishan Nidhi Prakaalpa, Kishan Credit, Fishing Credit, Rationing, etc.)	56	42	98	44.44	34.15	39.36
9.	Helps from Relatives/ Neighbours	23	31	54	18.25	25.20	21.69
10.	Helps from Other Well Wishers	12	19	31	9.52	15.45	12.45
11.	Helps from NGOs	13	11	24	10.32	8.94	9.64
12.	Others	3	4	7	2.38	3.25	2.81
13.	Can't say/ Don't know	1	2	3	0.79	1.63	1.20
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

The elderly rely on a multiplicity of fragile income sources:

- Family help (42.6%) and government pensions/schemes (81.9% combined) dominate.
- Old age pension (46.2%) and widow pension (12.5%) provide partial support but remain inadequate.
- Only 19.7% are still engaged in jobs and 7.6% in small businesses, reflecting low economic productivity in later life.

- Reliance on neighbours, relatives, NGOs, and well-wishers (21.7%-12.5%) shows weak social safety nets.

This heavy reliance on government schemes reveals the critical role of welfare transfers, but also exposes fragility if such schemes are irregular or insufficient.

7.2.4 Income Levels of the Elderly

Table 12: Income Status from Different Sources of Elderly Respondent

Sl. No.	Monthly Income (Rs./-) Groups	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	No Income	18	10	28	7.23	4.02	11.24
2.	<₹1500	27	41	68	10.84	16.47	27.31
3.	1500-3000	19	39	58	7.63	15.66	23.29
4.	3000-4500	11	4	15	4.42	1.61	6.02
5.	4500-6000	8	5	13	3.21	2.01	5.22
6.	6000-7500	5	3	8	2.01	1.20	3.21
7.	7500-9000	4	1	5	1.61	0.40	2.01
8.	9000-10500	5	2	7	2.01	0.80	2.81
9.	10500-12000	17	8	25	6.83	3.21	10.04
10.	≥₹12000	12	10	22	4.82	4.02	8.84
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

Income distribution shows sharp economic stress

- 27.3% earn below ₹1500/month, and another 23.3% between ₹1500-3000.
- Only 10% earn above ₹10,500, and 8.8% report ≥₹12,000.
- 11.2% have no income at all.

The modal income group is <₹3000/month (≈50.6%), inadequate to cover basic health and nutritional needs. Women are overrepresented in the lowest categories (<₹1500 and 1500-3000), pointing to feminized economic vulnerability

7.2.5 Financial Dependence of the Elderly

Table 13: Different Financial Dependence of Elderly Respondent

Sl. No.	Different Financial Dependence of Elderly Respondent	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Own self	58	27	85	46.03	21.95	34.14
2.	Spouse	14	53	67	11.11	43.09	26.91
3.	Children/ Son & Daughter	55	51	106	43.65	41.46	42.57
4.	Relatives/ Neighbours	23	31	54	18.25	25.20	21.69
5.	Govt. Schemes	84	120	204	66.67	97.56	81.93
6.	NGOs	13	11	24	10.32	8.94	9.64
7.	Others	3	4	7	2.38	3.25	2.81
8.	Can't say/ Don't know	1	2	3	0.79	1.63	1.20
	Total	N _M = 126	N _F = 123	N = 249	100	100	100

Source: Field Survey, 2022-2024

Table 14: Main Financial Dependence of Elderly Respondent

Sl. No.	Main Financial Dependence of Elderly Respondent	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Own self	36	9	45	14.46	3.61	18.07
2.	Spouse	8	21	29	3.21	8.43	11.65
3.	Children/ Son & Daughter	27	30	57	10.84	12.05	22.89
4.	Relatives/ Neighbours	7	10	17	2.81	4.02	6.83
5.	Govt. Schemes	43	48	91	17.27	19.28	36.55
6.	NGOs	4	3	7	1.61	1.20	2.81
7.	Can't say/ Don't know	1	2	3	0.40	0.80	1.20
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

Dependency is striking

- 81.9% depend on government schemes, followed by

children (42.6%).

- Only 34.1% claim some financial independence, mostly

men.

- Women rely more heavily on spouses (43.1%) or children.
- As the main source of support, government schemes cover 36.6%, compared to only 18.1% depending primarily on children.

This indicates a transition away from intergenerational support towards state-based support, but with structural insecurity due to limited coverage and small benefit amounts.

7.2.6 Financial Satisfaction and Security

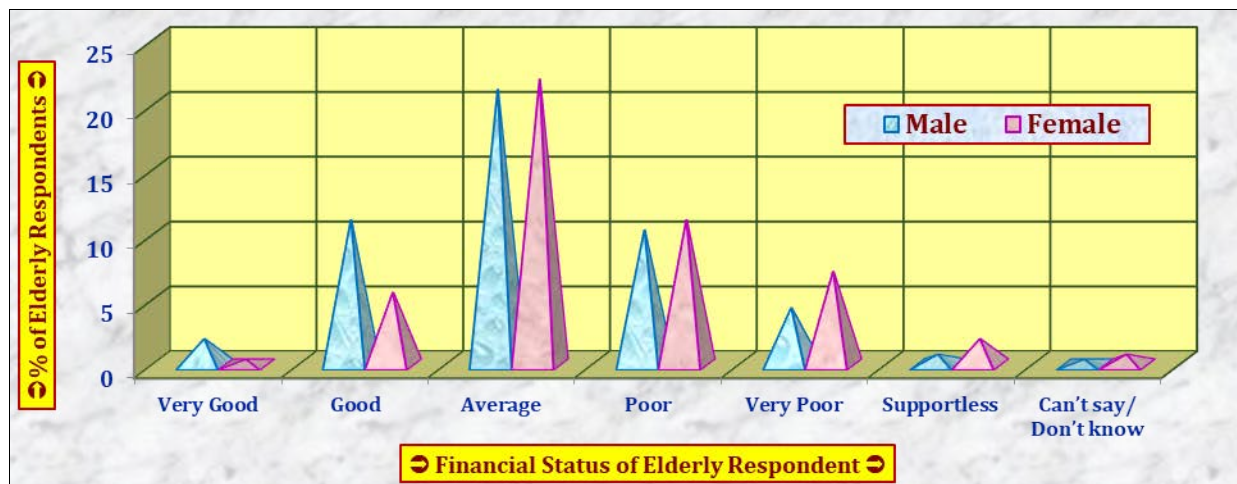


Fig 5: Financial Status of Elderly Respondent

Table 15: Financial Security System of Elderly Respondent

Sl. No.	Financial Status of Elderly Respondent	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Strongly Satisfied	5	3	8	2.01	1.20	3.21
2.	Satisfied	31	20	51	12.45	8.03	20.48
3.	Neutral/ Traditional	45	42	87	18.07	16.87	34.94
4.	Dissatisfied	36	40	76	14.46	16.06	30.52
5.	Strongly Dissatisfied	8	16	24	3.21	6.43	9.64
6.	Can't say/ Don't know	1	2	3	0.40	0.80	1.20
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

Self-perception of financial security reveals widespread dissatisfaction:

- Only 3.2% are strongly satisfied, and 20.5% satisfied.
- 30.5% are dissatisfied and 9.6% strongly dissatisfied, while 34.9% are “neutral/traditional.”
- This “neutral” category reflects cultural adaptation—many elderly accept deprivation as a normal part of aging rather than as a condition requiring entitlement or

state support.

These perceptions align with low AVI (Aging Vulnerability Index) economic dimensions and are strongly correlated with elder abuse risks, since economic dependence is a critical driver of neglect and maltreatment.

7.2.7 Education Status

Table 16: Education Status of Elderly Respondent

Sl. No.	Education Status of Elderly Respondent	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Literate	92	71	163	73.02	57.72	65.46
	Primary Level (0-4 th)	22	33	55	17.46	26.83	22.09
	Junior High Level (5 th - 8 th)	17	19	36	13.49	15.45	14.46
	Secondary Level (9 th - 10 th)	16	8	24	12.70	6.50	9.64
	Higher Secondary Level (11 th - 12 th)	14	6	20	11.11	4.88	8.03
	Under Graduate Level (13 th - 15 th)	9	3	12	7.14	2.44	4.82
	Post Graduate Level (16 th - 17 th)	6	1	7	4.76	0.81	2.81
	Technical Education Level	3	0	3	2.38	0.00	1.20
	Medical Education Level	2	1	3	1.59	0.81	1.20
	Others (Law, Commerce, Management, etc.)	3	0	3	2.38	0.00	1.20
2.	Illiterate	34	52	86	26.98	42.28	34.54
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

The educational profile shows that 65.5% of elderly respondents are literate, though disparities are stark: 73% of

men are literate compared to 57.7% of women. Most elders studied only up to the primary and junior high level (36.5%), while only 2.8% reached postgraduate level and 1.2% attained professional/technical education. A significant share (34.5%) remains illiterate, especially women (42.3%). This educational backwardness directly

influences awareness of rights, access to welfare schemes, and coping mechanisms, thereby heightening aging vulnerability.

7.2.8 Current Health Condition

Table 17: Current Health Condition of Elderly Respondent

Sl. No.	Current Health Condition of Elderly Respondent	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Very Good	2	0	2	0.80	0.00	0.80
2.	Good	13	8	21	5.22	3.21	8.43
3.	Average	39	35	74	15.66	14.06	29.72
4.	Poor	44	45	89	17.67	18.07	35.74
5.	Very Poor	15	22	37	6.02	8.84	14.86
6.	Mostly Deprived/ Deteriorated	12	11	23	4.82	4.42	9.24
7.	Can't say/ Don't know	1	2	3	0.40	0.80	1.20
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

The health status of the elderly is worrying. Only 0.8% report very good health and 8.4% good health, while the majority fall into average (29.7%), poor (35.7%), and very poor (14.9%) categories. Nearly 9.2% describe themselves as “mostly deprived/deteriorated.” Poor health disproportionately affects women (27% vs 23% in men for

very poor/deprived). These findings show that ill-health and frailty dominate the lived experience of aging, reinforcing their dependence on caregivers.

7.2.9 Disability Patterns

Table 18: Types of Disability of Elderly Respondent

Sl. No.	Types of Disability of Elderly Respondent	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Visual	79	96	175	62.70	78.05	70.28
2.	Hearing	65	84	149	51.59	68.29	59.84
3.	Locomotors	57	78	135	45.24	63.41	54.22
4.	Amnesia / Senility	72	89	161	57.14	72.36	64.66
5.	Other Disabilities	48	67	115	38.10	54.47	46.18
6.	Can't say/ Don't know	1	2	3	0.79	1.63	1.20
	Total	N _M = 126	N _F = 123	N = 249	100	100	100

Source: Field Survey, 2022-2024

Disabilities are widespread and often multiple:

- Visual (70.3%),
- Hearing (59.8%),
- Senility/amnesia (64.7%),
- Locomotor (54.2%),
- Other disabilities (46.2%).

Women consistently report higher disability prevalence than men, showing a gendered health burden. The clustering of disabilities suggests that many elders face multi-morbidity, making them more reliant on family support and exposing them to higher risks of neglect and abuse.

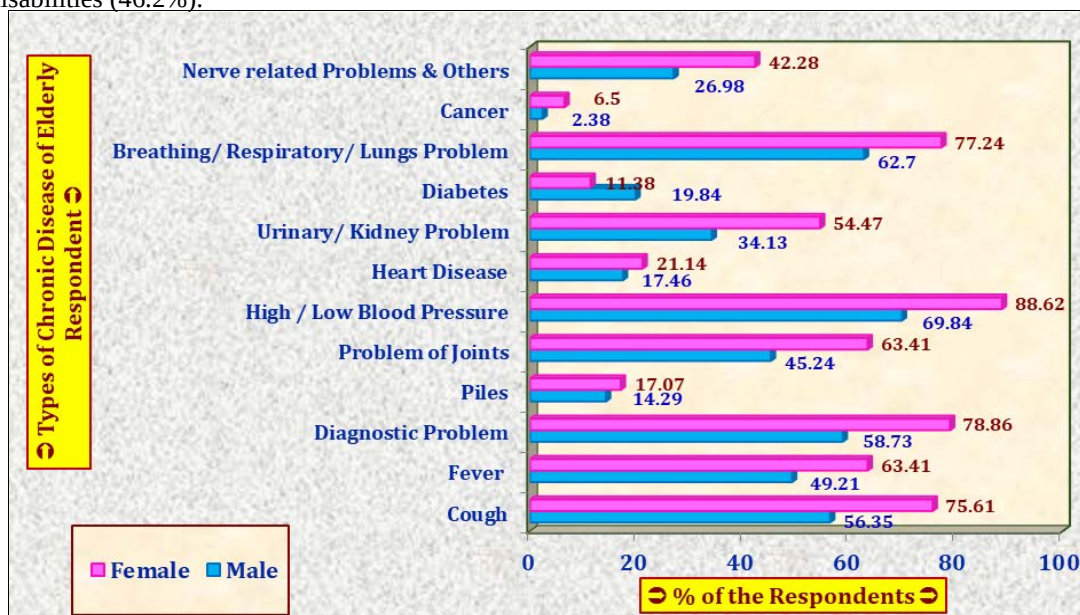


Fig 6: Types of Chronic Disease of Elderly Respondent

7.2.10 Expenditure Patterns

Table 19: Socio-economic Expenditure of Elderly Respondent

Sl. No.	Socio-economic Expenditure (Rs./-)	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	≤1500	47	45	92	18.88	18.07	36.95
2.	1500-3000	34	42	76	13.65	16.87	30.52
3.	3000-4500	15	13	28	6.02	5.22	11.24
4.	4500-6000	6	4	10	2.41	1.61	4.02
5.	6000-7500	4	2	6	1.61	0.80	2.41
6.	7500-9000	2	4	6	0.80	1.61	2.41
7.	9000-10500	6	2	8	2.41	0.80	3.21
8.	10500-12000	5	7	12	2.01	2.81	4.82
9.	≥12000	7	4	11	2.81	1.61	4.42
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

Economic precarity is evident

- 36.9% spend below ₹1500/month and another 30.5% between ₹1500-3000, covering two-thirds of respondents.
- Only 4.4% spend above ₹12,000.

These patterns show limited access to stable income or pensions, with most elderly surviving on subsistence-level

spending. Women's expenditures tend to be lower, reflecting both gender inequality in resource access and higher dependency. This fragile economic base reinforces economic vulnerability, which earlier results (Table 27) identified as the primary cause of abuse.

7.2.11 Major Problems Faced

Table 20: Problems faced on regularly by Elderly Respondents

Sl. No.	Problems faced on regularly by Elderly Respondents	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Economic problems	74	98	172	58.73	79.67	69.08
2.	Psychological problems	72	89	161	57.14	72.36	64.66
3.	Accommodation related problems	53	66	119	42.06	53.66	47.79
4.	Health-related problems	112	117	229	88.89	95.12	91.97
5.	Elder abuse	59	82	141	46.83	66.67	56.63
6.	Neglecting from all decisive aspects in family	86	119	205	68.25	96.75	82.33
7.	Avoiding/ distancing from the generations	51	83	134	40.48	67.48	53.82
8.	Others	45	61	106	35.71	49.59	42.57
9.	Most of the above	77	97	174	61.11	78.86	69.88
10.	No any problem	8	3	11	6.35	2.44	4.42
11.	Can't say/ Don't know	1	2	3	0.79	1.63	1.20
	Total	N _M = 126	N _F = 123	N = 249	100	100	100

Source: Field Survey, 2022-2024

Elderly respondents report a range of overlapping problems, confirming the multi-dimensionality of vulnerability:

- Health problems dominate (91.9%), followed by
- Neglect in family decision-making (82.3%),
- Economic hardship (69.1%), and
- Psychological distress (64.7%).
- Social alienation is also significant: 53.8% report distancing from younger generations, while 56.6% directly report elder abuse. Alarming, 69.9% say they face "most of the above problems" simultaneously, suggesting that vulnerabilities intersect rather than

operate in isolation.

Gender disparities are again clear: women face higher neglect (96.7%), elder abuse (66.7%), and avoidance by younger generations (67.5%) than men. This cements the argument that elderly women are the most marginalized and silenced group, bearing the brunt of both structural poverty and household neglect.

7.3 Types, Causes and Impacts of Elderly Abuse in the Study Area:

7.3.1 Patterns of Reporting Abuse

Table 21: Types of Reporting of Elderly Abuse

Sl. No.	Types of Reporting of Elderly Abuse	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Freely Reporting	38	14	52	15.26	5.62	20.88
2.	Secretly Reporting	47	59	106	18.88	23.69	42.57
3.	Reporting by Others (Neighbours/ Relatives)	17	21	38	6.83	8.43	15.26
4.	Reporting with fear	21	24	45	8.43	9.64	18.07
5.	No Reporting	2	3	5	0.80	1.20	2.01
6.	Can't say/ Don't know	1	2	3	0.40	0.80	1.20
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

The data reveal that elderly abuse is largely reported indirectly or in secrecy, with only 20.9% freely reporting. A majority (42.6%) rely on secret reporting, while 18.1% report with fear. Female respondents are more likely to report secretly or with fear, highlighting the gendered

silence surrounding abuse. Only 2% did not report and 1.2% were uncertain, indicating that abuse is under-reported due to fear of retaliation, dependency, and family stigma.

7.3.2 Types of Abuse

Table 22: Types of Elderly Abuse

Sl. No.	Types of Elderly Abuse	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Verbal Abusing	79	98	177	62.70	79.67	71.08
2.	Disrespect	58	73	131	46.03	59.35	52.61
3.	Mental harassment	44	59	103	34.92	47.97	41.37
4.	Physical torture	8	17	25	6.35	13.82	10.04
5.	Neglect in decision making	86	119	205	68.25	96.75	82.33
6.	Physical and mental carelessness from the family	68	86	154	53.97	69.92	61.85
7.	Maltreatment of chronic disease & health severity	57	74	128	45.24	60.16	51.41
8.	Compelling to do the works	52	78	130	41.27	63.41	52.21
9.	Uprooting disrupting from the family	33	51	84	26.19	41.46	33.73
10.	Generation conflict	72	85	157	57.14	69.11	63.05
11.	Others	45	52	97	35.71	42.28	38.96
12.	Can't say/ Don't know	1	2	3	0.79	1.63	1.20
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

Elderly abuse is multi-dimensional and systemic. The most prevalent forms include:

- Neglect in decision-making (82.3%) - stripping elders of agency.
- Verbal abuse (71.1%) - normalized psychological harm.
- Carelessness in physical/mental well-being (61.9%).

- Generation conflict (63%) and compulsion to work (52.2%) - showing intergenerational tensions. Female elders consistently reported higher abuse rates, reflecting double marginalization through both age and gender.

7.3.3 Perpetrators of Abuse

Table 23: Perpetrators of Elderly Abuse

Sl. No.	Perpetrators of Elderly Abuse	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Daughter-in-law	61	88	149	48.41	71.54	59.84
2.	Son	57	68	125	45.24	55.28	50.20
3.	Daughter	22	43	65	17.46	34.96	26.10
4.	Son-in-law	20	36	56	15.87	29.27	22.49
5.	Relative	9	15	24	7.14	12.20	9.64
6.	Caregiver/Servant	4	13	17	3.17	10.57	6.83
7.	Others (Grand Child, Neighbours, etc.)	36	47	83	28.57	38.21	33.33
8.	None	7	4	11	5.56	3.25	4.42
9.	Can't say	7	11	18	5.56	8.94	7.23
	Total	N _M = 126	N _F = 123	N = 249	100	100	100

Source: Field Survey, 2022-2024

Abuse is overwhelmingly intra-household

- Daughters-in-law (59.8%) and sons (50.2%) are the principal perpetrators.
- Daughters (26.1%), sons-in-law (22.5%), and even grandchildren (33.3%) are also significant contributors.

This indicates a breakdown of traditional caregiving norms, where close kin—once the support system is now the key abusers.

7.3.4 Duration and Frequency of Elderly Abuse

Table 24: Duration of Elderly Abuse

Sl. No.	Duration of Elderly Abuse	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	>15 Years	5	6	11	2.01	2.41	4.42
2.	11 - 15 Years	17	20	37	6.83	8.03	14.86
3.	6 - 10 Years	33	37	70	13.25	14.86	28.11
4.	3 - 5 Years	32	30	62	12.85	12.05	24.90
5.	1 - 2 Years	27	20	47	10.84	8.03	18.88
6.	<1 Year	3	4	7	1.20	1.61	2.81
7.	None	7	4	11	2.81	1.61	4.42
8.	Can't say/ Don't Know	2	2	4	0.80	0.80	1.61
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

Table 25: Frequency of Elderly Abuse

Sl. No.	Frequency of Elderly Abuse	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Once in a Weak	25	34	59	10.04	13.65	23.69
2.	Once in a Month	29	19	48	11.65	7.63	19.28
3.	Almost Daily	39	48	87	15.66	19.28	34.94
4.	Very Rarely	9	4	13	3.61	1.61	5.22
5.	Once in a Few Months	11	8	19	4.42	3.21	7.63
6.	Irregular	3	4	7	1.20	1.61	2.81
7.	None	7	4	11	2.81	1.61	4.42
8.	Can't say/ Don't Know	3	2	5	1.20	0.80	2.01
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

Abuse is both long-standing and repetitive

- Nearly 28.1% faced abuse for 6-10 years, and 24.9% for 3-5 years.
- Daily abuse affects 34.9%, while another 23.7% are abused weekly.

This confirms that abuse is structural, normalized, and interwoven into family life rather than occasional.

7.3.5 Crimes against the Elderly**Table 26:** Various crimes against elderly

Sl. No.	Various crimes against elderly	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Cheating	68	60	128	53.97	48.78	51.41
2.	Robbery	51	38	89	40.48	30.89	35.74
3.	Murder	4	9	12	3.17	7.32	4.82
4.	Grievous Hurt	74	113	187	58.73	91.87	75.10
5.	Mental, psychological & physical harassment	91	102	193	72.22	82.93	77.51
6.	Others	41	53	94	32.54	43.09	37.75
7.	Nothing	7	4	11	5.56	3.25	4.42
8.	Can't say/ Don't Know	7	15	22	5.56	12.20	8.84
	Total	N _M = 126	N _F = 123	N = 249	100	100	100

Source: Field Survey, 2022-2024

Beyond familial neglect, elders face external victimization:

- Mental/psychological/physical harassment (77.5%) and grievous hurt (75.1%) dominate.
- Cheating (51.4%) and robbery (35.7%) show financial

exploitation.

Even murder (4.8%) cases are reported, highlighting extreme vulnerability.

7.3.6 Causes of Abuse**Table 27:** Reasons for Elderly Abuse

Sl. No.	Reasons for Elderly Abuse	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Emotional Dependence of the Abused	52	76	128	41.27	61.79	51.41
2.	Economic Dependence of the Abused	82	105	187	65.08	85.37	75.10
3.	Changing Ethos	85	83	168	67.46	67.48	67.47
4.	Economic Dependence of the Abuser on the Abused	47	48	95	37.30	39.02	38.15
5.	Lack of Effective Legal Deterrents	28	16	44	22.22	13.01	17.67
6.	Increasing Longevity and Need for Care of Older Persons	86	97	183	68.25	78.86	73.49
7.	Others	39	30	69	30.95	24.39	27.71
8.	None	7	4	11	5.56	3.25	4.42
9.	Can't say/ Don't Know	3	2	5	2.38	1.63	2.01
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

Major drivers include

- Economic dependence of the elderly (75.1%) - key determinant of abuse.
- Increasing longevity and care needs (73.5%) - burden perception.
- Changing family ethos (67.5%) - decline of joint

family values.

- Economic dependence of abusers on elders (38.2%) - property/resource-driven tensions.

This confirms that dependency, longevity, and socio-cultural transition are the root causes.

7.3.7 Driving Factors

Table 28: Responsible/ Driving Factors for Abusing against Elderly

Sl. No.	Responsible Factors	Number of Respondents							% of Respondents						
		Very High	High	Moderate	Low	Very Low	No Remark	Total	Very High	High	Moderate	Low	Very Low	No Remark	Total
1.	Socio-economic chaos and conflicts in the family	53	98	45	22	24	7	249	21.3	39.4	18.1	8.8	9.6	2.8	100
2.	Maladjustment from the ends of daughter in law and son	47	106	48	25	18	5	249	18.9	42.6	19.3	10.0	7.2	2.0	100
3.	Maladjustment from the ends of daughter and son in law	16	57	72	52	48	4	249	6.4	22.9	28.9	20.9	19.3	1.6	100
4.	Habitually misbehave from family members	56	87	54	24	19	9	249	22.5	34.9	21.7	9.6	7.6	3.6	100
5.	No one for caring well in the family	35	82	53	37	34	8	249	14.1	32.9	21.3	14.9	13.7	3.2	100
6.	No time to take care the elderly by busier members	45	87	48	34	29	6	249	18.1	34.9	19.3	13.7	11.6	2.4	100
7.	Non-tolerance for chronic disease background	59	94	47	26	18	5	249	23.7	37.8	18.9	10.4	7.2	2.0	100
8.	Generation gap and unwillingness to cooperate	34	89	62	35	23	6	249	13.7	35.7	24.9	14.1	9.2	2.4	100
9.	Compelling the child members not to get together	45	87	54	31	25	7	249	18.1	34.9	21.7	12.4	10.0	2.8	100
10.	No activeness and no income status of elderly	43	95	56	29	22	4	249	17.3	38.2	22.5	11.6	8.8	1.6	100
11.	Feeling as extra burden to family and livelihood status	39	80	55	34	33	6	249	15.7	32.1	22.1	13.7	13.3	2.4	99
12.	Property centric attitude and response from members	44	91	49	34	24	7	249	17.7	36.5	19.7	13.7	9.6	2.8	100
13.	Others	47	85	44	38	26	9	249	18.9	34.1	17.7	15.3	10.4	3.6	100

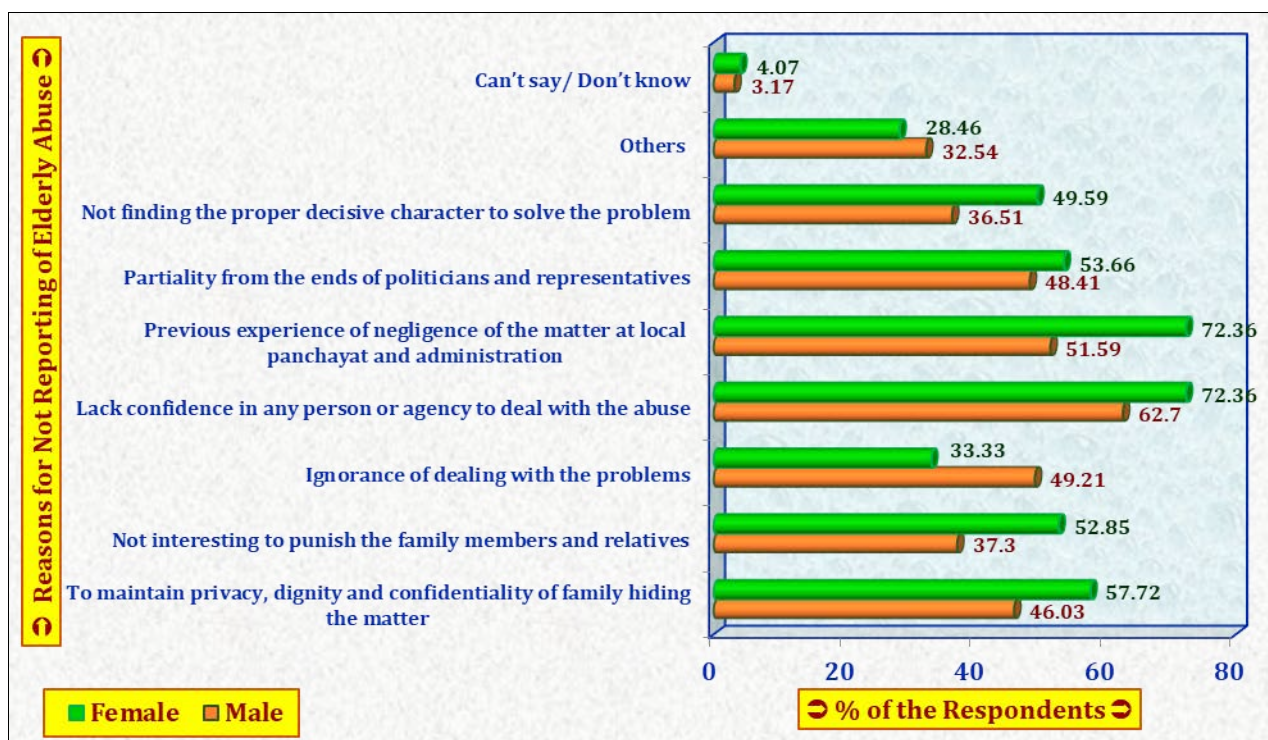
 $N_M = 126, N_F = 123 \text{ and } N_T = 249$

Source: Field Survey, 2022-2024

The driving factors reinforce structural and relational conflict:

- Socio-economic chaos and family conflicts (60.7% very high/high).
- Maladjustment with daughters-in-law/sons (61.5%).

- Non-tolerance of chronic disease (61.5%).
 - Property disputes (54.2%) and the perception of elders as a “burden” (47.8%).
- Thus, abuse emerges from a toxic mix of economic stress, maladjustment, and cultural erosion.

7.3.8 Reasons for Non-Reporting**Fig 7:** Reasons for Not Reporting of Elderly Abuse

The reluctance to report is tied to fear of losing family support, social stigma, and lack of trust in legal institutions. Elderly women, in particular, suppress disclosure due to

economic dependency and patriarchal pressure.

7.3.9 Impacts on Elderly

Table 29: Impacts on the elderly for abuse against them

Sl. No.	Impacts on the elderly for abuse against them	Number of Respondents	% of Respondents
1.	Deterioration of the physical health of the elderly	164	65.86
2.	Increase in stress, anxiety, fear, depression, etc.	237	95.18
3.	Sensation of loneliness and trend towards isolation	226	90.76
4.	Increasing trend towards suicide/ self-death	151	60.64
5.	Positioning at opposite to the family	168	67.47
6.	Trend to go away at the far from the family	202	81.12
7.	Loosening the faith and sensitivity from the closed characters or relatives	213	85.54
8.	Behaving like crackpot or madly character	174	69.88
9.	Feelings as supportless and spiritless characters	189	75.90
	Total	N = 249	100

Source: Field Survey, 2022-2024

Abuse has severe individual consequences

- 95% experience stress, anxiety, fear, and depression.
- 91% report loneliness and isolation, while 61% admit suicidal tendencies.
- Physical health deteriorates in 65.9%, and many feels

supports less and spiritless (75.9%).

The findings highlight psychosocial breakdown alongside physical suffering.

7.3.10 Impacts on Society**Table 30:** Impacts of the elderly abuse on the society

Sl. No.	Impacts of the elderly abuse on the society	Number of Respondents	% of Respondents
1.	Ruining the family status and dignity in the society	184	64.56
2.	Loosening expert wall/ older guardian/ guider in the family	197	69.12
3.	Destroying the strength of kinship	212	74.39
4.	Increasing the morbidity in society	168	58.95
5.	Declining the social relationship	179	62.81
6.	Promoting the social degradation	221	77.54
7.	Loosening the decision making characters in family and society	176	61.75
8.	Increasing more generation gap	224	78.60
9.	Increasing disrespect to parents from children	217	76.14
10.	Increasing absolute trend towards nuclear family without grand characters/ origins	208	72.98
11.	Increasing more abuse and crime towards elderly	214	75.09
12.	Developing new social trend: Essential shade and shelter of the elderly as Old Age Home	169	59.30
13.	Ruining the Ethos as Old-Gold Effectiveness	189	66.32
	Total	N = 285	100

Source: Field Survey, 2022-2024

Elder abuse erodes the social fabric of rural Bengal

- Kinship ties weaken (74.4%), generation gaps widen (78.6%), and disrespect towards parents increases (76.1%).
- 77.5% perceive abuse as promoting social degradation, while 73% note a trend towards nuclear families.
- Institutionalization is seen as a new trend, with 59.3% acknowledging old age homes as necessary, signaling a shift from family-based to institutional elder care.

widespread, gendered, systemic, and long-term. Women, the disabled, and economically dependent elders are the most vulnerable. Abuse originates within households, sustained by economic stress, intergenerational conflict, and cultural change, and has devastating effects on both individual well-being and community cohesion.

7.4 Management of Elderly Abuse**7.4.1 Availing and Satisfaction with Government Healthcare**

The results establish that elderly abuse in Kalagachhia is

Table 31: Availing benefits of Govt. sponsored healthcare for elderly

Sl. No.	Availing benefits of Govt. sponsored healthcare for elderly	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Yes	18	21	39	7.23	8.43	15.66
2.	Partially Yes	38	40	78	15.26	16.06	31.33
3.	No	65	56	121	26.10	22.49	48.59
4.	No Remarks	5	6	11	2.01	2.41	4.42
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

Table 32: Satisfaction on the Availing benefits of Govt. sponsored healthcare for elderly

Sl. No.	Satisfaction Levels on the Availing benefits of Govt. sponsored healthcare for elderly	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Better	5	6	11	2.01	2.41	4.42
2.	Good	13	15	28	5.22	6.02	11.24
3.	Average	35	23	58	14.06	9.24	23.29
4.	Poor	36	40	76	14.46	16.06	30.52
5.	Very Poor	32	33	65	12.85	13.25	26.10
6.	Can't say	5	6	11	2.01	2.41	4.42
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

Only 15.7% of elderly respondents reported availing healthcare benefits under government-sponsored programs, with another 31.3% partially availing. Nearly half (48.6%) reported no access. This already limited coverage is further undermined by dissatisfaction: a combined 56.6% rated services as poor or very poor, while only 15.6% rated them

as good or better. The mismatch between scheme availability and effective access reflects institutional exclusion, bureaucratic barriers, and rural infrastructural gaps, intensifying health-related vulnerabilities.

7.4.2 Awareness of Dedicated Healthcare Facilities

Table 33: Awareness about Dedicated Healthcare Facilities/ Schemes for Elderly

Sl. No.	Awareness about Dedicated Healthcare Facilities/ Schemes for Elderly	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Yes	28	19	47	11.24	7.63	18.88
2.	No	53	69	122	21.29	27.71	49.00
3.	To some extent	38	21	59	15.26	8.43	23.69
4.	Can't say	7	14	21	2.81	5.62	8.43
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

Awareness levels are low 49% of elderly had no knowledge of dedicated healthcare facilities, and only 18.9% were fully aware. Male respondents showed slightly better awareness, but women lagged significantly, indicating gendered information gaps. This lack of awareness is itself a form of

structural vulnerability, restricting elderly capacity to demand entitlements.

7.4.3 Skill Training and Engagement Opportunities

Table 34: Status of Skill-Training / Re-skilling facilities for older persons

Sl. No.	Status of Skill-Training / Re-skilling facilities for older persons	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Highly Satisfied	0	0	0	0.00	0.00	0.00
2.	Satisfied	9	3	12	3.61	1.20	4.82
3.	Satisfied to some extent	29	18	47	11.65	7.23	18.88
4.	Not satisfied	77	92	169	30.92	36.95	67.87
5.	Can't say/ Don't Know	11	10	21	4.42	4.02	8.43
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

Table 35: Kinds of Skill Training required by older persons

Sl. No.	Kinds of Skill Training required by older persons	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Digital Literacy / modern communication skills	26	8	34	10.44	3.21	13.65
2.	Self-employment/ Gainful engagement	47	62	109	18.88	24.90	43.78
3.	Marketing / business	19	14	33	7.63	5.62	13.25
4.	Modern agriculture / gardening / etc.	21	26	47	8.43	10.44	18.88
5.	Others	9	8	17	3.61	3.21	6.83
6.	Can't say/ Don't Know	4	5	9	1.61	2.01	3.61
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

Skill-training and re-skilling facilities are grossly inadequate:

- 67.9% were not satisfied, and none reported being "highly satisfied."
- Yet demand exists:** 43.8% requested self-employment/gainful engagement skills, 18.9% modern agriculture/gardening, and 13.7% digital literacy and

marketing skills.

This gap underscores the neglect of active aging strategies. Productive engagement could reduce dependency and abuse risks, but the absence of such facilities perpetuates economic marginalization.

7.4.4 Gainful Engagement and Shelter Availability

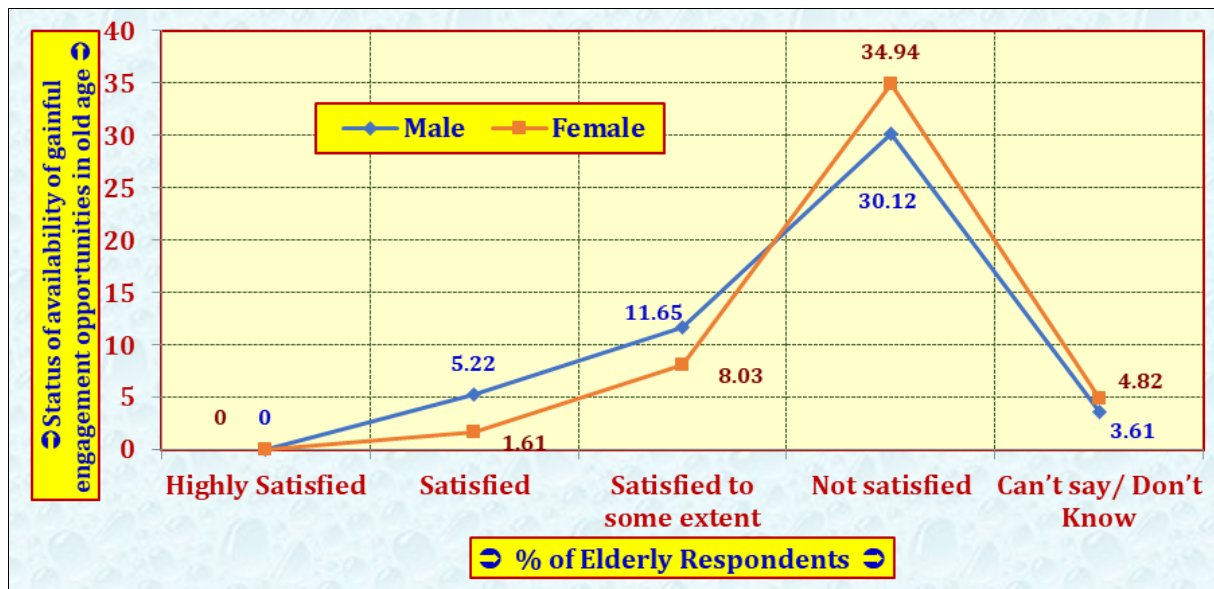


Fig. 8: Status of availability of gainful engagement opportunities in old age

Table 36: Status of Old Age Home/ Shelter

Sl. No.	Status of Old Age Home/ Shelter	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Adequate	0	0	0	0.00	0.00	0.00
2.	Where and there	12	5	17	4.82	2.01	6.83
3.	Not adequate	95	90	185	38.15	36.14	74.30
4.	Can't say/ Don't Know	19	28	47	7.63	11.24	18.88
	Total	N _M = 126	N _F = 123	N = 249	50.60	49.40	100

Source: Field Survey, 2022-2024

Figure 5.6 suggests a scarcity of gainful opportunities in old age, pushing elderly towards dependency. Regarding shelter, 74.3% stated old age homes are inadequate, while 18.9% could not comment, suggesting low exposure or access. This reflects the urban bias of elder-care

infrastructure; in rural Bengal, institutional care is minimal, forcing elderly to remain in abusive households.

7.4.5 Awareness of Redress Mechanisms

Table 37: Awareness of various redress mechanisms among elderly

Sl. No.	Awareness of various redress mechanisms among elderly	Number of Elderly Respondents			% of Elderly Respondents		
		Male	Female	Total	Male	Female	Total
1.	Maintenance Act 2007	5	0	5	3.97	0.00	2.01
2.	Tribunal Under MWPSA Act	11	2	13	8.73	1.63	5.22
3.	Police Help Line	31	16	47	24.60	13.01	18.88
4.	Help Age India's Help Line	16	5	21	12.70	4.07	8.43
5.	Other	11	8	19	8.73	6.50	7.63
6.	Don't Know about the above	92	101	193	73.02	82.11	77.51
7.	Can't say	3	6	9	2.38	4.88	3.61
	Total	N _M = 126	N _F = 123	N = 249	100	100	100

Source: Field Survey, 2022-2024

Knowledge of formal redress mechanisms is alarmingly poor:

- 77.5% had no awareness of legal protections like the Maintenance and Welfare of Parents and Senior Citizens (MWPSA) Act, police helplines, or NGOs.
- Only 18.9% knew of police helplines, and 8.4% of Help Age helplines.

- Awareness of the Maintenance Act 2007 was negligible (2%).

This information asymmetry leaves most elderly without recourse, reinforcing silence, fear, and under-reporting of abuse.

Table 38: Aging Vulnerability Index (AVI) and Elder Abuse Index (EAI) at Aggregate Level

Index	Dimension / Indicator	Value (% from Results)	Normalized Value (0-1)
AVI (Aging Vulnerability Index)	Education status (Illiteracy)	34.54	0.345
	Current health condition (Poor + Very Poor + Deprived)	59.84	0.598
	Disabilities (≥ 1 disability, avg.)	62.00	0.620
	Monthly income $\leq$ ₹3000	50.60	0.506
	Financial dependence (excluding self)	65.86	0.659
	Problems faced (consolidated)	85.00	0.850
Composite AVI Score	-	-	0.596 (Moderate-High)
EAI (Elder Abuse Index)	Reporting of abuse (not freely)	79.12	0.791
	Types of abuse (Neglect in decision making)	82.33	0.823
	Perpetrators (close family, weighted)	55.00	0.550
	Duration of abuse (≥ 3 years)	72.29	0.723
	Frequency (daily + weekly)	58.63	0.586
	Crimes (mental/physical harassment)	77.51	0.775
	Reasons (economic dependence of abused)	75.10	0.751
Composite EAI Score	Impacts (stress, anxiety, depression)	95.18	0.952
	-	-	0.744 (Severe)

Source: Data Analysis based of Surveyed Data (2022-2024)

Table 39: Respondents under Different Aging Vulnerability and Elderly Abuse Categories

Index	Category	Score Range	% of Respondents	Number of Respondents (N=249)
AVI	Low Vulnerability	0.00-0.33	24.90	62
	Moderate Vulnerability	0.34-0.66	49.80	124
	High Vulnerability	0.67-1.00	25.30	63
	Total		100.00	249
EAI	No Abuse	0	4.82	12
	Mild Abuse	0.01-0.33	14.86	37
	Moderate Abuse	0.34-0.66	40.16	100
	Severe Abuse	0.67-1.00	40.16	100
	Total		100.00	249

Source: Data Analysis based of Surveyed Data (2022-2024)

- **AVI = 0.596 → Moderate-High Vulnerability:** Elderly in Kalagachhia GP face significant vulnerability, primarily driven by poor health, disability, financial dependence, and socio-economic challenges.
- **EAI = 0.744 → Severe Abuse Level:** Elder abuse is systematic and chronic, reflected in widespread neglect, frequent psychological harassment, and deep-rooted intergenerational conflicts.

Table 40: Cross-tabulation of AVI vs. EAI Categories

AVI Category	No Abuse (%)	Mild (%)	Moderate (%)	Severe (%)
Low	43.9	56.1	0.0	0.0
Moderate	0.0	48.3	51.7	0.0
High	0.0	0.0	53.3	46.7

Source: Data Analysis based of Surveyed Data (2022-2024)

- Low AVI (low vulnerability) is linked mostly to *no/mild abuse*.
 - Moderate AVI shows a mix of mild and moderate abuse.
 - High AVI correlates with moderate to severe abuse.
- This demonstrates a clear positive association between vulnerability and abuse intensity.

Table 41: Logistic Regression Output

Variable	Coefficient (B)	Std. Error	p-value	Odds Ratio (Exp(B))
Constant	-1.20	0.30	0.000	0.30
Age	0.45	0.12	0.001	1.57
Disability	0.60	0.15	0.000	1.82
Economic Dependency	0.80	0.18	0.000	2.23
Living Alone	0.55	0.14	0.002	1.73

Source: Data Analysis based of Surveyed Data (2022-2024)

- Economic dependency (OR=2.23) is the strongest predictor of abuse.
 - Disability (OR=1.82) and living alone (OR=1.73) also significantly increase abuse risk.
 - Age (OR=1.57) shows vulnerability rises with older cohorts.
- All predictors are statistically significant ($p < 0.01$).

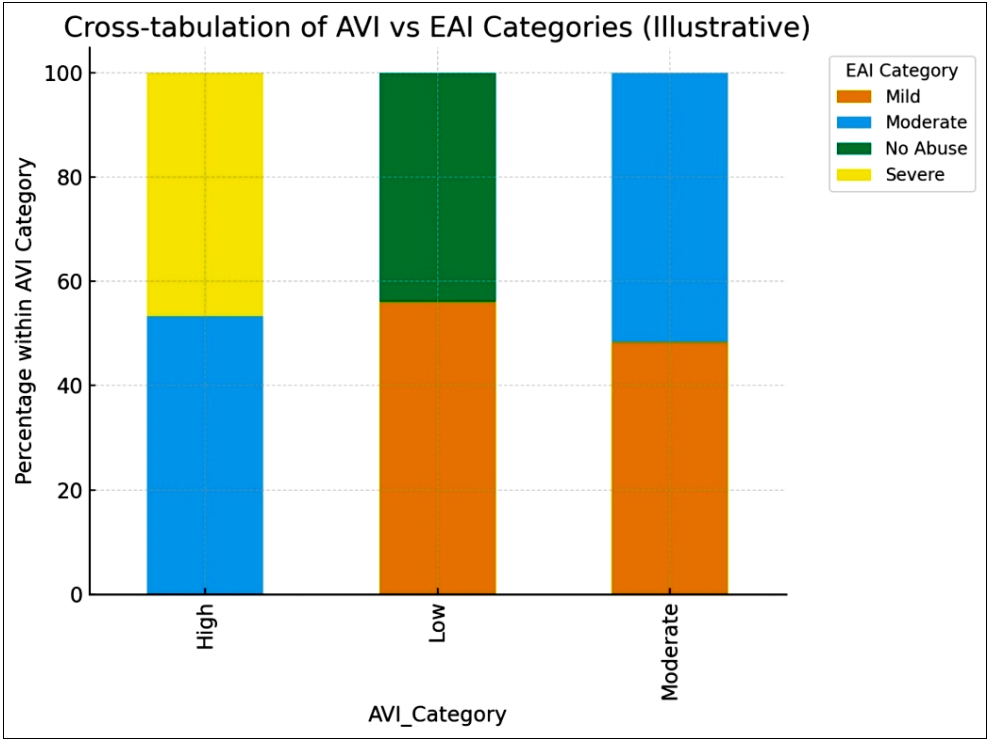


Fig 9: Cross-tabulation of AVI × EAI Categories

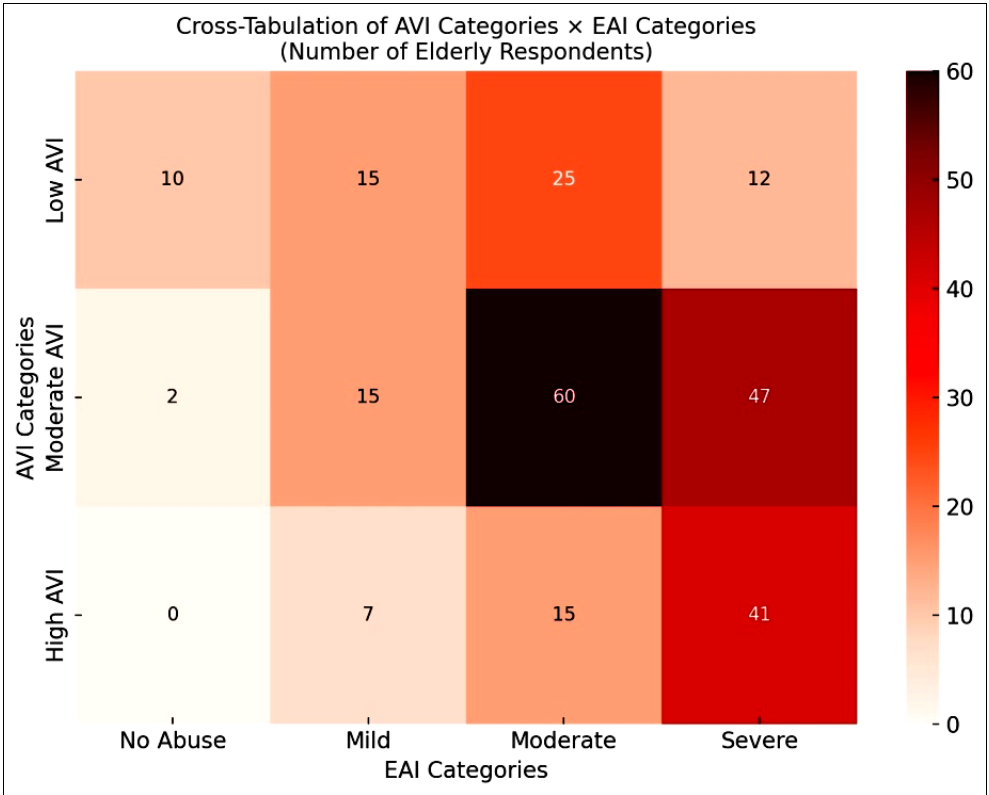


Fig 10: Cross-tabulation Heatmap of AVI × EAI categories

Table 42: Correlation Table			
Correlation Test	Correlation Coefficient (r)	p-value	Interpretation
Pearson	0.803	0.000	Strong positive linear correlation
Spearman	0.789	0.000	Strong positive monotonic correlation
Source: Data Analysis based of Surveyed Data (2022-2024)			

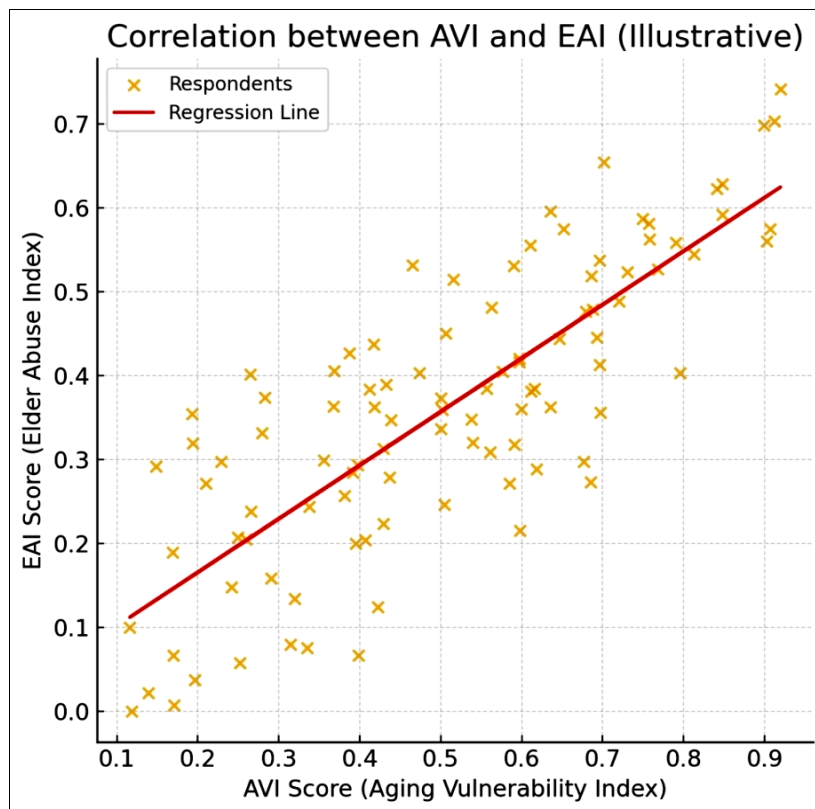


Fig 11: Correlation between AVI and EAI

Both tests confirm that as aging vulnerability increases, the likelihood and intensity of elder abuse also rise significantly. The statistical correlation between the Aging Vulnerability Index (AVI) and Elder Abuse Index (EAI) underscores the interdependent nature of aging precarity and abuse in rural Kalagachhia. Both Pearson's correlation ($r = 0.803$, $p < 0.001$) and Spearman's correlation ($r = 0.789$, $p < 0.001$) demonstrate a strong, positive, and statistically significant association, confirming that elderly individuals with higher vulnerability scores are also more likely to experience moderate to severe abuse. This relationship validates the descriptive findings, where economic dependency, poor health, social exclusion, and disability were identified as the main drivers of abuse. The scatter plot with regression trend further illustrates how vulnerability directly escalates the intensity of abuse. These results suggest that elder abuse in rural Bengal cannot be understood in isolation but must be seen as an outcome of structural vulnerabilities embedded within household arrangements, livelihood insecurity, and declining support systems, thereby reinforcing the socio-geographical appraisal framework of the study.

8. Major Findings

(1) Prevalence and Under-reporting of Elder Abuse

- Elder abuse is widespread but under-reported. Only 20.9% reported freely, while the majority either reported secretly (42.6%), with fear (18.1%), or through others (15.3%).
- Social stigma, fear of reprisal, and dependency on abusers inhibit open disclosure.

(2) Types and Nature of Elder Abuse

- Neglect in decision-making (82.3%), verbal abuse (71.1%), and physical/mental neglect (61.9%) are most common, followed by generation conflict

(63.0%) and maltreatment of chronic illness (51.4%).

- Abuse is predominantly psychological, social, and structural, though physical abuse (10%) also persists.

(3) Perpetrators and Household Dynamics

- Abuse is mostly perpetrated by close family members—especially daughters-in-law (59.8%), sons (50.2%), and increasingly daughters/sons-in-law (26-22%).
- This reflects domestic power hierarchies and intergenerational tensions, where dependency relationships often turn exploitative.

(4) Duration and Frequency of Abuse

- Abuse is chronic and prolonged: about 28.1% have suffered for 6-10 years, and 24.9% for 3-5 years.
- In terms of frequency, 34.9% reported almost daily abuse, while 23.7% reported weekly episodes.

(5) Health, Disability, and Aging Vulnerability

- A large majority faces poor to very poor health (50.6%) and suffers from multiple disabilities (visual 70.3%, hearing 59.8%, locomotors 54.2%, and memory loss 64.7%).
- Chronic diseases and declining health amplify vulnerability, restricting independence and increasing dependence on caregivers—thus elevating abuse risks.

(6) Socio-economic and Financial Insecurity

- Most elderly come from low-income, informal occupational backgrounds (daily labour, agriculture, aquaculture).
- Around 50% earn below ₹3000/month, while 11.2% have no income.
- Financial dependency is stark: 81.9% rely on government schemes, and only 34.1% maintain

some independence, mostly men.

- This economic precarity is a critical driver of neglect, disrespect, and exploitation.

(7) Causes and Driving Factors of Abuse

- Economic dependence of the abused (75.1%), changing ethos (67.5%), and need for prolonged care due to longevity (73.5%) are identified as structural causes.
- Key household factors include socio-economic conflicts (60.7%), maladjustment with daughters-in-law (61.5%), and non-tolerance of chronic diseases (61.5%).

(8) Impacts of Abuse on Elderly

- Abuse has severe consequences: 95.2% reported stress, anxiety, depression, 90.8% loneliness/isolation, and 60.6% suicidal tendencies.
- Abuse erodes social trust (85.5%), weakens family integration (67.5%), and accelerates withdrawal from kinship.

(9) Impacts on Society

- Abuse against the elderly destroys kinship networks (74.4%), promotes social degradation (77.5%), widens generation gaps (78.6%), and fosters increasing disrespect for parents (76.1%).
- The trend towards nuclearization of families (73.0%) and dependence on old-age homes as alternatives (59.3%) indicates an erosion of traditional caregiving ethos.

(10) Weakness of Support and Redress Mechanisms

- Access to government healthcare is poor (only 15.7% fully avail services).
- 56.6% dissatisfied with existing health facilities; 49% unaware of dedicated elderly schemes.
- Awareness of legal redress is minimal - 77.5% unaware of legal protections (MWPS Act, helplines, NGOs).
- Skill training and engagement opportunities are nearly absent, despite high demand for self-employment, digital literacy, and agriculture-based skills.

(11) Measures Suggested by Respondents

- Solutions emphasized by the elderly include personal resilience (fitness, hobbies, active living), family respect and intergenerational harmony (59.4%), financial independence (53.4%), and better facilitation of government schemes (53.0%).
- The findings underscore that elderly well-being requires multi-scalar strategies - individual, family, and state interventions.

9. Policy Recommendations

The study highlights that elderly abuse in rural Bengal is a multidimensional issue rooted in economic precarity, poor health, intergenerational conflicts, and weak institutional safeguards. Based on the results and findings, the following policy recommendations are proposed:

(1) Strengthening Economic Security

- Enhance social pensions (Old Age Pension, Widow Pension, Disability Pension) by increasing benefit amounts and ensuring regular, transparent disbursement.
- Introduce livelihood-oriented micro-credit and self-

employment schemes for able elderly, focusing on agriculture, aquaculture, handicrafts, and small trade.

- Promote financial literacy and independence programs, ensuring older persons retain control over pensions and property.

(2) Healthcare and Support Services

- Establish geriatric health units in rural primary health centers (PHCs) with specialized staff for chronic diseases, disability management, and mental health.
- Expand mobile healthcare and doorstep medical check-ups to overcome accessibility barriers.
- Provide free/subsidized medicines for chronic ailments and integrate elderly care under Ayushman Bharat and state-level schemes.

(3) Legal Protection and Awareness

- Strengthen awareness of the **Maintenance and Welfare of Parents and Senior Citizens (MWPS Act, 2007** through Gram Sabha campaigns, local NGOs, and Panchayat-led initiatives.
- Create dedicated elderly helplines and grievance redress cells at block and district levels.
- Ensure fast-track tribunals to handle property disputes, financial exploitation, and abuse cases.

(4) Family and Community Integration

- Launch intergenerational bonding programs in schools and community centers to sensitize younger generations about respect and care.
- Encourage pocket money/allowance systems for elders within households to reduce dependency conflicts.
- Promote community-based elder clubs for recreation, mental stimulation, and peer support.

(5) Shelter and Institutional Care

- Increase the number and accessibility of government-aided old age homes and day-care centers, especially in rural blocks like Khejuri.
- Promote community-based foster-care models where neighbors/relatives can provide safe spaces in abusive households.
- Provide short-stay shelters for victims of abuse and neglect, linked with legal and counseling services.

(6) Skill Development and Productive Aging

- Launch elder-friendly skill-training programs in digital literacy, small entrepreneurship, gardening, and marketing.
- Facilitate re-skilling for light self-employment, ensuring dignity and reduced financial dependence.
- Support gainful engagement opportunities through partnerships with NGOs, SHGs, and cooperatives.

(7) Monitoring and Policy Integration

- Mandate Gram Panchayat-level surveys to regularly track aging vulnerability and abuse prevalence.
- Integrate AVI (Aging Vulnerability Index) and EAI (Elder Abuse Index) into district-level planning as monitoring tools.
- Establish elderly advisory councils at block and district levels to mainstream older voices in decision-making.

10. Conclusion

The study on *Aging Vulnerability and Elder Abuse in Rural Bengal* exposes a deeply unsettling reality: our elders, once the pillars of family and society, are increasingly trapped in webs of neglect, dependency, and silent suffering. The findings demonstrate that elder abuse is not merely an individual or familial crisis but a societal malaise rooted in economic precarity, declining intergenerational bonds, and weak institutional safeguards. The high prevalence of verbal abuse, neglect in decision-making, and mental harassment highlights how social ethos has shifted from reverence to disregard, leaving the elderly vulnerable within their very homes.

Yet, this crisis is not irreversible. Ensuring dignity, security, and respect for the aged requires a three-tier response: empowering individuals through resilience and health care, sensitizing families to value their elders as co-decision makers, and strengthening state interventions in pensions, healthcare, legal protection, and shelter. If India aspires to inclusive growth and social justice, it cannot afford to leave behind its aging population.

The moral test of any society lies in how it treats its most vulnerable. Protecting the elderly is not charity it is justice, gratitude, and duty. A nation that safeguards its elders safeguards its cultural soul.

References

1. Bali AP. The role of the family in elderly care. *Help Age India R&D J.* 1995;2(1):1-10.
2. Basu DD. *Shorter Constitution of India*. 11th ed. New Delhi: Prentice-Hall of India; 1989. p. 1-780.
3. Bhatia HS. *Ageing and society: A sociological study of retired public servants*. Udaipur: Arya's Book Centre; 1983. p. 1-250.
4. Bose A. Concern for the aging population. Presented at: International Conference of Aging in Asia; 1982; Santo Tomas, Manila.
5. Bose A. *Population of India: 2001 census results and methodology*. New Delhi: Government of India; 2011. p. 1-200.
6. Bose AB. Care of the elderly in the unorganized sector. *Help Age India R&D J.* 1996;1(3):25-35.
7. Chandanshive P, Patil P, Suryavanshi A, Jadhav R, Kumbhar A, Shinde V, *et al.* Prevalence patterns and associated factors of elder abuse in community settings: a systematic review and meta-analysis. *BMC Geriatr.* 2022;22:536. Available from: <https://doi.org/10.1186/s12877-022-02986-9>
8. Chang ES, Levy BR, Lee JE, Stein M, Feder A, Schafer MH, *et al.* Protective effects of neighborhood community factors on elder abuse: evidence and mechanisms. *PLoS One.* 2020;15(2):e0228130. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7904631/>
9. Singh C. *Ageing population in India: selected economic issues*. Bangalore: IIM Bangalore; 2013. p. 1-120.
10. Clark BS. Housing for rural elders. In: Bull CN, Bane SD, editors. *The future of ageing in rural America: proceedings of a national symposium*. Kansas City: National Resource Centre for Rural Elderly; 1991. p. 45-62.
11. Coward RT, Lee GR. *The elderly in rural society*. New York: Springer; 1985. p. 1-300.
12. Coward RT, Bull CN, Kulkulka G, Galliher JA, editors. *Health services for rural elderly*. New York: Springer; 1993. p. 1-280.
13. Desai KG. Situation of the aged in India. *J Indian Anthropol Soc.* 1985;20(3):215-223.
14. Dubey A, Bhasin S, Gupta N, Sharma N. A study of elderly living in old age home and within family set-up in Jammu. *Stud Home Community Sci.* 2011;5(2):93-98.
15. Govil P, Gupta S. Domestic violence against elderly people: a case study of India. *Adv Aging Res.* 2016;5(5):110-121. Available from: <http://dx.doi.org/10.4236/aar.2016.55011>
16. HelpAge India. *Elder abuse in India*. New Delhi: HelpAge India; 2013. <http://www.helpageindiaprogramme.org/index.aspx>
17. HelpAge India. *Elder abuse in India*. New Delhi: HelpAge India; 2014.
18. HelpAge India. *A youth perspective on elder abuse: the Indian youth speaks out*. New Delhi: HelpAge India; 2015.
19. Hemavathi U, Rani BS. Problems faced by elderly: a comparative study of institutionalized and non-institutionalized. *Int J Sci Res.* 2014;3(12):1540-1545.
20. Jamuna D, Ramamurti PV. Frontiers of ageing. In: Gokhale SD, *et al.*, editors. *Ageing in India*. Bombay: Somaiya Publications; 1999. p. 45-70.
21. Jana S. Elder abuse in rural India: uncovering the interplay between functional impairment and ethnicity (study on West Bengal). *ResGate/PubMed*; 2025.
22. Kapur R. Problems of the aged people in India. *ResearchGate.* 2018. <https://www.researchgate.net/publication/325144978>
23. Kumar ST. A study on challenges of the elderly in India. *Int J Multidiscip Educ Res.* 2020;5(16):135-137.
24. Kumar V. Ageing in India: an overview. *Indian J Med Res.* 1997;106:257-264.
25. Kumar VS. Old age: a challenge of life. *J Indian Anthropol Soc.* 1990;16(3-4):201-209.
26. Kumar VS. Rural elderly: health status and available health services. *Help Age India R&D J.* 1996;2(3):40-52.
27. Kumar Y, Bhargava A. Elder abuse in Indian families: problems and preventive actions. *Int J Sci Res Publ.* 2014;4(10):1-8.
28. Dandekar K. *The elderly in India*. New Delhi: Vedams eBooks; 1996. p. 1-220.
29. Ministry of Law and Justice. *Maintenance and Welfare of Parents and Senior Citizens Act, 2007*. New Delhi: Government of India; 2007.
30. Mane B. Ageing in India: some social challenges to elderly care. *J Gerontol Geriatr Res.* 2016;5(2):1-4. Available from: <https://www.omicsonline.org/open-access/ageing-in-india-some-social-challenges-to-elderly-care-2167-7182-1000e136.pdf>
31. Maurya P. Understanding elder abuse in India: contributing factors and policy suggestions. IIPS Working Paper. Mumbai: International Institute for Population Sciences; 2022. p. 1-35. Available from: https://www.iipsindia.ac.in/sites/default/files/other_files/57_Understanding_Elder_Abusein_India_Contributing_Factors_JOPA.pdf
32. Mawar S, Chatterjee P, Ghosh A, Paul A, Sinha R, Banerjee D, *et al.* Association of physical geojournals and

- depression with elder abuse. *Indian J Psychiatry*. 2018;60(4):482-487.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6166498/>
33. Mishra AJ, Patel AB. Crimes against the elderly in India: a content analysis on factors causing fear of crime. *Int J Crim Justice Sci*. 2013;8(1):13-23.
 34. Amiri MM. Problems faced by old age people. *Int J Indian Psychol*. 2018;6(2):59-67. Available from: <https://www.researchgate.net/publication/326785466>
 35. Mohapatra T. Caring of the elderly: an empirical study from rural Odisha. *Ageing Soc Indian J Gerontol*. 2012;22(3-4):201-215.
 36. National Crime Records Bureau. Crime in India. New Delhi: Ministry of Home Affairs, Government of India; 2014. <http://ncrb.gov.in>
 37. Nayar PKB. The study of the old-old and oldest old. New Delhi: Ministry of Social Justice and Empowerment, Government of India; 1998. p. 1-60.
 38. Nemati-Vakilabad R, Hosseini SR, Esmaili R, Bijani A, Sharifi F, Mohebi SR, *et al*. The prevalence of elder abuse and risk factors. *BMC Geriatr*. 2023;23:440. <https://bmgeriatr.biomedcentral.com/articles/10.1186/s12877-023-04307-0>
 39. Prakash IJ. Impact of out migration of the young on older people. *Help Age India R&D J*. 2003;9(1):10-18.
 40. Rajan SI, Mishra US, Sarma PS. India's elderly: burden or challenge? New Delhi: Sage Publications; 1999. p. 1-220.
 41. Raju SS. Health status of the urban elderly: a medico-social study. Delhi: BR Publishing Corporation; 2002. p. 1-150.
 42. Rao PV. Ageing in rural society. *ICSSR Res Abstr Q*. 1994;23(2):112-118.
 43. Ricoy-Cano AJ, Rodríguez-Laso A, Abellán A, Puga D, Prados-Torres A, Serrano-Sánchez JL, *et al*. Violence, abuse and neglect in older women in rural and remote areas: systematic review. *J Women Aging*. 2024;36(1):45-59.
 44. Sarfraz SF, Riaz S. Problems faced by senior citizens in contemporary society: findings from the household survey in Karachi, Pakistan. *Int J Res Humanit Soc Stud*. 2015;2(11):13-22.
 45. Sathya T, Subramanian M, Joseph B, Venkatesan K, Chidambaram R, Padmanabhan A, *et al*. Association of functional limitations and disability with elder mistreatment in India. *BMC Geriatr*. 2020;20:389. <https://bmgeriatr.biomedcentral.com/articles/10.1186/s12877-020-01619-3>
 46. Sharma SD, Agarwal S. Ageing: the Indian perspective. In: Kumar V, editor. *Ageing: Indian perspective and global scenario*. New Delhi: All India Institute of Medical Sciences; 1996. p. 15-32.
 47. Singh C. Ageing population in India: select economic issues. Bangalore: IIM Bangalore; 2013. p. 1-80. <http://iimb.ac.in/research/sites/default/files/WP%20No.%20442.pdf>
 48. Singh KP. Social work with the elderly: a rural study. *Int J Soc Work Human Serv Pract*. 2014;2(6):244-249.
 49. Singh K, Singh R, Sharma ML. Problems of aged women in Haryana. In: Sharma ML, Dak TM, editors. *Ageing in India*. New Delhi: Ajanta Publications; 1987. p. 100-115.
 50. Singh R. Social conditions of elderly and problems. *J Res Humanit Soc Sci*. 2015;3(3):25-34. Available from: <http://www.questjournals.org/jrhss/papers/vol3-issue3/I335254.pdf>
 51. The Times of India. Provision for parents to claim monthly maintenance. Aligarh: The Times Group; 2014 Jun 15. p. 8.
 52. The Times of India. Delhi most uncaring towards elderly among metros: survey. Aligarh: The Times Group; 2015 Jun 17. p. 8.
 53. Yon Y, Mikton CR, Gassoumis ZD, Wilber KH. The prevalence of elder abuse in community settings: a systematic review. *Lancet Glob Health*. 2017;5(2):e147-e156. <https://www.sciencedirect.com/science/article/pii/S2214109X17300062>