Chapter 8
Summary of Findings and Conclusion
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Second half of twentieth century witnessed burgeoning growth of graying population resulting in ever higher number of older persons on the globe. Old age which previously had an essentially been a private and family concern, became a social phenomenon so widespread that it could not but attract attention of comity of nations anxious to endow this hitherto ignored category with status and regulations. World Assemblies in Vienna in 1982 and in Madrid, Spain in 2002 and subsequent formulation of International Plan of Action on Ageing and UN declaration of the year 1999 as International Year of Older Persons has stirred the conscience of the world to the problems of the aged. Population ageing is pervasive, a global phenomenon affecting every man and woman. The steady increase of older age groups in national populations, both in absolute numbers and in relation to the working age population has a direct bearing on intergenerational equity and solidarity that are the foundations of society.

The second millennium closed with a little more than half billion (550 million) world population of the elderly. By 2020, the mother earth is expected to be elderly billionaire. Rising number of older persons is consequence of the process known as demographic transition which may vary from one country to another or even among the regions in the same country. Rapid ageing trends present new challenges to governments, communities, families and the elderly themselves.

India, the demographic billionaire being live to galloping elderly population and resultant multiple problems formulated National Policy on Elderly Persons in 1999. It laid stress on providing every older person choices and opportunities to lead an active, productive and satisfying life. Population of India grew at the rate of 21.34 per cent during 1991-2001 whereas growth rate of elderly population was registered at 26.06 per cent. Thus it is for the first time that elderly population has recorded higher growth rate as compared to the total population. Females outnumber the males in all the sub-groups of young-old, old-old and oldest-old in 2001. It reflects the feminization of ageing. Out of total 593
districts in the country, 37 in all and 5 from Himachal Pradesh has at least 10 percent of the total population of the older persons. As regards population of older females, 55 districts have 10% or even more. Sex ratio of total population of India and that of older persons in nine northern states and UTs is same (933). Sex ratio in the elderly population in Rajasthan (1146), Himachal Pradesh (1024) and Uttarakhand (1000) is favourable among nine states and UTs of north India. Proportion of elderly females is higher as compared to the males not only in the country but also in all the nine northern states. Today the country has the second largest number of the older persons on the globe and witnessing feminization of ageing. India shares about 13 per cent of the world elderly population although its total population is about 17 per cent of the global population. Median age of the elderly population in the India is 22.74 per cent. It is 21.98 per cent in the rural areas and 24.38 per cent in the urban areas. However, median age of the elderly females is higher than the males both in the rural and urban areas. Going by median age population of the country is still young but is growing old.

Ever since attainment of statehood in 1971, proportion of elderly population in Himachal Pradesh has been one of the highest in the country. It is discernible from the census report 1971 that the state was among two states (the other being Punjab) to have its proportion as more than 7 per cent. Maintaining its top rank it emerged as the only state except Kerala to have more than 9 per cent of its population constituting of the older persons. Proportion of the elderly women in Himachal Pradesh has been higher as compared to the males since 1971. The same trend is expected to continue till 2021. Sex ratio among elderly in the state is favourable and it registered highest after Rajasthan. It is indicative of feminization of elderly population in the state.

As regards elderly population in the district Hamirpur, it has the distinction of having highest proportion of older males and females among all the twelve districts in the state. The district has registered 33 percent higher proportion of elderly population than its proportion in the state.

Various journals, recent books and websites were scanned for locating studies relevant to the topic under study. About six dozen odd studies being conducted in India and abroad
on the elderly population on the chosen variables relating to the topic under study were reviewed. This exercise helped not only in finding gaps in the studies but also in developing better comprehension about different dimensions of the present study.

In this background, the present study was a modest attempt to understand socio-economic, health and psychological problems among the elderly women. Findings helped to give a fresh look on the findings of earlier researches and to understand this area of sociological significance in the present context.

The study in hand is entitled as ‘Old-age problems among women and its implications: A case study of Hamirpur district’.

Objectives of the study

On the basis of foregoing description of burgeoning elderly population, old-age problems and feminization of ageing, objectives of this study were formulated, which are as under: -

i) To analyze demographic trends of elderly population in Himachal Pradesh;
ii) To know about socio-economic and health problems of the elderly women;
iii) To understand various implications of problems of the elderly.

Exploratory-cum-descriptive research design was adopted to realize these objectives. The study was conducted in Hamirpur district of Himachal Pradesh. Elderly women constituted universe of the study. The sample consisted of 285 older women (135- rural and 150 urban). Rural sample was drawn from 9 most populous villages of teshil Hampirpur each having more than 500 population. The urban sample was drawn from Hamirpur, the only town in the district.

The data for the present study was collected from primary and secondary sources. The primary data was collected through interviews using an interview schedule specially designed for this purpose. Fifteen ‘Focus Group Discussions’ (FGDs), one each in all the nine sample villages and six in the Hamirpur town were organized in both the sampling
units (rural and urban) to collect qualitative information related to different aspects of old-age problems among the women. The data was coded and analyzed on computer using Statistical Package for Social Sciences (SPSS). Chi-square test of significance was applied to test association between background characteristics of the respondents and socio-economic and psychological problems. Inferences were drawn from the statistical findings so arrived. Some important findings emerged from the analysis of statistical data.

Portrayal of topographic, demographic, socio-economic, cultural and gerent logical dimensions of the study region make it amply clear that society in Himachal Pradesh has a number of distinctive features which makes it different from many other states and union territories in India.

Socio-economic features discerned that the ‘young-old’ constituted highest proportion (43.5) followed by ‘old-old’ (41.4) and ‘oldest-old’ (15.1) out of total 285 respondents. Age of subjects ranged from 61 to 93 years. Mean age of the whole sample came out to be 71 years.

The sample shows relatively lower level of educational accomplishments as almost one fourth of the informants each had acquired education up to primary (25.3%) and matric levels (24.2%). Further a little less than half (47.7%) of the total respondents were illiterate. As regards, marital status of respondents, majority of them (53.0) was widows. Percentage of married was 45.6 whereas 1.4 per cent never tied nuptial knot. None of the respondents was however divorced. Proportion of all the categories of informants on this account is almost the same as in Himachal Pradesh.

Family provides secure and safe haven for the elderly females in their twilight years. It was discernible that a half of the respondents (49.5%) stayed in joint families whereas one third (33.7%) belonged to the nuclear families. These are believed to be two main types of families in vogue. However, every sixth respondent (16.8%) was found to have made other than such arrangement for their living. Among them informants in almost equal proportion stayed all alone (5.9%), with son-in-law (5.6%), and with their
relatives/friends (5.3%). While analyzing family size of the informants it was observed that 56.5% inhabited medium sized families having five to eight members. About one fifth (19.6%) and one fourth (23.9%), were members of large and small families respectively. It unearthed that more than four fifth (80.4%) of the respondents hailed from small or medium sized families.

The post independent India witnessed thousands of castes being grouped into categories namely ‘General’, ‘Scheduled Castes’ and ‘Other Backward Classes’ depending on ranking in caste hierarchy. About three fourth of total respondents (74%) belonged to general category which included member of upper castes. Scheduled castes comprised 16.8 per cent and OBCs constituted 6.3 per cent of the sample. The distribution of scheduled castes in the sample almost corresponded to their distribution in the district of Hamirpur and Himachal Pradesh. Religion, yet another important fundamental institution, had deep influence on the psyche and behaviour pattern of the people, particularly the elderly females in the study area. Hindus comprised overwhelming majority (97.2%) of respondents whereas Muslims constituted 2.8 per cent of the sample. Precisely, religion wise spread of respondents was almost same to their representation at the state level. This reflects that our sample was representative of the population. As for as residence wise distribution of the respondents is concerned, a little more than half (52.6) inhabited rural areas whereas 47.4 per cent resided in urban area. This distribution was made in pursuance to the decision to have almost equal number of respondents from rural and urban areas. It facilitated better comparison between the subjects inhabiting the two communities.

Occupation, ownership of land and income from all the sources together throw light on economic state of affairs of the respondents. Occupation-wise distribution indicates that highest proportion of respondents (44.2%) was housewives followed by those (41.1%) engaged in agricultural activities. Nearly one tenth (11.2%) pursued government services before retirement to earn their livelihood. Merely 3.5 per cent informants were doing business activities. Majority (56.5) of the informants had land up to 5 Karnal in their possession. More than one fifth (22.5%) subjects did not have any piece of land on their names. Percentage of those having five to less than ten Karnal land was 14.7. However
merely 6.3 per cent owned land measuring ten kamal or more than that. It is discernible that in spite of government’s efforts, significant number of subjects continued to be landless. Income is an objective criterion to know economic condition of the subjects. More than two third (69.8%) of the respondents had income up to rupees one lakh per annum. Nearly one fourths (26.3%) generated income between one to two lakh whereas 3.9 per cent earned income beyond two lakh annually. Minimum and maximum household income of the respondents was reported as rupees ten thousand and rupees 13, 20,000 respectively. Mean income for the sample was rupees 83,158 per annum.

Type of residence is one of the indicators of economic health of its owners. The data shows that highest proportion (43.2%) of respondents resided in the mixed houses. More than a third (36.1%) of the subjects inhabited pucca houses whereas 13 per cent stayed in Kutcha houses. But 7.7 per cent had no house of their own. The fact that about four fifth (79.3%) of the respondents lived either in pucca or mixed houses indicates increasing inflow of money, impact of modernization and growing taste for better dwelling units in the study area.


It is discernible that overwhelming majority of the women living away from their families in the evening of their life are forced to take such step out of compulsions like son’s apathetic attitude, demise of the spouse and pressure of the family members. This observation is fully supported by findings of the Raju (2003) in Maharashtra and Sudha et al. who undertook their study in the states of Kerala, Karnataka and Tamil Nadu. Also
Panigrahi's (2009) findings in Orissa are partly in agreement to the observations of the study in hand.

Elderly women are abused by their family members physically, psychologically, socially or by some other way. Use of unparliamentary language and derogatory remarks by family members for a little more than a half of the respondents is likely to reflect bitterness for the elderly women and their degraded position in the family. Women being kept in high esteem by the family members or co-residents may be main reason of not using abusive language for nearly half of them in the evening of their life. Observations by Khan (2004) in Delhi partly and Punia & Sharma (1987) in Haryana substantially support the findings of this study.

Majority of the respondents are accused by their family members for doing anything which they are not supposed to do. Such accusations tarnish image and lower the self esteem of the respondents. Findings of the studies of Ushasree & Basa (1999) in Andhra Pradesh fully, those of Khan (2004) Delhi and Mahajan & Madhurima (1995) in Haryana partly agree to our observations.

Regarding abuse of the elderly women, it has been observed that overwhelming majority of them is never tortured physically by their family members. It is testimony of the fact that physical torture of the women in their sunset years is not a common practice in the area under study. But it should not be construed that this phenomenon is not in existence because every twelfth elderly woman is subjected to such treatment. This study fully supports the findings of Khan & Handa (2006) who conducted study in Delhi. It is also substantially in agreement with the observations in the studies of Jain (2008), in Rajasthan and Kumari (2008) in Andhra Pradesh.

As regards threats of abandonment of the older women, it is discernible that four-fifth majority of them do not receive any such threat. Non-issuance of the threats to the respondents indicates that elderly women are considered to be an integral part of family. Occupancy of the only old age home which is in existence for more than a decade in the study area by single elderly woman also points to the realism that practice of
abandonment of elderly women is almost non-existent in the area under study. But such threats keep coming forth to almost every fifth subject whether always, sometimes or rarely. Observations of Mallick (2005) on the basis of a study in the state of West Bengal and that of Khan (2004) in Delhi go in line with the findings of the study in hand.

When background characteristics (age, marital status, family type, residence and household income) of the respondents were viewed in relation to their abuse by family members it was found that every fourth young old woman is subjected to abuse by the family members. But proportion of elderly women being abused is significantly higher in the segment of old-old women as compared to the young old. The other way round nearly three fourth young old and majority of the old-old are never abused. It unearths that every second widow and every fifth married woman is abused in the family. Almost every third woman in joint and nuclear families and every second in the adopted family is abused. Slightly less than four fifth of the married and about a half the widows are never abused. Lowest proportion of women in their twilight years face abuse in the joint family but its ratio is highest in the adopted family. It could be because there might be a system of checks and balance in such a dwelling unit. On the other hand no such check may be available in the adopted family. However, majority of the women staying in either of these families are not abused. Above two third of the subjects inhabiting rural areas and majority of those residing in the urban areas were never abused. It could be because there might be more checks of agencies like neighbourhood and kinship in the rural settings than in the urban areas. More than three fifth of informants were never abused irrespective of their higher or lower household income.

Proportion of elderly women being abused increases with age.

Chi-square was calculated to find out association between age of elderly women and abuse by the family members. It was found to be significant at 1 percent level of significance. Hence the hypothesis is accepted.
Testing hypotheses

Higher proportion of widows is subjected to abuse than married women in old age.

It was also observed that married elderly women differ significantly from widowed on abuse by family members at 0.01 level of significance. Therefore, the hypothesis is accepted.

Cases of abuse of older women staying in joint families are lesser than the ones living in nuclear families.

On application of Chi-square to find out association between type of family and abuse of elderly by their family members it was not found to be significant at 1 percent level of significance. Thus the null hypothesis is rejected.

There is less prevalence of abuse of the elderly women inhabiting rural areas than in the urban areas.

Since the calculated value of chi square 7.56 is less than the table value at 5 per cent level of significance, there is significant relationship between residence (rural and urban) and abuse of the elderly women by family members. Therefore, hypothesis is accepted.

Observations of the basis of studies carried out to understand the association between age, marital status, family type and residence of the subjects and their abuse by family members by Kumari (2008), Jain (2008), Khan & Handa (2005), Mallick (2005), Khan (2004), Ushasree & Basa (1999) partly to substantially correspond to the findings of this study.

Participation of subjects in various activities is yet another area investigated in this study. Majority of the older women either take or participate in the decision making process in the family. However two fifth of the elderly women do not play any role in the decision making. These results substantially go in line with the observations of study of Sandu & Bakshi (2004) in Punjab and partly support the findings of Alam & Hussain (2005) who undertook study in Bihar.
Regarding attitude of family members towards respondents’ participation in the decision making, it has been observed that almost in majority of cases welcoming attitude is kept which is indicative of the fact that elderly women maintain respectful place in the family and also wield authority. But negative and indifferent attitude about almost one fourth of the respondents each indicates erosion of respondents’ authority in the family. Suggestions of nearly three fourth of the subjects are not accepted sometimes, or ignored altogether or subjected to criticism. These findings support the observations of the studies undertaken by Mallick (2005), Mallick & Anuprio (2008) in West Bengal and Madhurima (2008) in Punjab.

Overwhelming majority of the women are noticed to be participating in domestic chores and looking after children, guests and others. Our finding regarding role of ‘looking after children’ partially goes in line with the observation of Panda (2007) who stated that grey years do bless people with a very significant and satisfying role of grandparent. “Mera pota mujhe zindagi se mili hui sabse badi amanat hai” (my grandson is the biggest gift given by the life to me). Besides, results of the studies of National Sample Survey (1986-87) at all India level, Namuna & Ramamurti (2007) in Andhra Pradesh and Chadha & Kolt (2008) in Auckland are partly in agreement with the study in hand.

On investigating reaction of the family members towards low participation of elderly women it is observed that every fourth informant is subjected to criticism and fun is made of every tenth respondent. More than two fifth subjects are also border line cases. Their low level of participation finds no appreciation but is just accepted. It is indicative of problematic situation and marginalization of the elderly women. Observations of the study of Binah and Or-Chen (2008) in Israel substantially agree to the findings of present study.

Majority of the older women accept their declining participation in various activities as ‘a natural process’, every fifth show zeal for more participation and every tenth criticize family members for not allowing higher participation. Results of this study are substantially similar to the findings of Kaushik (2008) and Mehta et al. (2009) in their studies in Delhi and Borada city respectively.
Well being of the subjects is enquired regularly by family members in case of half of the elderly women. Nearly two third of them find love and affection but one fourth experience ostentation in their interaction with their family members. Madhurima’s (2008) observation in her study in Punjab substantially corresponds with this finding.

Regarding respondents’ freedom to watch television programme of their choice, little less than half of the respondents either never or rarely or sometimes enjoy such freedom. It amounts to closing the doors of entertainment of the older women. But every third subject has such freedom. Nearly two third of the respondents are either subjected to criticism or accompanied indifferently by the members of family while watching television. It highlights the way older women are maltreated.

On enquiry about kind of relations of informants with their family members, it gives startling revelation that nearly half of the older women do not have cordial relations. The observation that every sixth woman in her sun set years has formal relations and yet every fourth such woman has non-cordial relations with members of family highlights the problem different type of problem they face. Findings of the studies of Sonar & Prashad (2004) in Karnataka substantially and that of Khan (2004) in Karnataka, Jathna and Latha (2008) in Manipal University partly go in line with the observations of the study in hand.

Elderly women are considered as burden, decision are imposed on them by family members and their guidance is unwelcome have emerged to be the main reasons for non-cordial relation between the better half in their twilight years and the family members. Findings of the study of Khan (2004) in Delhi and that of Sonar & Prashad (2004) in Karnataka substantially support this observation.

In an effort to ease the strained relations with family members, almost two third of the elderly women take steps like avoiding irritants, reconciling differences and initiating dialogue. But about one fourth of the respondents would stop talking with the family members who are in bad terms with them.

Spouse, daughter-in-law, grand children and sons have emerged to be providing companionship to the elderly women in descending order. But it is sometimes or even rarely available to substantial proportion of women in the twilight years of life.
Daughters-in-law provide companionship to the respondents in ‘social visits’ and ‘outings’ in highest proportion of cases. Observations of Das and Satsangi (2007) on the basis of their study in Utter Pradesh partly go in line with this finding.

It is discernible that overwhelming majority of the women in the evening of their life gets allowance to attend fairs and festivals. On not getting companion, more than three fourth of the elderly women go ahead with whatever companionship is available. This observation is substantially in agreement with the findings of Jain & Sharma (2004) and Chadha & Kolt (2008) in their studies carried in Rajasthan and Auckland respectively.

While confronting social problems, majority of the elderly women maintain silence as a measure to cope up with these. They believe that silence is golden and is likely to avert problems from being aggravated. Findings of the study of Lakshmi & Murthi (2008) in Karnataka correspond to this observation.

Regarding economic dependence, it is discernible that almost three fourth of the respondents are dependent. Out of them every tenth subject depended on married daughter(s) or other non-family members to fulfill their economic needs. It merits mention here that in the area under study married daughters are not supposed to take care of economic needs of their mothers. Results of the studies conducted by Sengupta (2007) et al. in Punjab and suman (2002) in Himachal Pradesh fully stand by the findings of this study. Whereas observation of Devi (2006 & 2009) in Kerala and Kohli (2006) et al. in Punjab substantially and that of Banergee Tyagi (2001) in Meghalya and National Sample Survey (1986-87) in all over India partly stand by the observations of the study in hand.

Financial hardship is faced by majority of the elderly women in their sun set years. They borrow money from the relatives or acquainted, raise loan, mortgage their land/jewellery and sell land to overcome such hardship. Majority of the young-old, old-old and oldest-old face financial problem. There is gradual ascendance in the proportion of those facing such problem with the increase in age of the elderly women. It can be deduced that lower the age of older women lower is the proportion of those having financial hardship and vice-versa. Thus age positively affects such hardship.
While analyzing financial hardship and marital status of the informants it has been observed that two third of the widows, half the married and one fourth of the unmarried have financial problem. Death of spouse could be one of the main reasons of higher proportion of widows facing financial problem as husband is supposed to be the main bread earner in the area under study.

Majority of the older women staying in the nuclear and adopted families have financial hardship but majority of those living in the joint families do not have such hardship. Further proportion of elderly women having financial problem is highest among those living in the nuclear families. However it is the lowest in the segment staying in the joint families. Two third of the elderly women in the urban areas and half of those inhabiting the rural settings face financial problem. Proportion of subjects facing financial hardship is higher among those having higher household income. On the contrary lower the income lower is the proportion of older women facing financial problems.

Findings of the studies undertaken by Devi (2009) in Kerala, Kohli et al. (2006) Punjab and Sudha et al. (2004) in Kerala, Karnataka and Tamil Nadu substantially correspond to the observations of this study regarding interplay between characteristics of the respondents and financial hardship.

It was endeavoured to know whether background characteristics of the respondents have any bearing on financial hardship among the informants. Five main characteristics such as age, marital status, types of family, residence and income of the subjects were considered for this purpose.

**Testing hypotheses**

Age and financial hardship has no association with each other.

Value of chi-square is greater than the table vale at 1 per cent level of significance which shows that age of the respondents is significantly related to their financial hardship. Hence the hypothesis is rejected.
In old age higher proportion of widows face financial hardship than the married women.

Chi-square test on marital status of the elderly women and whether they face financial hardship has a materially significant relationship as the calculated value is higher than the table value. Hence the hypothesis is accepted.

Lower proportion of elderly women staying in joint families has financial hardship than those living either in the nuclear or adopted families.

Family type has significant bearing on financial hardship as has been brought out on the application of chi-square. It has been observed that calculated value 2.15 is more than table value at 0.01 level of significance. Thus the hypothesis is accepted.

Proportion of women inhabiting urban areas having financial hardship is higher than those residing in the rural areas.

Chi-square was calculated to find out association between residence of the subjects and financial hardship being faced by them. It was found to be significant at 1 percent level of significance. Hence the hypothesis is accepted.

Findings of the studies undertaken by Devi (2009) in Kerala, Kohli et al. (2006) Punjab and Sudha et al. (2004) in Kerala, Karnataka and Tamil Nadu substantially correspond to the observations of this study regarding age, marital status, type of family, residence and household income and financial hardship being faced by the subjects.

As for as fulfillment of basic needs is concerned, three fifth of the respondents get good quality food and they do not have a problem of malnutrition as such. Two fifth of the total subjects have to take substandard food. Results of the studies carried on by Ushasree & Basha (1999) in Andhra Pradesh and by Sharma (1999) in Rajasthan are in full agreement to the observations in this study. Besides, Observations of Radhkar & Kaulagekar (2006) at all India level partly correspond to the findings of this study. Almost three fourth of the elderly women have adequate and every fourth aged woman do not have sufficient clothes with them. The findings from the studies conducted by

As regards bedding, half of the informants have good quality of bedding and they have no complaint whatsoever on this account. But every second subject has to sleep on substandard bedding. More than two third of the elderly women have sufficient accommodation. But a little less than one third have insufficient accommodation. Results of the study of Radhkar & Kaulagekar (2006) at all India level are in substantial agreement with our study.

It emerges that three fourth of the elderly women enjoy good quality of food and have adequate clothes. Two thirds have sufficient accommodation and a half have good quality of bedding.

It was learnt while knowing about reaction of the informants on non-fulfillment of their basic needs that above one third of the elderly women are assertive and seek better satisfaction of their basic needs. Substantial proportion of the women is meek and docile who humbly accept maltreatment in the evening of their life. Almost one fifth of the subjects each resort to criticism of the family members on poor quality and less number of clothes, sub-standard bedding and under-nourishment.

Majority of the older women keep poor health and about two fifth have normal health. Findings of the study by Gupta et al. (2009) in Rajasthan and Samuel (2009) in Tamil Nadu substantially and findings of Devi (2009) in Kerala partly support observations of this study.

Joint pain, diabetes, indigestion, asthma, problems of ear, nose and throat (ENT), low blood pressure, cough, deafness and stone in gallbladder or kidney have emerged to be the minor health problems in descending order among the elderly women. Majority of the informants were found to have joint pain, diabetes, high blood pressure and teeth problem. But majority subjects have reported not to have problem of stone, deafness, cough, low blood pressure, ENT problem and asthma. Observations on the basis of studies by Samuel (2009) in Tamil Nadu, Mehta et al. (2009) in Baroda city, Rehman

It is reasonable to derive that majority of the elderly women suffering from chronic diseases are still not full blown cases. Still such patients need uninterrupted support of the care providers lest the patient land in more trouble. Research findings of Sengupta et al. (2007) in Punjab partly and that of Matta et al. (2005) in Delhi and Goswami et al. in Haryana (2005) substantially go in line with results of this study.

On being sick majority of the older women are attended properly at home. Daughter-in-law, followed by spouse and son give care during illness is the main care givers show them to the doctor during sickness. Observations of Silluggu (2008) in Tanzania and Raju (2003) Maharashtra substantially agree to our finding. Whenever the older women are sick, in majority of the cases they are attended immediately by their family members. In case of nearly one third of the women members of family do not bother till condition of the patients turns worse. Attendance of every sixth aged women is delayed unnecessarily. This observation attests the findings of Ushasree & Basha (1999) in Andhra Pradesh.

On being sick when not attended properly by the family members about two fifth of the older women instead of bothering others prefer to take self help. Every sixth each either requests the family members to take care of them or start cursing them for not them and make their annoyance public. Every fourth old woman however, accepts neglect as something natural with them in the ongoing last phase of life. These results substantially support the observation of Mallick (2005) in West Bengal. On being sick, three fifth of the women in their sunset years always get proper diet, but majority either never or even sometimes receive medicare.
Testing hypotheses

Advancing of age among older women and feeling of loneliness are not associated with each other.

Advancing age has not been significantly found to be associated with feeling of loneliness as has been found on the application of chi-square test. It has been observed that calculated value 29.73 is less than the table value at 1 per cent. Therefore, the hypothesis is accepted.

Proportion of elderly women having feeling of loneliness is higher among widows than those who have living spouses.

There is not significant association between marital status of the informants and feeling of loneliness among them. It has been evidenced on the application of chi-square test. Hence the null hypothesis is rejected.

Family type of the older women and feeling of loneliness are associated with each other.

Value of chi-square is lesser than the table vale at 1 per cent level of significance which shows that type of family of the respondents is not significantly related to feeling of loneliness among them. Thus the hypothesis is rejected.

There is a higher proportion elderly woman having feeling of loneliness inhabiting urban areas than those residing in the rural areas.

Chi-square test on residence of the elderly women and feeling of loneliness has no materially significant relationship as the calculated value is lesser than the table value. Hence the hypothesis is rejected.

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Engaging themselves in domestic chores (80.475), watching television or listening radio (57.03%), singing religious songs (33.59%), Reading religious % non-religious literature and newspaper (25%) and involving in community affairs (14.06%) were main activities being initiated by them in descending order. It emerges that engagement in domestic chores is main activity for four fifth of the graying women to overcome loneliness. Observations on the basis of studies of Jamuna & Ramamurti (2007) in Andhra Pradesh, Malick (2005) in West Bengal and Chadha & Nath (1995), Easwaramoorthy (1995), Kareer (1994) and Chadha et al.(1991) in Delhi substantially to partly agree to the findings of study in hand.

Majority of older women are aggressive and significant proportion of aged women develop anxiety and depression. Hence it can be deduced that in substantial number of cases among older women and certain mental disorders go hand in hand. Results of the studies carried out by Komal & Bhat (2008) in Karnataka, Roopa & Devi (2008) in Karnataka, Shilluggu (2008) in Tanzania, Madhumathy & Airani (2008) in Karnataka, Sengupta et al. (2007) in Punjab, Joshi et al. (2006) in Punjab substantially and that of Prakash (2004) in Karnataka and Sandhu & Bakshi (2004) in Punjab partly correspond to the findings of this study. Majority of the older women experiences increase of aggression in their behaviour as during old age. Findings of the study of Sharma & Sidhu (2009) in Uttar Pradesh substantially attest the observations of present study. Being conscious of such negative change in their behaviour they initiate certain steps to make their behaviour less irritable. Avoiding unnecessary suggestions, making fewer demands, speaking less and that too politely and getting silent are some of the steps taken by the respondents in descending order to make their behaviour less irritable. Observations of Sandhu & Bakshi partly agree to these findings.

Every three out four older women resort to conscious effort to make old age worth living. Nearly three fifth women each of them either practice yoga & meditation and worship god or involve in house hold chores or carry on both the activities simultaneously. Thus religious and household activities have emerged as main activities making life of women in old age worth living. Findings of studies of Mehta et al. (2009) in Baroda city, Devi
Family members of every fourth subject always try to find fault in their deeds. Warmth is denied to every fifth informant and almost every sixth respondent is always subjected to harassment in intra-familial interaction which reflects alienation of elderly women in their own houses. It is indicative of pathetic condition of significant number older women in their twilight years. But one third of the women are never harassed, not denied warmth and family members do not try to find faults in them in the twilight years of their life. In nutshell two of every three elderly woman is ill treated by the family members. These findings support the observations of studies undertaken by Kumari (2008) in Andhra Pradesh, Devi (2008) in Andhra Pradesh, Khan & Handa (2005) in Delhi, Mallick (2005) in West Bengal and Mahajan & Madhurima (1995) Haryana.

Majority of the older women have to face opposition of the family members for the love and affection they show towards grand children. Thus they are deprived of loving grand children and vice versa. Four fifth of the aged woman are respected and moral support is extended to them by family member. Observations on the basis of studies undertaken by Kumari (2008) in Andhra Pradesh, Madhurima (2008) in Punjab, Binah & Or-Chen (2008) in Israel and Khan (2004) Karnataka substantially correspond to the findings of this study.

**Implications of Socio-Economic, Health and Psychological problems.**

There are wide ranging implications of old-age Socio-Economic, Health and Psychological problems among women. Some of such implications are as follows;

- Significant proportion of elderly women will stay away from their families.
- Threats of abandonment and physical torture to older women by the family members will force them to have separate living arrangement.
- More older women will suffer from the abuse by family members.
- There will be an ascendance in the abuse of elderly women as their age advances.
• Proportion of elderly widows being abused will be significantly higher than their married and unmarried counterparts.
• Older women in higher proportion will be abused in the adopted families and in the urban areas. However, joint & nuclear families and rural residence will be safer habitat for them.
• Women will witness erosion of authority and decline in the participation of decision making process in the sun set years of their lives.
• while interacting with family members ostentation and indifference will be experienced by higher number of women.
• Strained relations of older women with family members will disturb cordial relations in the family.
• Family by and large will remain an institution being guided and governed by cordiality of relations with women in their twilight years of their lives.
• Higher proportion of aged women will need companionship in house, social visits and outings.
• Lesser proportion of married elderly women will have financial hardship as compared to the older widows.
• Financial hardship will be faced by lesser proportion of women living in joint families during the evening of their lives.
• Oldest-old women will witness burgeoning growth in proportion and absolute number and socio-economic problems.
• Older women will have poor health.
• Elderly will suffer more from a variety of ailments.
• Care giving to sick elderly women at home and showing them to the doctor will continue to be a problem.
• Mortality rate will further decline and life expectancy will increase both at birth and at the age of 60 years.
• Geriatric health care services are positively required to provide better health care services to the rapidly increasing number of elderly
• Elderly women will suffer more from nutritional deficiencies, chronic diseases and disabilities.
• Elderly women will perceive themselves as burden.
• Women will have a feeling of loneliness.
• There will be gradual ascendance in the proportion of older women having feeling of loneliness with ageing.
• Higher proportion of widowed and older women will feel loneliness.
• Less women staying in the joint families will have feeling of loneliness than those staying in the nuclear families.
• Women inhabiting urban areas will have a feeling of loneliness.
• Elderly women will continue to suffer from anxiety, depression and aggression.
• Women will be ill treated by their family members in the evening of their lives.
• Stress and strain to maintain co-living with elderly women will increase.
• Individualistic and self-achievement oriented outlook of the youth will increase more.
• The women will find lesser care givers in the evening of their life. The reason being the sandwiched generation may not be able to play dual role of earner and care giver.
• Other than the familial support other formal organizations will have to come forward to bridge the gap of care giving.
• Many emotional problems will crop up due to estrange relationships of household members.

**Policy Recommendations:** In the light of the above issues it has been endeavoured to identify some policy guidelines for better living of elderly women. Problems of ageing should require a holistic approach for solution. Aged women are a class, which is not homogenous. So, plan, priority should be worked out considering of age, gender, marital status, residence and household income.

Significant proportion of elderly women will need alternate arrangement for their stay. But, old age homes do not appear to be better option because there continues to be single
elderly woman occupant of the only old age home in existence for above a decade in the area under study. Interventions by non-governmental organizations will be desirable to check the abuse of older women. Oldest-old women will need provision of more care. Widows must be provided economic security in the form of health, disability, crop and life insurance, apart from enhancement of amount of old age and widow pension. Provision of cheaper daily utility items will go a long way in minimizing financial hardship of elderly women. Government and non-governmental organizations must come forward and encourage living of elderly women in joint family. Older women must be involved in more activities. Interventionist mechanisms must be devised to normalized strained relations of older women with their family members. Necessary steps must be taken to develop and maintain cordial relations- the bed rock of together living, with aged women vis-à-vis family members. Staying of elderly women in joint families and in the rural areas must be encouraged. Joint living with family members must be promoted vigorously.

On being sick free and immediate medical attendance must be proved to the elderly women at their residence. Geriatric assessment and health services must be made available to the women in their twilight years of life. Agreement of health education for preventive geriatrics is of utmost importance. Policies should emphasize social security (particularly in unorganized sector), health care sources of entertainment and leisure time activities to do away with problem of loneliness among elderly women. G.I.S (Geographical Information System) should be implemented for aged data base, which will help in information updating, monitoring, and dissemination for researchers, academic courses and policy formulations. To support policy and development programs the exchange of researchers and research findings between national and international agencies should be privileged for international co-operation on old-age problems among women. Courses should be included on ageing issues in the university, college and school curriculum focusing the importance of aged persons in the society with a backdrop of Indian tradition.
CONCLUSION

From the findings some pertinent conclusions emerge which are under;

Although overwhelming majority of the elderly women stay with their family members, yet significant proportion of them live away under one compulsion or the other. It is indicates that by and large women are held in very high esteem and the social values support them to keep in the family. But significant number of them is abused using unparliamentary language giving threats of abandonment and accusations. Thus the family has not remained a safe haven and guarantee of peaceful living for significant number of women in the twilight of their lives.

It appears that population problems among elderly women is one of the most important and challenging issues in this millennium. It may be inferred that in this country, the ageing process has been largely influenced by the socio-economic development of the society. But the problems require serious thinking on the part of the government and the civil society. Unless we find proper answers and solutions to mitigate such problems the large sections of the older women in this country will face more hardships both economically and socially. To address this problem we will expect the government to rise and mould its economic policies in a more planned manner and offer enough relief and social security to the elderly women in India. On the part of the civil society it is expected that more awareness will be generated with regards to the problems of the gerons and a special emphasis need to be stressed upon to address the adverse gender inequality in terms of the female aged.

Aged women living in both economically urban areas and staying in nuclear families are facing the brunt of enormous socio-economic and psychological stress. Ageing for women brings with it dependence, insecurity, poor health, multiplicity of health problems and declining care during illness. In an inadequate social security system in India, where abuse of the elderly women, financial hardship, economic dependence are quite rampant, aged women constitute a vulnerable group which is often subjected to insult, injury, exploitation, inequality, injustice and multiple morbidity. In a socio-cultural milieu,
which is, by and large, hierarchical and strictly patriarchal, majority of elderly women are less educated, their public participation is strictly limited, there is a growing number who face a situation of "triple jeopardy" that of being old, female and poor

It is of urgent necessity to make an intervention plan for the aged women in every village in the form of "initiating a set of co-ordinate activities so that the disadvantageous conditions which surround the older women and which hamper their fuller participation in family and community life are reduced, paving the way for psycho-social upliftment, economic and holistic security

In nutshell unless old-age problems among women are understood in totality, clearer picture of those problem is unlikely to emerge. Better comprehension of various types of socio-economic, health and psychological problems among the elderly women, and appropriate and timely measures will go a long way in ensuring active ageing among this segment of population.

Aged women are the most precious asset who possessed vast reservoir of accumulated experience. Old women are repository of traditional wisdom and knowledge.