

## A Socio-Cultural Inspection on the Killing of Elderly People in Tamil Nadu

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### ABSTRACT

Killing of terminally-ill elderly persons is a crime in India and in law, it amounts to murder. But there is a social practice by which ill elderly people are murdered by their own family members. Some of the districts in Tamil Nadu, the Southern State of India have this practice for a very long period. This practice is called “thalaikoothal” in tamil language by which elderly persons, often bed-ridden and terminally-ill, are given a ceremonial oil bath followed by tender coconut water in the belief that it would induce pneumonia, leading to eventual death. (The Hindu, 2010). The present paper attempts to analyze the practice of killing elderly people and to investigate the nature, extent and cause of such practice. The research inquiry found that nearly 26 different methods were adopted to kill the elderly persons.

## 1. INTRODUCTION

In Tamil Nadu there is a social practice by which frail elderly people are killed by their own the family members. Killing of elderly, voluntarily or involuntarily, has been a feature of many societies, from the primitive to the present day. All societies, at some time or the other, have to contend with the issue of dealing with terminal illness entailing great suffering with no hope of improvement. The problem is particularly acute in populations with a growing elderly population who live longer than their predecessors. Increased longevity means there are more elderly people in society. The demographics of elderly are staggering. In 2006, the number and proportion of aged population in India was 83.5 million (7.5 percent of the population). In 2011 it is 94.8 million (8.3 percent) and it is expected to cross the 100 million mark by 2016 (9.3 percent) and rise to 143.7 million people by 2021 (10.7 percent) (Census of India, 2011).

With the substantial increase in ageing population, and the rapid growth of urbanization has resulted in the problem of space crunch in many families in India. People are living in cramped houses and there is little or no space for a bed-ridden old person. Finances are stretched, healthcare is expensive. The problem is more complicated if the ill elderly person is mentally affected (Thilagaraj & Priyamvadhya, 2002). Families face a cruel dilemma of whether to spend scarce resources on the young, investing for their future or to spend on health needs of the elderly at home? Thus, many families face the challenge of inter-generational demands on scarce family resources like space, time and finances. In a no-win competition between generations, the old are fated to lose and suffer discrimination, alienation, neglect and marginalization.

## 2. TRVIEW OF RELATED LITERATURE

There is a term called “Geronticide” which is referred to as the deliberate and systematic killing of the elderly solely because they are elderly, either by others or through social pressure (Posner, 1995: Post, 1991). Thus, the ageing world population raises questions about the experiences of older people, and about the appropriate ways in which their needs – from health to housing to economic security can be met. It problematizes social attitudes to the functions and roles of the elderly. The conception of the elderly as a problem as implied by the demographic statistics pressurizes many societies to abandon older people. But geronticide is not a new phenomenon which has its recent origin. All societies, the so called ‘primitive’, early modern, medieval, colonial, victorian, pre-industrial, industrial and others have regularly practiced geronticide. But the procedure of killing varies from society to society. There was once a law among the people, which appears to have ordered those who were over sixty years of age to drink hemlock, in order that the good might be sufficient for the rest (Jones, 1938). There is also a law that the

elderly should live only for a stipulated number of years, and that at the completion of this period they should make away with themselves of their own accord, by a strange manner of death, for there grows among them a plant of a peculiar nature, whenever a man lies down upon it, imperceptibly and gently he falls asleep and dies (Diodorus, 1838). The simple fact of killing old people is that old age in itself has been one criterion for selecting people to die (Battin, 1992). The violent death of the elderly –geronticide, senecide, and often patricide and matricide happens to the elderly in various ways in which by rationing health resources in favour of other age groups, by ceremonial slaughter where a social group decreed that the individual elder was a hindrance to the society, by attrition under the impact of a modernization process that abandoned impoverished elderly. Every culture has its own rituals, practices and preparations directed to the older person's termination of life (Ashliman, 1999). In Medieval Europe, people remove roof tiles or opening windows widely believed to speed death by giving the departing soul an easier exit. The Australian Aborigines, the Tiwi bury the old people alive (Glascok, 1987). Present-day elderly death-hastening frequently involves bureaucratic disposal in a so-called care home, a twentieth century impersonal termination process with the full knowledge that a quarter part of the elderly persons lifetime will be eliminated in their first residential year (Brogdén, 2001).

Portraying the elderly as a group especially subject to homicidal social pressure varies from place to place. For the most part, the boundary between 'middle age' and 'old age' is one which varies in different situations. In earlier societies 'old' designated people between 35 and 60 years of age, and these indeed were often granted special status and privilege. However, once a person became senile and could no longer contribute to family and society, he or she might be pushed from a position of honour, and even executed or abandoned (Brogdén, 2001). In Western society, the prevailing view in assigning to 'old age' the normal demographic classification of people aged 65 years and over, 'whatever may be their actual situation in terms of professional activity or state of health' (De Jouvenal, 1966). The Nazi creators of the Holocaust designated some elderly people under the category of mentally unfit and disabled to kill under the supervision of the state killing agency the 'Charitable Foundation for Institutional Care'. The rationale offered by Hitler was simple – it would furnish 'a certain saving in hospitals, physicians, and nursing personnel' (Friedlander, 1995). Old age homes amongst others had to be registered with the government in readiness for involuntary euthanasia of the elderly as part of the larger population deemed to be a drain on the state's resources (Friedlander, 1995).

Glascok (1987) illustrates death-hastening through simple abandonment or neglect among the Yakut herders in Siberia. Similarly, aged people are not of favour, they are beaten by their own children and are often forced to leave their dwellings and to beg from house to house. He has also argued that the killing of surplus and dependent individuals, infants and the elderly in order to reduce stress from the environment or fluctuations in the workload, many societies, from the Arctic to the tropics, when they perceived a resource threat to the communal good, might decide to kill expendable persons, thereby stabilizing their conditions. The expendable people were the very young or the very old on the borders of society or the margins of life (Brogdén, 2001). In hunter-gatherer society, it was typically the old-old who were most likely to suffer geronticide. Here, the community must constantly be on the move in search of food and shelter and to avoid falling prey to predators. The old and the sick hindered that mobility. Consequently, geronticide was frequently a means of disposing of those who were relatively immobile and who could not feed themselves (Brogdén, 2001). The reindeer herding people of Northeast Siberia, the Chukchee, commonly practiced direct killing. When an old person was ill he or she would ask the near relatives to kill. The oldest son or daughter then stab the person through the heart with a knife. Other North American indigenous people would hold a final feast for the elderly and smoke a pipe of peace. Then the son would kill the father with a single blow to the head (Brogdén, 2001). In the modern days, the elderly population represent an increasing dilemma for policy makers and resource providers. That problem is indicated by the increased discussion of euthanasia, by public debates over disproportionate dependency costs incurred on elder care and shelter. The elders are already pictured as frequent victims in violent crime in the media – stereotypes abound of older people as prey to homicide and other violence either in the extended household or in the nursing home (Brogdén and Nijhar 2000). There are evidences to prove that killing of elderly is a long established practice in India. Himalayan nomadic tribes have this practice which is mentioned in epics and puranas. Studies show that Rajasthan, Bihar, Madhya Pradesh, Punjab, Orissa, Andhra Pradesh and Tamil Nadu also have this practice of geronticide in India. It is interesting to note that in these above mentioned states, female infanticide is also widely prevalent (Kumar, 1999).

Mahajan (1992) in a study of family violence in India laments economic factors of survival and of urbanization may disrupt traditional affinities with the elderly. Exigencies of economic endurance override cultural tradition. Ideologies of care vary between different societies, and within societies, frequently independently of the economic

structure. Developing societies like India feature a complex web of state, private and voluntary agencies that mediate between the economy and the elderly experience. Nevertheless, there are insights from early studies of relevance to understanding the death-hastening behaviour towards older people in modern industrial society. In such societies, it was typically the very old elderly who were most likely to suffer geronticide. Where death was determined for the elders, it was normally characterized by a liminal period and ceremonies in which the old person was transferred from the present world to the next.

It is observed that in Virudhunagar and other Southern districts in Tamil Nadu seem to have had the practice of killing elderly people. It is also observed that geronticide is condemned as reflecting the callousness and indifference of society. It is said to mirror the selfishness of younger generations waiting to grab property and reveals ungratefulness to the elderly (The Hindu, 2010). Geronticide is not a random act of extermination of elderly, but it is a death ritual provoked by poverty and abetted by custom. An old, ailing individual, with an already weakened immune system is pushed over the edge with oil baths and coconut juice guaranteed to induce a fever that will eventually lead to death. The modus operandi used by the villagers of Virudhunagar district are so certain that as preparations for death-hastening process is under way, family will start arranging for the funeral as well (Times of India, 2015). In a probing report by Tehelka one of the leading magazines, the practice of geronticide is not confined to a particular caste or community. Poverty is the lead cause for geronticide and caste do not play a major role for this practice. The residents of Virudhunagar district are seasonal farm labourers, livestock shepherds or migrant workers in small factories in the nearby industrial hub called Sivakasi. Their mobile lives make it virtually impossible for them to stay home to care of their parents. The report has also mentioned that killing is indeed a brutal solution to financial burdens, but community members claim there is no alternative (Tehelka, 2010). The above mentioned studies and reports highlights the various facets of geronticide in India. This has prompted to write a paper on the practice of killing elderly n Tamil Nadu with the focus of investigating the nature, extent and cause of such practice. This paper seeks to examine the nature, extent, cause and forms of geronticide at district level in Tamil Nadu.

Thalaikoothal is the traditional practice of senicide (killing the elderly) or involuntary euthanasia, by their own family members. Typically, the elderly person is given an extensive oil-bath early in the morning and subsequently made to drink glasses of tender coconut water which results in renal failure, high fever, fits and death within a day or two. This technique may also involve a head massage with cold water, which may lower body temperature sufficiently to cause heart failure. Although thalaikoothal is illegal in India, the practice has long received covert social acceptance as a form of mercy killing, and people seldom complain to the police. Sometimes the family informs their relatives before performing thalaikoothal and the victims sometimes even request it. The wide social acceptance of this practice encourages people to continue killing elderly people in India (Harshvardhan, The Hindu, 2013). *Thalaikoothal* is an age-old social practice in Virudhunagar district which is carried out with the ceremony. Inviting near and dear ones of the frail elderly and to say good bye to terminate his/her life without their knowledge, approval or consent is definitely a crime committed in the pretext of social practice. It is customary to give a person in deathbed with tulsi juice, milk and holy water from river ganga (*Kasi Theertham*) by the family members with the chanting of prayer for the soul to depart with ease and to attain moksha (salvation). By ceremonial slaughter where a social group – tribe, or so-called ‘primitive society’- decreed that the individual elder was a hindrance to the collective (Brogden, 2001). De Beauvoir (1973) cites other Siberian examples of direct geronticide. She emphasizes that such deaths are constructed within a process of ceremonial ritual, which gives positive meaning to the process of life termination. Most societies do not let their old people die like mere animals. Their death is surrounded by ceremony, with significant others giving some semblance of consent. The killing would take place in the presence of the whole community after long, complex ceremonies. For varied reasons, this ritual murder forbids the freedom of the elderly person to live longer life and complete the process of their life span.

#### **Practice of killing elderly people in various districts of Tamil Nadu**

According to 2011 census, Madurai district has a sex-ratio of 990 females for every 1,000 males. Madurai district comprises of 13 taluks, and revenue blocks. The practice of thaliakoothal is prevalent in Usilampatti, Vadipatti, Thirumangalam and Melur taluks of Madurai district. Some of the villages like Kallipatti, Kallikudi, Nalapuram and Agathapatti has more prevalence of this practice. Since most of the villages in the study area has agriculture as their main occupation, the availability of pesticides is rampant. Pesticides are also used to kill the sick elderly. There are also references wherein the pesticides are used as ear drops and the respondents were of the opinion that even the highly qualified medical practitioners may not be able to save the patient. This method of killing is practiced in Usilampatti area of Madurai. There are also few cases used poison tablet, pig tablet, rat tablet (which is used to get rid of pigs and rats in the paddy field) to kill elderly people. The medicine used for withering old coconut trees

(coconut tree tablet) were also given to sick elderly. Madurai district is known for highest incidences of female infanticide cases in Tamil Nadu. The method used to kill female infants are also used in killing elderly in these areas. The poisonous methods used to kill the female infants like using the sap of calotropis or other poisonous plants, crushed oleander seeds which is easily available in that locality are also used for killing elderly people. There are few cases where a native vegetable called “*kachavetti kai*” (in Tamil language) is dried and the seed of the vegetable that is grinded and a pinch of that powder is mixed with coffee or tea and given it to the elderly person for a month. It acts as a slow poison and the people were sure that the death is guaranteed. Many studies have proved that people preferred to use poisonous method than non-poisonous methods to kill female infants as they did not want their infants to suffer for a long time if they use non-poisonous methods (Sasirekha, 2002). Whereas, to kill elderly they prefer non-poisonous methods even if it takes longer to time to kill the elderly person. Force feeding concentrated salt water or very hot chicken soup is used to kill female babies (Krishnasawamy, 1988, Gurusamy and Kubendran, 1991). Same method is reported in many places of Madurai to kill sick elderly. There is another way of killing is by “milk treatment”. When the milk is being poured, the nose is held tight for not allowing the inflow of air into the body. The milk treatment is often preceded by starvation. The family members stop serving the parent solid food for few days. When milk is poured uninterruptedly into the mouth, it goes to the respiratory track. A starving person cannot withstand even a moment’s suffocation and hence within few minutes the elderly person dies (Tehelka, 2010). Dropping a coin into a glass of milk, feeding it to the elderly and forcing them to drink. After boozing the milk, the elderly is devour by the coin and cease to exist (Tehelka, 2010). There is another practice in Madurai district in which the family members take out a sapling from their own land and extract the mud from the root of the sapling and mix it with water and force feed it to the elderly to cause indigestion and creates blockage in the internal system and ultimately it leads to death. The respondents also use more than one method to kill the elderly parents.

There is yet another unique practice of geronticide is more among *Piramalai Kallar* community in Madurai district. Traditionally the *kallars* engaged themselves in martial activities, lending their services as mercenaries to kings. Under the early Tamil Kingdoms of the Chera, Chola and Pandya they were advance guards, spies and guerrilla troopers. During the time of peace and settlement, the Tamil kings employed them as guards for the protection of domestic property and public places in villages. With the decline of the Tamil Kingdoms they were thrown out of employment. Unfortunately, the land they had occupied was also infertile and finding agriculture insufficient for the maintenance some had to resort to alternative means of survival. They were left with the option of stealing, cattle lifting, dacoity and highway robbery. Continuous drought had played much havoc on the economy of some of the taluks like Usilamapatti of Madurai where *Kallars* are more in number. Getting rid of the unproductive people like infants, sick and elderly and dividing the available resources to the rest has become the order of the society which leads to female infanticide and geronticide. This indicates that people belong to this caste consider the killing as a social practice and not as crime. The wider societal acceptance in Madurai paves way for further continuation of this practice to the forthcoming generations, as a result many older person’s right to live as long as they want to live will be denied in a substantial extent. The subculture of the neighborhood also plays an important role in determining the decision of the perpetrators to commit crime. There also may be a link between victimization and offending that is part of a broader cultural belief in the acceptability and sometimes necessity of violence, known as the subculture of violence theory. This theory proposes that for certain subgroups of the population and in certain areas violence is part of a value system that supports the use of violence, in response to disrespect in particular (Wolfgang & Ferracuti, 1967).

Women in rural villages of Tamil Nadu are either illiterates or attained very little education and holding unassumed position in the family and doing domestic chores like cooking, fetching water, fetching fodder and fuel, caretaking the elderly members of the family. With no proper means of subsistence and education women caretakers are burdened more to take care of ill-elderly (Priyamvadha & Ansar, 2010; Priyamvadha, 2013). The decision to kill the elderly person was taken by male members of the family, women also play a major role in facilitating the practice of geronticide. Even though the women’s status in India is often low, men are more frequently the victim of geronticide, the reason behind is the assets are generally in their name, providing an incentive. Also, daughter-in-law who provide most elder care are reluctant to assist men, given social taboos. In addition, some perceive men’s housekeeping skills as limited in male-dominated India, leaving them seemingly dependent (Magnier, 2013). Since this kind of heinous crime is taking place within the four walls of the family, there are bleak chances to get reported to police. Old age in itself is a criterion for selecting people to die (Brogden, 2001). Hence there is no suspicion raised from any member of the society on the death of elderly person.

The practice of elderly killings is widely prevalent in Virudhunagar district. Virudhunagar district is leading in the country in the match industry, fireworks and printing, mostly concentrated in and around Sivakasi. According to 2011 census, Virudhunagar district had the sex-ratio of 1007 females for every 1000 males, much above the national average of 929. The district comprises of nine taluks and the incidences relating to killing of elderly was obtained from 6 taluks namely Ramanagaram, Srivilliputhur, Virudhunagar, Sattur, Aruppukottai and Sivakasi. Unlike Madurai district, Virudhunagar district has more industries than agro-based activities. The practice of geronticide by the modus operandi of “thalaikoothal” is indeed widely prevalent in Virudhunagar district. Only in Virudhunagar district, geronticide is practiced as a ritual murder or ceremonial killing. There are scarce incidences reported in media relating to geronticide in general and “thalaikoothal” in particular from this district. The lower socio-economic condition of the people is said to be the cause for geronticide (Tehelka, 2010). Quack doctors play a major role in this district. For those who choose poisoning as their modus operandi, the local medical practitioners are to be called for assistance. According to them it is just a service to the society and they do not kill the person who has a long life to live and defend that, why should they suffer in poverty. It is estimated that quack doctors charge Rs. 300 to Rs. 3,000 for administering poisonous injection and refuses to disclose the chemical combination of poison. Coconut tree tablet, pig tablet is also used in few cases. It was found that alcohol especially locally manufactured arrack/toddy mixed with tender coconut water is also been given in few cases which resulted in eventual death of the ill-elderly. Aerated cool drinks like coke and pepsy are also force fed to ill-elderly to induce death. Some of the social practices like sati, dowry, and female infanticide etc. are deep rooted into the society. Likewise, geronticide is an age old social practice and it is difficult to completely eradicate the problem from the society (Priyamvadha, 2013). In many pockets of Tamil Nadu, the prevalence of certain superstitious beliefs play truant in the lives of many elderly. Many of the respondents consider that the presence of very old and sick elderly in the family is inauspicious to the family. There is a general belief in the society that killing of an elderly person would ensure subsequent birth of a son in the family (Thilagaraj and Priyamvadhya, 2003). With this kind of superstitious belief few older people were killed in their family.

According to 2011 census, Theni district had a sex-ratio of 991 females for every 1000 males, much above the national average of 929. The district has diverse ethnic group majority being Tamils. Its economy is mostly agricultural. The district comprises of five taluks and the information on geronticide was collected in various villages of 3 taluks namely Theni, Andipatti and Periyakulam. There is a wide spread practice of “Thalaikoothal” in Theni district also. But here after giving oil bath to the elderly, instead of tender coconut water curd (Yoghurt) is given to induce pneumonia. Poison injections are used widely than the other methods. Oleander seeds, pesticides and poison tablets are also used in few cases to kill elderly. Unlike Virudhunagar district, in Theni “Thalaikoothal” is not practiced as a ceremony but they commit this crime within four walls without informing others. There is also a unique practice in Theni district wherein local dais (midwives) or (middlemen) are employed to commit this crime. They examine the pulse of the sick elderly and informs the family members the exact number of days or hours the person would survive. Then the family decides whether to take care of the sick elderly or to kill him/her. Then this middle wife does the job of killing the elderly by holding the nose of the elderly until he/she dies. Poison injections are also used in Theni to kill ill-elderly. It is said that lethal potassium chloride is injected into the elderly person. Sometimes salt is also injected to the elderly person which leads to dehydration, convulsions, hemorrhages of the brain and literally death due to excession injection of salt solution. This technique was originally developed in the concentration camps in Nazi Germany, to traumatize war victims (Goswami, 2007).

### 3. DISCUSSION

People in the above mentioned districts of Tamil Nadu expressed their justification to kill elderly that, to relieve their parents from miseries and sufferings they have killed. – Many of them did not want their parents to suffer during old age. Majority of the elderly are affected by chronic physical and psychological diseases and especially in the old-old category and they suffer to cope up in ADL (Activities of Daily Living). In order to relieve their parents from long sufferings and miseries the offspring took the extreme decision to kill the frail elderly. Diabetes, arthritis, cataract, respiratory problems, dental problems, heart problem, low/high blood pressure, urinary problem, joint/knee problem are some of the common health problems of elderly (Ansar & Priyamvadhya, 2014). Apart from those physical health problems absentmindedness, dementia/Alzheimer are other mental health problems persist in elderly. The deterioration of health of the elderly makes them more dependent on the caretakers of the elderly. Caring is a ‘people industry’ – it is labour intensive. The nature of the dominant activities – washing, feeding and taking care of the older person - cannot be replaced by technology or by machine (Brogden, 2001). The disintegration of joint family system and the emergence of nuclear families also affects the traditional way of care taking of the elders in the family (Gowswamy, 2007). Even the scarce number of caretakers in the family are finding it difficult to distribute the family resources with the growing demands of the sick elderly. Migration of younger generation in

search of better employment and other opportunities to urban areas forces the elderly to lead a solitude life in their village. Caretakers stress and the disease stricken elderly person's sufferings push the children to the level of killing their own parents. But majority of them claim that in such a situation where there is no scope for improvement in the physical or mental health condition the last resort to free them from the suffering is to kill them. Many families consider elderly person as an economic drain on the family's resources. On the other hand, in Madurai the main reason for indulging in such practice is fear of land fragmentation. Some of the taluks of Madurai are occupied by moderately high economic group which has large area of ownership of land. Inheritance of land and other property by the heirs of the elderly person leads to conflict in the family which pushes them to commit geronticide. The use of parental control of economic resources to command their adult children could have negative consequences. Abuse and maltreatment might result from conflicts over property rights, over the failure of the elderly to 'move over' and to surrender their ownership of the household property when they were infirm (Stearns, 1986). Frequent conflict occurred over property inheritance, as sons waited eagerly for their parents to die so that they could inherit their land (Biggs et al., 1995). Hence, the society, community, tribe or the family members kills the elderly. Anti-ageism and classism kill the elderly poor. Blaming the victim has a long and unfortunate pedigree within criminology, in one sense the victims brought death upon themselves. They attracted personal depredations and injury (Brogden, 2001). Here old age in itself is a criterion for selecting people to die. The elderly people are perfect targets and there is nobody to accuse or blame for the offence, nobody to raise alarm, no reason to question the death too closely because of the victim's age. There was no mass public outcry against the perpetrator (Brogden, 2001). There is no sense of guilt among the family members who commit the offence. They consider it as their duty to bid farewell to their parents. There is no formal reporting about the incidence of death or murder in the police station, hence there is no official statistics available on geronticide in Tamil Nadu or in India. Even the legislation pertaining to Elderly people (Maintenance and Welfare of Parents and Senior Citizens Act) does not have any provisions on mandatory reporting by the elder care professionals to the law enforcement agency. Hence, it is difficult to know the magnitude of the problem of geronticide in India.

#### **4. CONCLUSION**

To understand the intensity of the problem, there is a dire need to have an empirical evidence to highlight the severity of the problem. In the traditional Indian system elderly were respected and they had a great decision making power in the family. Children felt duty bound to serve and respect the elderly and to contribute to the family resources. Children sought the counsel of elders for making major decisions and placed family resources at the disposal of elders for prudent handling. But even in those days there are evidences of geronticide practiced for various reasons. In the present context, especially during the last century the socio-economic and value system has drastically changed. More and more couples are working full time, families have become smaller and nuclear, migration and consumerism have become the order of the day. All these factors cause pressures on families resulting in various forms of abuse, neglect, abandonment and killing of the elderly (Priyamvadha, 2014). Thus, geronticide is an offshoot of inequality based on age and geronticide is a unique crime problem wherein the children (offsprings) themselves are the culprits. They perpetrate the crime against their own parents for various social and economic reasons. Of prime concern is that most of the offenders and victims do not consider it to be a crime although in the recent days media publicly express the view that this kind of social practice should be condemned. To completely eradicate this practice, there must be a paradigm shift in viewing the elderly as burden to acknowledging their economic and social contribution to society. It is suggested that the law against geronticide – "Geronticide Prevention Act" or inclusion of an article relating to geronticide in "Maintenance and Welfare of Parents and Senior Citizens Act," with the provision of stringent punishment for the offender would certainly prove an effective legal mechanism to at least reduce the number of incidences of ritual murders in India.

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