

**Research Article**

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Awareness and Perceptions of Health Providers About Health Problems of Rural Tribal Elderly Women

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***Corresponding author:** S Chhabra, Obstetrics Gynecology, Mahatma Gandhi Institute of Medical Sciences, India.**Received Date:** November 18, 2021**Published Date:** December 03, 2021**Abstract**

Health providers, need to be aware of likely health disorders of elderly women as magnitude is big.

Objectives: To know health providers' awareness about health problems of rural elderly women.

Material Methods: After institute's ethics committee's approval study was conducted in 100 villages to get information as per objectives. Health providers, 45 doctors, 65 nurse midwives (NM), 252 Accredited Social Health Activists (ASHAs) were interviewed using pretested questionnaire.

Results: 45 doctors, had awareness of health disorders like, vision, hearing, dental, gynecological, hypertension, diabetes. Forty of 45 doctors had elderly in family who had some ailments, 37 (92.5%) had sought health. All had awareness about schemes elderly could use at least for some disorders. Total 51 of 65 (78.5%) NM had awareness about some disorders, 9 (17.6%) talked about vision, 7 (13.7%) hearing, 8 (15.7%) dental, 12 (23.5%) gynecological disorders, 9 (17.6%) hypertension, 6 (11.8%) diabetes, with some overlap. Of 65 NM 48 had elderly in their families with some ailments, 36 (75%) had sought care. Fifty-three (81.5%) NM had awareness about government's schemes which elderly could use for some disorders. Of 252 ASHAs, only 36 (14.3%) had awareness of some disorders, 7 (19.4%) vision, 5 (13.9%) hearing, 6 (16.7%) dental, 9 (25%) gynecological, 6 (16.7%) hypertension, 3 (8.3%) diabetes, with some overlap. Nobody talked of dangerous disorders which elderly women could have. Total 165 (65.5%) of 252 ASHAs had elderly women in own families but 110 (66.6%) had sought care, significant difference from doctors, nurses and ASHAs (p value <0.05), though it was not 100% even for doctors. Total 207 (82.1%) of 252 had awareness about, schemes which elderly could use.

Conclusion: There was lack of awareness of dangerous health disorders which could occur in elderly women and essentialities of seeking health services, even in doctors.

Keywords: Health providers; Health disorders; Awareness elderly women; Health seeking

Background

It is essential to have inbuilt learning about the disorders which elderly women could have because the magnitude of the disorders which could occur in elderly women, is big. It becomes more important in rural, remote regions where there is lack of resources, access problems and infrastructure. Véron [1] also reported that elderly women might not only suffer from disorders inherent to aging, but also because of sequelae of reproductive health, especially women who have various disorders during pregnancy, birth and postbirth. Elderly women have more chances of dementia too. Women suffer more, also because of their dependence, and role

as care takers of children in addition to lack of health services and resources. Subudhi [2] also opined that tribal populations are the most deprived groups in the country, especially elderly tribal women badly need health care facilities for a healthy life. It is essential that health providers are aware and try to help the elderly women, strengthening communities through mobilization and behavior change for health and wellness. Looking at this felt need they could help the stakeholders, suggest about health needs and services, and even provide feedback for teaching, training of health providers.

Objectives

Objectives of the study were to know local health providers awareness and perceptions about health disorders of elderly women.

Material and Methods

After approval of the ethics committee of the institute, study was conducted in 100 villages to get information as per the objectives from health providers of the villages, Accredited Social Health Activists (ASHAs), nurse midwives (NM) and medical officers working in the region, Primary Health Centers as well as Rural Community Clinics. When community-based mother and child health services were provided to pregnant women, in these villages elderly women of the families asked NM to help them too for their ailments. So, it was decided to find out about their health problems. So, the study was planned and done. In the study [3] it was found that elderly women lived with health problems for which therapies were not difficult even in their own villages by local health providers or by taking them to nearby health facilities where health services were available in the rural remote region itself. In view of this the present study was conducted. After consent, pretested tool was used to get the information from health providers about possible health disorders amongst elderly women and also their own perceptions about health care of elderly women. Total 45 doctors, 65 nurse midwives, and 252 others mainly ASHAs were the study subjects. They were also asked about elderly women in their families with various ailments and whether health care was sought. They were also asked about right place of health care for elderly women and also about their awareness of schemes available which elderly women could use at least for some of the health disorders.

Results

When asked about the disorders which could occur amongst elderly women, all 45 doctors 25 male and 20 females, belonging to upper economic class had awareness of some health disorders which could occur amongst elderly women. But they talked of problems of eyesight, hearing problems, teeth problems, gynecological complaints, hypertension and diabetes. When asked about elderly women in their own families, of the 45 doctors, 40 had elderly in their own family with some or other ailments and 37 (92.5%) of them had sought health care. When asked about best places of health care for the elderly women, of the 45 doctors, 16 (35%) said government hospitals and 29 (65%) said private hospitals. All of them knew about the government's schemes which elderly women could use at least for some of their health ailments.

When the NM were asked about the health disorders of the elderly women, of the 30 NM of 30-34 years, 23 (76.7%) were aware of some health disorders which elderly women could have, 4 (17.4%) said vision problems, 3 (13%) hearing difficulty, 4 (17.4%) teeth disorders, 6 (26.1%) gynecological disorders, 4 (17.4%) said hypertension, and 2 (8.7%) diabetes, with some overlap. Of the 25 NM of 25-29 years, 20 (80%) were aware of some disorders,

which elderly women could have, 3 (15%) said vision, 3 (15%) hearing problems, 3 (15%) teeth problems, 4 (20%) gynecological disorders, 4 (20%) said hypertension, and 3 (15%) said diabetes, no difference with age. Of the 65 NM, 45 were females, 38 (84.4%) had elderly women with some or other disorders in their own family, 27 (60%) had health sought care. When asked about the right place of health care for the elderly women, 17 (63%) said government hospitals, 9 (33.3%) private hospitals, and one (3.7%) said quack. Of the 65 NM, 20 were males and 10 (50%) of them had elderly women in their family with some or other disorders, 9 (90%) had health sought care, statistically significant difference from female NM (p value <0.01). When asked about the place of health care, 4 (44.4%) said government hospitals, 4 (44.4%) private hospitals and 2 (22.2%) said quacks. Of the 65 NM, 10 were from middle economic class and of them, 7 (70%) had awareness about different government schemes which elderly women could use at least for some disorders for health services. Of the 65 NM, 15 were from upper economic class, 10 (66.7%) had awareness about the government schemes which elderly women could use for health services for at least some disorders. On interviewing the ASHAs about the health disorders which could occur amongst elderly women, of the 252 ASHAs, only 36 (14.2%) had some scatchy awareness about some disorders which could occur amongst elderly women, 7 talked about (19.4%) vision problems, 5 (13.9%) hearing difficulty, 6 (16.7%) teeth problems, 9 (25%) said gynecological disorders, 6 (16.7%) said hypertension, and 3 (8.3%) talked about diabetes, with some overlap. Of the 252 ASHAs, 122 were of 30-34 years of them 3 (2.4%) were aware of difficulty in eyesight, 2 (11.8%) hearing difficulty, 3 (17.6%) teeth problems, 6 (35.3%) gynecological disorders, 2 (11.8%) high blood pressure, and one (5.9%) diabetes. Of the 252 ASHAs, 202 were females, of them 130 (64.4%) had elderly in their own family with some or other disorders, 85 (65%) had sought health care. When asked about the right places of health care for elderly, 48 (56.5%) said government hospitals, 29 (34.1%) said private hospitals and 8 (9.4%) said quacks. Of the 50 male ASHAs 35 had elderly in their own families with some as other disorders and 25 (71.4%) had sought health care. When asked about the places of health care, 16 (64%) said government hospitals, 7 (28%) private hospitals and 2 (8%) said quacks. Of the 252 ASHAs, 157 were educated upto secondary level, 114 (72.6%) of them had elderly in their own family with some or other disorders, 71 (62.2%) of them had sought health services. When asked about right places for health care of elderly women, 36 (50.7%) said government hospitals, 26 (36.6%) said private hospitals and 9 (12.7%) said quacks. Of the 50 graduates, 26 (52%) had elderly in their own family, of them 19 (73%) sought health care services, little more than in cases with less education. When asked about right places of health service to elderly women, 12 (63.2%) said government hospitals, and 7 (36.8%) private hospitals. Of the 252 ASHAs, 202 were from middle economic class, 169 (83.6%) of them had awareness about the schemes which elderly women could use, at least for some disorders. Of 15 ASHAs from upper

economic class, 13 (86.7%) had awareness, significantly more than those from lower economic class (p value<0.01), about the schemes which elderly women could use for at least some health disorders. (Table 1,2 &3)

Table 1: Awareness of Disorders and Types of Disorders.

Variable	TOT AL	Awareness Of Disorders				Disorders											
		NO	%	Yes	%	Vi-sion	%	Hear-ing	%	Den-tal	%	Gy-nae	%	Hyper-tension	%	Dia-be-tes	%
DOCTOR		45															
Age																	
25-29	10	0	0	10	100	10	100	10	100	10	100	10	100	10	100	10	100
30-34	35	0	0	35	100	35	100	35	100	35	100	35	100	35	100	35	100
Total	45	0	0	45	100	45	100	45	100	45	100	45	100	45	100	45	100
Sex																	
Male	25	0	0	25	100	25	100	25	100	25	100	25	100	25	100	25	100
Female	20	0	0	20	100	20	100	20	100	20	100	20	100	20	100	20	100
Total	45	0	0	45	100	45	100	45	100	45	100	45	100	45	100	45	100
Education																	
Graduate	10	0	0	10	100	10	100	10	100	10	100	10	100	10	100	10	100
Postgraduate Professional																	
	35	0	0	35	100	35	100	35	100	35	100	35	100	35	100	35	100
Total	45	0	0	45	100	45	100	45	100	45	100	45	100	45	100	45	100
Economic																	
Upper	45	0	0	45	100	45	100	45	100	45	100	45	100	45	100	45	100
Total	45	0	0	45	100	45	100	45	100	45	100	45	100	45	100	45	100
NURSE	65																
20-24	10	2	20	8	80	2	25	1	12.5	1	12.5	2	25	1	12.5	1	12.5
25-29	25	5	20	20	80	3	15	3	15	3	15	4	20	4	20	3	15
30-34	30	7	23.3	23	76.7	4	17.4	3	13	4	17.4	6	26.1	4	17.4	2	8.7
Total	65	14	21.5	51	78.5	9	17.6	7	13.7	8	15.7	12	23.5	9	17.6	6	11.8
Sex																	
Male	20	5	25	15	75	3	20	2	13.3	2	13.3	3	20	3	20	2	13.3
Female	45	9	20	36	80	6	16.7	5	13.9	6	16.7	9	25	6	16.7	4	11.1
Total	65	14	21.5	51	78.5	9	17.6	7	13.7	8	15.7	12	23.5	9	17.6	6	11.8
Education																	
Higher	5	1	20	4	80	0	0	1	25	1	25	1	25	1	25	0	0
Secondary																	
Graduate	60	13	21.7	47	78.3	9	19.1	6	12.8	7	14.9	11	23.4	8	17	6	12.8
Total	65	14	21.5	51	78.5	9	17.6	7	13.7	8	15.7	12	23.5	9	17.6	6	11.8
Economic																	
Upper	15	3	20	12	80	3	25	2	16.7	2	16.7	2	16.7	2	16.7	1	8.3
Upper Middle	40	9	22.5	31	77.5	5	16.1	4	12.9	5	16.1	8	25.8	5	16.1	4	12.9
Middle	10	2	20	8	80	1	12.5	1	12.5	1	12.5	2	25	2	25	1	12.5
Total	65	14	21.5	51	78.5	9	17.6	7	13.7	8	15.7	12	23.5	9	17.6	6	11.8
ASHA	252																
20-24	35	27	77.1	8	22.9	1	12.5	1	12.5	1	12.5	2	25	2	25	1	12.5

25-29	95	84	88.4	11	11.6	3	27.3	2	18.2	2	18.2	1	9.1	2	18.2	1	9.1
30-34	122	105	86.1	17	13.9	3	17.6	2	11.8	3	17.6	6	35.3	2	11.8	1	5.9
Total	252	216	85.7	36	14.3	7	19.4	5	13.9	6	16.7	9	25	6	16.7	3	8.3
Sex																	
Male	50	40	80	10	20	2	20	1	10	2	20	2	20	2	20	1	10
Female	202	176	87.1	26	12.9	5	19.2	4	15.4	4	15.4	7	26.9	4	15.4	2	7.7
Total	252	216	85.7	36	14.3	7	19.4	5	13.9	6	16.7	9	25	6	16.7	3	8.3
Education																	
Secondary	157	136	86.6	21	13.4	5	23.8	3	14.3	4	19	5	23.8	3	14.3	1	4.8
Higher Secondary	45	38	84.4	7	15.6	1	14.3	1	14.3	1	14.3	2	28.6	1	14.3	1	14.3
Graduate	50	42	84	8	16	1	12.5	1	12.5	1	12.5	2	25	2	25	1	12.5
Total	252	216	85.7	36	14.3	7	19.4	5	13.9	6	16.7	9	25	6	16.7	3	8.3
Economic																	
Upper	15	9	60	6	40	1	16.7	1	16.7	1	16.7	1	16.7	1	16.7	1	16.7
Upper Middle	35	25	71.4	10	28.6	2	20	2	20	1	10	2	20	2	20	1	10
Middle	202	182	90.1	20	9.9	4	20	2	10	4	20	6	30	3	15	1	5
Total	252	216	85.7	36	14.3	7	19.4	5	13.9	6	16.7	9	25	6	16.7	3	8.3

Table 2: Own Families Elderly with Disorders and Care Sought.

Variable	Total	Elderly In Family				Health Care Sought					
		No	%	Yes	%	No	%	Yes	%		
Age											
Doctor		45									
25-29	10	3	30	7	70	4	40	6	60		
30-34	35	2	5.7	33	94.3	4	11.4	31	88.6		
Total	45	5	11	40	88.9	8	17.8	37	82.2		
Sex											
Male	25	3	12	22	88	4	16	21	84		
Female	20	2	10	18	90	4	20	16	80		
Total	45	5	11	40	88.9	8	17.8	37	82.2		
Education											
Graduate	10	2	20	8	80	2	20	8	80		
Postgraduate	35	3	8.6	32	91.4	6	17.1	29	82.9		
Professional											
Total	45	5	11	40	88.9	8	17.8	37	82.2		
Economic											
Upper	45	5	11	40	88.9	8	17.8	37	82.2		
Total	45	5	11	40	88.9	8	17.8	37	82.2		
NURSE	65										
20-24	10	5	50	5	50	5	50	5	50		
25-29	25	7	28	18	72	10	40	15	60		
30-34	30	5	17	25	83.3	14	46.7	16	53.3		
Total	65	17	26	48	73.8	29	44.6	36	55.4		
Sex											
Male	20	10	50	10	50	11	55	9	45		

Female	45	7	16	38	84.4	18	40	27	60
Total	65	17	26	48	73.8	29	44.6	36	55.4
Education									
Higher Secondary	5	2	40	3	60	3	60	2	40
Graduate	60	15	25	45	75	26	43.3	34	56.7
Total	65	17	26	48	73.8	29	44.6	36	55.4
Economic									
Upper	15	6	40	9	60	7	46.7	8	53.3
Upper Middle	40	7	18	33	82.5	17	42.5	23	57.5
Middle	10	4	40	6	60	5	50	5	50
Total	65	17	26	48	73.8	29	44.6	36	55.4
ASHA	252								
20-24	35	20	57	15	42.9	25	71.4	10	28.6
25-29	95	33	35	62	65.3	50	52.6	45	47.4
30-34	122	34	28	88	72.1	67	54.9	55	45.1
Total	252	87	35	165	65.5	142	56.3	110	43.7
Sex									
Male	50	15	30	35	70	25	50	25	50
Female	202	72	36	130	64.4	117	57.9	85	42.1
Total	252	87	35	165	65.5	142	56.3	110	43.7
Education									
Secondary	157	43	27	114	72.6	86	54.8	71	45.2
Higher Secondary	45	20	44	25	55.6	25	55.6	20	44.4
Graduate	50	24	48	26	52	31	62	19	38
Total	252	87	35	165	65.5	142	56.3	110	43.7
Economic									
Upper	15	6	40	9	60	8	53.3	7	46.7
Upper Middle	35	20	57	15	42.9	25	71.4	10	28.6
Middle	202	61	30	141	69.8	109	54	93	46
Total	252	87	35	165	65.5	142	56.3	110	43.7

Table 3: Awareness of Governments' schemes for Care of Elderly Women.

Variable	Total	Awareness About Government's Schemes for Elderly Women			
		No	%	Yes	%
Age					
Doctor	45				
25-29	10	0	0	10	100
30-34	35	0	0	35	100
Total	45	0	0	45	100
Sex					
Male	25	0	0	25	100
Female	20	0	0	20	100
Total	45	0	0	45	100
Education					
Graduate	10	0	0	10	100
Postgraduate Professional	35	0	0	35	100

Total	45	0	0	45	100
Economic					
Upper	45	0	0	45	100
Total	45	0	0	45	100
NURSE	65				
20-24	10	2	20	8	80
25-29	25	5	20	20	80
30-34	30	5	16.7	25	83.3
Total	65	12	18.5	53	81.5
Sex					
Male	20	5	25	15	75
Female	45	7	15.6	38	84.4
Total	65	12	18.5	53	81.5
Education					
Higher Secondary	5	2	40	3	60
Graduate	60	10	16.7	50	83.3
Total	65	12	18.5	53	81.5
Economic					
Upper	15	5	33.3	10	66.7
Upper Middle	40	4	10	36	90
Middle	10	3	30	7	70
Total	65	12	18.5	53	81.5
ASHA	252				
20-24	35	20	57.1	15	42.9
25-29	95	15	15.8	80	84.2
30-34	122	10	8.2	112	91.8
Total	252	45	17.9	207	82.1
Sex					
Male	50	20	40	30	60
Female	202	25	12.4	177	87.6
Total	252	45	17.9	207	82.1
Education					
Secondary	157	33	21	124	79
Higher Secondary	45	7	15.6	38	84.4
Graduate	50	5	10	45	90
Total	252	45	17.9	207	82.1
Economic					
Upper	15	2	13.3	13	86.7
Upper Middle	35	10	28.6	25	71.4
Middle	202	33	16.3	169	83.7
Total	252	45	17.9	207	82.1

Discussion

It was found that many health providers lacked awareness of health disorders which elderly women could have. However, they definitely felt the need of knowing and were wanting to learn. They also said that during their training, they did not really learn about problems of elderly women but were learning during their

service. They understood better after a project done about health disorders which elderly women could have. It increased their awareness of disorders which elderly women could have, their sense of responsibility to the communities they belonged, and their communication skills. Such exercises highlighted, health providers own thinking and perceptions. Health providers awareness of

problems of elderly women as part of responsibilities to the society in which they lived, were all essential. Such activities enable them to be thoughtful of the interventions they could undertake in communities for their health with wellness, with the principle of Kern. (i) problem identification and general needs assessment, (ii) targeted needs assessment, (iii) goals and objectives, (iv) educational strategies reformation, (v) implementation added by monitoring as a continuous cycle [4]. Sweet and Smith [5] have reported that in recent years, care has evolved from a traditional top-down model of care for clients to a more collaborative model of care with clients, and now towards a new model of care by clients, where clients are the drivers, and providers are the facilitators. Not surprisingly, clients assign greater value to care when they are direct participants. It's about perceived value and the same can be done about elderly women too. In India half of the elderly are dependent, due to various reasons, with majority elderly women (70%) [6] and their wellness is imperative. D'Souza [7] reported that majority of the elderly in the southern region had good health and were free from ailments. Common prominent ailments were of three types, physical disabilities, impaired eyesight, hearing impairment and gait disorders. Majority of the respondents consulted private practitioners for medical treatment. In the present analysis many providers talked about only some disorders which could occur amongst elderly women. Even doctors did not talk of fatal disorders. Also, many health providers talked about private practitioners for elderly. Jesmin [8] also reported that in the low- and middle-income countries, the growth rate of the population aged 60 or over was three times as high as that of the developed countries and they did not talk of major disorders. It was projected that by 2030, seventy percent of world's elderly will live in low-income countries. This trend suggested an increase of demands for care of the elders. But in these countries, the formal support system for the elderly was limited, and almost all the elderly care was done by the family members.

Because of urbanization, migration, eroding traditional family values, and changing gender roles, these informal caregivers might not be available. So, the health systems need to be such that elderly women could live quality life with wellness. For health and wellness of elderly women, health providers need to be aware of possible health disorders amongst elderly women. However, this was found to be lacking in health providers of rural remote region. Bhat [9] reported that in India the 60 + population constituted over 8 per cent of countries total population. With the increase of the lifespan due to improved health facilities, people in India will live longer compared to their earlier generations. While this increased lifespan of the general population was a good thing, there were ripple effects too. Ageing populations have many problems and health-related issues seem to top the list of their problems. Elderly women become an especially vulnerable group. Keeping this scenario in mind, going beyond the statistics, it is essential to adopt an interdisciplinary approach to analyze the situation and endeavors to suggest both immediate and long-term, well-designed, and functional strategies to reduce the sufferings and

improve the quality of life of elderly women. Sudha [10] from South India revealed that the impact of awareness in health providers family support might change. Fabiano [11] reported that the in illnesses like cancers, cardiac problems. Mohammed [12] reported that there were the researchers also reported that nursing students of Minia university had unsatisfactory level of knowledge regarding elderly care and showed negative attitude towards them. In the present study the health care providers in 100 villages were asked regarding the possible health disorders in elderly women and their perceptions using pretested tool. All 45 doctors, had awareness only about eyesight problems, hearing difficulty, teeth problems, gynecological problems, high blood pressure, and diabetes. But not even doctors talked about stroke, paralysis, cancers, heart attack, chronic bronchitis, fractures, dementia, not even muscle joint problems. When NM were asked about the disorders 51 of 61 (78.5%) had awareness about some problems which elderly women could have, but not comprehensive awareness and many did not even talk of any health disorders which elderly women could have. Those who had awareness also did not talk about myocardial ischemia / infarct, dementia, paralysis, cancers etc. Of the 65 NM 48 had elderly in their family with some or other problems and of them, 36 (75%) had sought health services, not all. So even NM family's elderly with disorders did not seek health care. Ideally there is a need of screening for some disorders in elderly, even if all is well, but health service providers families did not seek care even when had some disorders. Of 53 (51.5%) NM who had some awareness of disorders, all did not know about the financial schemes made available by the governments which elderly women, could use for at least for some ailments. Health providers did not realize the essentialities for screening for disorders. Of the 252 ASHAs, only 36 (14.3%) had some awareness about some problems of elderly, that too only vision problems, hearing difficulty, teeth problems and gynecological disorders, hypertension, or diabetes. On asking about elderly in their own families, 165 (65.5%) of 252 had elderly in their own family but only 110 (43.7%) had availed the health services, significant difference from doctors and nurses (p value <0.01). When service providers were not ensuring health care of elderly women it is difficult to expect them to advice communities. On enquiring about the government schemes which elderly could use, 207 (82.1%) of 252 had awareness about the schemes available which elderly could use for at least some disorders. Schemes as such were not for all the health disorders but some. Health providers even doctors did not know about fatal problems.

Conclusion

There was lack of awareness amongst health providers about health disorders which elderly women which could have. They needed to know the disorders, essentialities of seeking timely health care and right place of health care. Many ASHAs and NM were not aware of any disorders, had not sought health care of their own elderly and talked of quacks also. Even doctors did not talk about dangerous disorders and had not sought health care for 100% elderly women in their own families.

Conflict of interest

No.

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