CHAPTER V

SUMMARY AND CONCLUSIONS

Population ageing is one of the by-products of demographic transition. The proportion of the aged 60 and over is increasing in Indian society as well as all other societies around the world. Though the aged and their issues were unrecognized and not discussed until recently, now it is being brought to the notice at a global level by discussing them in the world assemblies and drawing plans and policies for their well-being. There are numerous studies which have brought to light old age issues such as social security, psychological problems, health problems, nutritional problems, abuse of the elderly, care of the elderly, etc. The condition of the elderly has undergone many changes within last three decades. Adoption of small family norm, effect of the changes in the economy due to urbanization and industrialization, introduction of new technology and new life style and changing values have influenced the structure and functioning of families and their capacity to care for the elderly. This has increased the need for increase in old age homes.

Though there are many institutions called old age homes for the aged, not many studies have been conducted to find out whether the aged in these institutions age happily in our country. It is to the advantage of the elderly that we study how far these institutions cater to the emotional needs of the elderly, especially, in this context that it will become unavoidable that elderly have to be cared for in the OAHs* in the future. In this context it is essential to find out whether these old age homes complement home atmosphere for the elderly. Hence this present

* Old age homes are referred as OAHs and own homes as OHs.
investigation titled "Factors Influencing Happy Ageing: A Comparison of Old Age Home and Own Home Inmates".

Objectives of the Study

The objectives of the present study have been

1. To present a profile of the socio-economic and health status of the aged in old age homes and own homes;
2. to define the concept of happy ageing according to the respondents;
3. to assess and compare the happy ageing status of the respondents in terms of life satisfaction, physical well being, social participation and functioning and psycho social resources
4. to identify the social and economic variables influencing happy ageing,
5. to study the physical and socio-psychological environment of the old age homes in Madurai district and
6. to suggest measures to improve happy ageing

Hypotheses

The hypotheses tested included the following:

1. There is no difference between respondents from old age homes and own homes in their concept of happiness.
2. There is no significant difference between old age home and own home inmates in their happy ageing status.
3. There is no significant relationship between socio-economic variables and happy ageing.
4. There is no relationship between psycho-social variables and happy ageing.

Methodology

The tools used for data collection were an interview schedule and a happy ageing scale. Two interview schedules were prepared, one for the inmates of OAH and another for OH inmates.

The happy ageing scale was prepared by the investigator for the specific purpose of measuring happy ageing. The scale was administered along with the interview schedule. The scale had high validity and reliability.

Data were collected using interview method from both OAH and OH. The schedule was filled by interviewing each one separately.

The participants in the study included 300 elderly from old age homes of Madurai district and a comparative group of 300 from own homes. They were selected by stratified random sampling method. They included widowers, widows, singles and divorcees. The number of widowers was less than half of the widows in both OAHs & OHs. They were in the age group of 60 to 90 years.

The sample of the study included 300 elderly who represented different educational levels ranging from primary school to post graduation. There were many illiterates among the respondents. Majority of the elderly were daily wage earners and others were engaged in teaching, business, administration and agriculture during their adulthood. Majority of them were from very low socio-economic background.
Variables

The independent variables of this study included age, sex, marital status, educational status, place of residence, physical, psycho-social factors comprising health, economic security, functional autonomy, life satisfaction, religiosity, social and community involvement, relationship in the family, self acceptance, positive thinking and emotional security. The dependent variable included happy ageing.

Major Findings of the Study

Social, Economic and Health Profile of Respondents

The respondents comprised 300 elderly from old age homes, out of which the majority were from charitable homes. Next highest numbers of them were from homes run by NGOs followed by those in private homes. The least number were from government homes.

The majority of the respondents belonged to young-old (60-75 years) group. Females were more than males among the respondents from old age homes. In the case of respondents from own homes, females were more than males.

The majority of the elderly from OAH had studied up to middle school. And that of the elderly from own homes were illiterate. They were double the number of those among ROAH.

Regarding their occupational status, majority were daily wage earners among those in old age homes and own homes. Very few (14 per cent male and 6 per cent female) among the respondents from old age homes had jobs with pension benefits jobs. Among ROH also very few had jobs with pension benefits (6 per cent male and 3 per cent female).
All male respondents were working before the age of 60 years. Among female respondents only 64 percent were working. They were mainly wage earners. The rest were housewives. Among ROH majority of the male and female had been daily wage earners.

Of the respondents from OAH only thirty two percent of male and sixty eight percent of female had children whereas, among ROH, majority of male and female had children. A great majority of children of both ROAH (98 percent male and 98 percent female) and ROH (96 percent male and 95 percent female) had married and settled in life.

Majority of the respondents among ROAH were within 50 km distance from their native place.

Regarding their source of income, majority of the respondents among old age homes (72 percent) did not have any source of regular income. Sixty one percent of respondents from own homes also had no income. Very few were getting pension from their previous job both among ROAH & ROH. Seventeen percent of the respondents from old age homes and thirteen percent of respondents from own homes had old age pension. Very few among the respondents in old age homes and own homes (2 percent) were receiving spouse’s pension. Seven percent of the respondents from own homes were still working.

As for their present income, they had income through various sources such as pension, rent, interest from deposit, etc. Among ROAH majority (62 percent) were receiving an income of less than Rs.500/- per month while about one-fourth of them were receiving Rs.2501-4500/- per month. Among the respondents from own homes thirty seven percent had an income of less than Rs.500/- and thirty nine were receiving between
Rs.501-2500/-. Very few of the respondents from old age homes and own homes had Rs.10,000/- as monthly income.

Out of the total respondents from old age homes majority did not pay any fees. The respondents who were in private old age homes and homes run by NGOs paid fees ranging from Rs.500 to Rs.1500 and above per month.

As for the person who is paying the fee in old age home, it is observed that majority of the payment for the respondents was done by their sons, sons-in-law, daughters and daughters-in-law.

Out of the total respondents, 48 percent of male and 32 percent of female had stayed for less than one year in their respective old age homes. Majority had been in the old age homes for more than one year.

Among the respondents from old age homes, the majority (52 percent) were admitted by their well wishers. Twenty percent of them entered the home by themselves and the rest of them were admitted by their relatives.

The reasons cited by the majority of respondents from old age homes for being in OAH were non-acceptance in the family and their inability to adjust with family members. Quite a few of them came on their own will for the sake of safety and to escape the feeling of loneliness.

Regarding the opinion of the respondents about old age homes majority of them reported that they felt happy, safe and secure in their old age homes.
The majority of the respondents from old age homes stated their major activity was watching TV in which they spent most of their time. They also were engaged in reading (40 percent), praying (35 percent) and talking with peer group (10 percent).

While asked about the happy activity mostly engaged by the respondents from old age homes, majority expressed that praying was their happiest occasion of the day. Thirty nine percent reported that watching TV was their happiest time.

While analyzing the physical disability of the respondents from old age homes and own homes, it was observed that many were having loss of vision and locomotion disability. Many of the respondents had (21 percent from old age homes and 6 percent from own homes) multiple disability. There were many respondents who did not have any disability. Majority of the respondents from old age homes and own homes complained that they had joint pain. Many were suffering from health problems such as diabetes, fatigue, hypertension, respiratory problems, heart problems, digestive problems etc. Urinary incontinence and Alzheimer’s disease also were found in very few respondents.

Concept of Happiness among the Respondents

Respondents defined happiness from socio-psychological, spiritual, health and economic perspectives.

**Socio-psychological Concept of Happiness.** As socio-psychological concept referred to the strength of the relationship of an individual with his/her children, relatives, friends, caretakers and the peer group, majority of the ROH and ROAH expressed that the socio-psychological concept was the important factors for happy ageing.
**Spiritual Concept of Happiness.** Both ROAH & ROH defined happiness from the point of spirituality. Respondents from OAHs & OHs felt that spiritual activities help to obtain spiritual liberation and happiness.

**Health Concept of Happiness.** There was no relationship found among ROAH and ROH on health concept. Majority of the respondents among ROH felt health was the essential element of happiness.

**Economic Concept of Happiness.** The ROH defined happiness from the economic perspective also because of the dire necessity for better economic conditions.

**Happy Ageing Status of the Respondents**

**Healthy Life Style.** It was found that doing activities systematically, periodic check up and doing yoga and meditation were found more among inmates of old age homes. However, doing regular exercise, having special diet and doing different activities were found more among inmates of own home. Healthy life style and hence healthy ageing was found more among inmates of old age homes than those from own homes.

**Economic Security.** Out of the elderly from old age homes and own homes nearly half of the respondents reported that they had economic insecurity. Consequently respondents from old age homes and own homes were not happy in the case of economic security.
**Functional Autonomy.** It was found that more functional autonomy was experienced by respondents from own homes than respondents from old age homes.

**Religiosity.** As for religiosity, more persons with religiosity were found among the ROAH. However, activities like going to places of worship and going for pilgrimage were found more among ROH.

**Life Satisfaction.** Of the total respondents from old age homes and own homes, it was found that the elderly from own homes had more sense of satisfaction than ROAH in their life.

**Work Participation of the Elderly.** Among the respondents, the ROH had more work participation than ROAH.

**Interpersonal Relationship.** The interpersonal relationship as shown by the kind of social interaction with others was found more among the respondents from own homes, than among ROAH.

**Interfamily Relationship.** The inter - family relationship was found more among respondents from own homes compared to those from old age homes.

**Positive Thinking in the Elderly.** As for positive thinking, respondents from own homes had more positive thinking than respondents of old age home.

**Emotional Security in the Elderly.** The feeling of emotional security was present more among respondents from old age homes than among respondents from own homes.
Cognitive Well-being in the Elderly. The cognitive well-being was found more among the respondents from OAH than those from OH.

Factors Influencing Happy Ageing

The comparison of factors influencing happy ageing revealed that there was highly significant difference in the variables healthy life style, religiosity, acceptance of ageing, emotional security, cognitive well-being, self acceptance and intergenerational activity among the respondents from old age homes and own homes. Functional autonomy, life satisfaction, work participation, interpersonal relationship, family relationship and positive thinking were found more among the respondents from own homes than among ROAH.

Relationship between Socio-Economic Variables and Happy Ageing

The relationship between age and happiness was observed to be significant among the respondents from OAH. The relationship was that as the age increased the level of happiness decreased. But there was no significant relationship between age and happy ageing among the respondents from own homes.

There was no significant association observed between the sex of respondents and happy ageing either among the inmates from old age homes or those from own homes.

There was a significant association found between educational status and happy ageing among both the respondents from old age homes and own homes.
Likewise there was significant association between the respondents from old age homes and own homes in their occupational status and happy aging.

**Physical and Socio-Psychological Environment in Old Age Homes**

It was observed that the physical amenities like toilet facility, easy accessibility to toilet, support in toilet, provision of ramp and accessibility to fans and lights provided for the respondents in old age homes were good. A few homes had good hygienic conditions, medical facilities and good ventilation.

Regarding the socio-psychological environment very few homes had recreation time, outdoor play facilities, social celebration and counselling.

**Conclusions**

Socio economic profile of the respondents points to certain important conclusions. The most important was that the females had outlived males. This has the implication for both physiological and psychological care of female elderly. Illnesses and diseases related to women are to be paid special attention. Adjustment problems were also found to be more among women elderly. There is need to counsel the elderly about the adjustment that they have to make according to the changed conditions. Arrangements for counselling the elderly including adjustment during bereavement need to be given.

Among both OH & OAH inmates, psycho-socio problems like non-acceptance in the family and adaptability problems were found.
Here again the need for counselling is felt very much. Social workers may be trained in old age counselling as happiness is the most treasured thing in old age. This findings agrees with Ramamurti’s (1995) finding that a strong positive relation between socio-psychological aspects and happy ageing. Adelmann (1994) also observes that there is strong positive relationship exist between psychological well being and happiness among aged people. Shyam & Devi (2006) also had found association between psycho-social well being and happiness in aged.

On the basis of analysis of the socio economic and health profile of the respondents of the study, it is concluded that the major characteristics of them were the status of widowhood, lack of income, childlessness and their inability to adjust with family members and non-acceptance in their family. Loss of proper vision, locomotion disability and joint pain were the common physical discomforts found among them. Most of the characteristics except childlessness were common to both respondents from old age homes and own homes.

Happiness was defined by the respondents, from the socio-psychological, spiritual, health and economic perspectives. Majority defined happiness in relation to socio-psychological perspective. Marked difference was there between respondents from old age homes and own homes in the ranking of the different perspectives. While economic perspective was given the least importance among the respondents from old age homes it was given the second highest importance by the respondents from own homes. On the basis on of this, it may be concluded that if we want to ensure happiness then the aspect on which attention must be bestowed is the socio-psychological area.
The implication is that the elderly must be enabled to play volunteer roles in the community. Their socio-psychological problems will be greatly reduced by this measure. The absence of any such active role, they would simply spend their time watching T.V.

The comparison between the happy ageing statuses of OH & OAH inmates enables us to come to certain definite conclusions. Social environment, especially, living with close kith and kin gives the aged happiness and life satisfaction. The inmates of OH had more life satisfaction and satisfaction from interpersonal relationship. Hence, the important point here is that even though stay at Old Age Homes is inevitable, frequent visit of the close kith and kin visiting them would boost their state of happiness.

Comparison of inmates of OAH & OH shows significant difference in almost all areas of assessment of happiness such as healthy life style, functional autonomy, etc. However, the results do not show superiority of one over the other in all areas of assessment of happiness. This has clear implication that complementary actions need to be taken both at own home and old age home, so that elderly are happy wherever they are, whether at own home or old age home.

The variables that influenced happy ageing have some important implications. Age and happy ageing were inversely related. So, more attention needs to be paid to the happiness of old-old, rather than young-old.

Education was found to be positively associated with the status of happiness. This might be because the educated had better understanding of the problems of old age and considered their problems in proper
perspective. The implication here is that by giving proper education about what to expect in old age to all irrespective of their educational level would prepare even illiterates to be ready to face the problems of the aged.

A comparison of the types of OAHs throws light on the conditions to be improved in old age homes. The high status of happiness was found to be associated with the home which had proximity of toilet area, hygienic condition, medical facilities, proper ventilation, having good garden, recreation facilities, celebrations etc. A code should be developed for minimum facilities in OAH which will ensure optimum facilities in each and every OAHs, especially in the present days when OAHs have become income earning means.

The physical and socio-psychological environment in the old age homes differed according to the type of homes. Medical facilities were very much lacking in private homes and government homes. There were medical facilities and better hygienic conditions in the homes run by charitable institutions. Government homes lacked support in toilet, provision of ramp and accessibility to fans and lights. The socio-psychological environment in charitable homes was better than the other types of homes. Those imply that conditions in government old age homes must be improved.
Suggestions

Based on the findings of the study the following measures are suggested:

1. There is need for improving intra-familial relationship. This may be done by
   - counselling the family members and the aged through opening more family counselling centres,
   - including the subject “gerontology” in school and college curriculum and
   - training care takers in old age homes and families who provide geriatric care.

2. There is need to improve the economic security of the aged which may be done by
   - giving old age pension to all deserving elderly,
   - providing re-employment opportunity,
   - introducing schemes for saving a part of pre-retirement income for old age,
   - introducing special insurance policy for medical and maintenance expenses of the aged and
   - giving suitable skill training for young-old for self employment.
3. Medical facilities of old age homes need to be improved by

- appointing nurses and visiting doctors who visit old age homes regularly,
- having special geriatric wards,
- giving special concession in treatment cost,
- offering home care services for the sick,
- starting helpline for the aged in villages and
- introducing programmes such as food on wheels and medicine on wheels.

4. Welfare measures such as the following can be undertaken:

- arranging free pilgrimage for the aged
- extending the retirement age for different categories depending on their ability and health condition,
- providing tax concession to the young who take care of their elderly relatives and
- providing opportunities for the elderly in community participation.

5. Free noon meal and day care services for the poor may be started.

6. The conditions of old age homes can be improved by
evolving guidelines and norms for starting old age homes,

making it mandatory to register all old age homes under the Social Welfare Board and

increasing the funding for starting and maintaining old age homes.

7. Health conditions of the aged may be improved by enlightening the middle aged on the need for maintaining optimum health.

8. Stringent action may be taken against those who ill-treat the aged.

Suggestions for Further Research

The researcher feels that investigation in the following areas will be highly rewarding to academics as well as service providers.

1. Developing a happy ageing inventory

2. Problems among the aged women in rural areas

3. Correlation between life style and increased life span

4. Re-employment among the retirees

5. Problems of elderly destitute in Tamil Nadu

6. Intergenerational conflict resolution

7. Quality of life of the elderly