8.1 INTRODUCTION

The present chapter discuss about the summary, findings, conclusion and suggestions. The discussion about quality of life was started more than two millennia ago by Aristotel, but we are still arguing about what it means. Aristotelian concept of good life is not only something to live for but also something to live by. This is truer at older ages where living can be described in terms of strategies for maintaining quality of life.

Although the life expectancy of the elderly increased significantly in the twentieth century, the greatest increase has been among women. Females tend to live much longer than males, and this fact is true both in India and worldwide. Male exceed female death rates at all ages and for the leading causes of death, such as heart disease, cancer, stroke, accidents, and pneumonia. Women do suffer from illness and physical disability more than enough than men, but their usual health problems are not
as serious or life threatening as those me typically encounter. Although, later in life, women also die from same illness from men, what distinguish the sexes, as Lois Verbrugge (1985) observes, is the frequency of those problems and the pace of death. Men, for example, are 1.5 times more likely than women to die from cancer. Coronary heart disease is the leading cause of death for women after age 66 but becomes the number one killer of men after age 39. In sum, women are sick more after (with less serious health problems), but live longer; men, in contrast, are sick less often, but die sooner from more life-threatening disease.

There is also evidence that women have a biological advantage in life expectancy over men form the earliest periods of life. Males have higher mortality rates than females from the prenatal and neonatal stages of life onward. Although percentages vary from year to year, males die at about 12 percent greater rate than females during the prenatal stage, and rates are 130 percentages greater during the neonatal (newborn) stage. Consequently, males appear to be weaker physiological than females as the two sexes begin life, and their biological disadvantage seems to continue over the life span. Social and psychological factors also play an important role in influencing life expectancy for males. Men are generally expected to be more aggressive than women in their roles in society.

Both men and women face discrimination due to old age, but women experience ageing differently. Gender relation saturator the entire life cycle, from birth to old age, influence access to resources and opportunities and shaping life chooses at every stage. Good health, economic security and adequate housing are essential requirement of ageing with dignity, but older woman in both developed and developing countries face difficulties in accessing these on a basis of equality with men. The impact of gender inequalities in respects of education and employment opportunities and access to health services widen sat every stage of individual life. As a result, older woman are likely than older men are more General Kofi Annan stated March 1999, during the International Year of Older Persons, “Women comprise the majority of older persons in all but a few countries. They are more likely than man to be poor in old age and more likely to face discrimination.”
India stands second in the world in population and the aged population of India has increased rapidly. The medical advancement has achieved a long life span and reduced mortality and fertility rates. The aged population of India in 2001 was 71697634 i.e. 7.08 percent of the total population. In 2005, it is expected to be 136458825, 9.87 percent of the total population according to the department of statistics. Indian society is changing fast, and the values associated with the care of the elderly are also changing. About 90 percent of the aged populations belong to the unorganized sector and they have no income or social security during the old age.

Objectives of the study:
The main objective of the study was to analyse gender differences in quality of life among lambani elderly.

1) To understand the gender difference in quality of life of Lambani elderly.
2) To find out gender difference in socio-economic status of the Lambani elderly.
3) To examine the working conditions of the Lambani male and female elderly.
4) To compare the health condition of Lambani men and women elderly.
5) To understand gender difference in the social adjustment of the Lambani elderly.
6) To find out the gender difference in the problems of Lambani elderly.

Hypothesis of the study

1) There is significant relation between education and quality of life both among Lambani men and women elderly.
2) There is significant relation between income and quality of life both among Lambani men and women elderly.
3) There is significant relation between type of family and quality of life both among Lambani men and women elderly.
4) There is significant relation between education and health status of Lambani elderly among both male and female.
5) There is significant relation between income and health status of Lambani elderly among both male and female.
6) There is significant relation between type of family and health status of Lambani elderly among both men and women.
7) There is significant relation between education and working capacities of both among Lambani male and female elderly.
8) There is significant relation between income and working capacities of both among Lambani male and female elderly.
9) There is significant relation between type of family and working capacities of both among Lambani male and female elderly.
10) There is significant relation between education and social adjustment among both Lambani male and female elderly.
11) There is significant relation between income and social adjustment among both Lambani male and female elderly.
12) There is significant relation between type of family and social adjustment among both Lambani male and female elderly.

Data Collection/Analyses

Data collection is an important stage of research. There are two types, one is primary data and the other one is secondary data. In present study both primary and secondary data were used.

Primary Data:

The researcher personally collected the data from elderly who were living in lambani tandas by using interview schedule, which consist of five sections, namely, Profile of lambani elderly, Physical health, Psychological aspects, Social relationship, Environment.

Secondary Data:

The secondary data was collected by books, national and international journals, national and international censuses and population projections, national and sample survey reports, journals on social gerontology, magazines, newspapers, articles, and web sites.

Universe Sample:

The universe of the study was the lambani elderly who were living in Vijayapura taluk. In Vijayapura taluk there are 174 tandas among them eight tandas were selected randomly, namely
Aaheri tanda, Shivanagi tanda, Hadagali tanda, Minchanal tanda, Kannur tanda, Toravi tanda, Mahal tanda and Kumatagi tanda.

Fifty lambani elderly’s of them 25 male and 25 female elderly were chosen from each tanda using purposive sampling method. The total samples constitute 400 lambani elderly among them 50% (200) were males and 50% (200) were females.

8.2 TESTING OF HYPOTHESES

1) The hypothesis entitled “there is significant relation between education and quality of life both among Lambani men and women elderly” is accepted in table 4.12 of chapter IV.

2) The hypothesis “there is significant relation between income and quality of life both among Lambani men and women elderly” is accepted in table 4.13 of chapter IV.

3) The hypothesis namely “there is significant relation between type of family and quality of life both among Lambani men and women elderly” is accepted in table 4.11 of chapter IV.

4) The hypothesis entitled “there is significant relation between education and health status of Lambani elderly” among both male and female is accepted in table 6.29 of chapter VI.

5) The hypothesis namely “there is significant relation between income and health status of Lambani elderly” among both male and female respondents is proved in table 6.30 of chapter VI.

6) The hypothesis namely “there is significant relation between type of family and health status” among male (Lambani elderly) respondents is rejected but female respondents is accepted in table 6.28 of chapter VI.

7) The hypothesis namely “there is significant relation between education and working capacities of both among Lambani male and female elderly” is accepted in table 7.23 of chapter VII.

8) The hypothesis “there is significant relation between income and working capacities of both among Lambani male and female elderly” is accepted in table 7.24 of chapter VII.

9) The hypothesis “there is significant relation between type of family and working capacities of both among Lambani male and female elderly” is accepted in table 7.22 of chapter VII.
10) The hypothesis “there is significant relation between education and social adjustment among both Lambani male and female elderly” is accepted in table 5.41 of chapter V.

11) The hypothesis “type of family is significantly related with respondent’s relation with family members” among males but not female elderly in table 5.42 of chapter V.

12) The hypothesis “there is significant relation between type of family and social adjustment among both Lambani male and female elderly” is accepted in table 5.40 of chapter V.

8.3 FINDINGS OF THE STUDY

8.3.1 Socio Economic Profile

➢ There is significant difference between male and female lambani elderly with regards to age composition.
➢ There is significant variation between male and female lambani elderly with regards to educational status.
➢ There is no significant variation between male and female lambani elderly in the marital status.
➢ Significant variation between male and female lambani elderly found in number of children.
➢ There is no significant difference between male and female lambani elderly with reference to size of the family.
➢ There is no significant variation between male and female lambani elderly with regards to type of family.
➢ Significant association between male and female lambani elderly is found in occupation.
➢ There is significant variation between male and female lambani elderly and preference to live in various housing arrangements.

8.3.2 Social Adjustment And Gender

➢ Significant association between male and female lambani elderly and living arrangements is found.
➢ There is no significant association between male and female Lambani elderly with regards to relations with family members.
There is no significant variation between male and female Lambani elderly with regards to mingling with other members.

There is no significant variation between male and female Lambani elderly with regard to decision taking in family.

There is significant variation between male and female Lambani elderly with regards to individual status in family.

There is no significant variation between male and female Lambani elderly with regards to causes of breakdown of status in the family.

There is significant variation between male and female Lambani elderly with regard to children’s carelessness.

There is significant variation between male and female Lambani elderly with regard to children’s carelessness.

There is significant variation between male and female Lambani elderly with regards to carelessness of daughter-in-laws.

There is no significant variation between male and female Lambani elderly with regards to daughter-in-law as consanguineous.

There is no significant variation between male and female Lambani elderly with regards to taking suggestions for family.

There is no significant variation between Male and female Lambani elderly with regards to happiness and satisfaction in younger age.

There is no significant variation between male and female Lambani elderly with regards to an eventful life.

There is no significant variation between male and female Lambani elderly with regards to interest in living with son or daughter.

There is significant variation between male and female Lambani elderly with regards to respect of family members.

There is no significant variation between male and female Lambani elderly with regards to best helping person.

There is no significant variation between male and female Lambani elderly with regards to participation in social activity.

There is no significant variation between male and female Lambani elderly with regards to frequency of contact with family.
There is no significant variation between male and female Lambani elderly with regards to person with whom they converse the most.

There is no significant variation between male and female Lambani elderly with regards to participation in family function and gender.

There is no significant variation between male and female Lambani elderly with regards to obeying the commands.

There is no significant variation between male and female Lambani elderly with regards to irritation with responses.

There is no significant variation between male and female Lambani elderly with regards to the existence of close friends.

There is no significant variation between male and female Lambani elderly with regards to discussions with old friends/colleague.

There is significant variation between male and female Lambani elderly with regards to persons taking with meals.

There is no significant variation between male and female Lambani elderly with regards to children who are their main support for their parents in old age.

There is no significant variation between male and female Lambani elderly with regards to dependence on husband/wife.

There is no variation between male and female Lambani elderly with regards to helping other relative.

There is no variation between male and female Lambani elderly with regards to unpleasant aspects of life.

There is no significant variation between male and female Lambani elderly with regards to engaging in other activities.

There is no significant variation between male and female Lambani elderly with regards to the dependent person.

There is no significant variation between male and female Lambani elderly with regards to availability of good food.

There is significant variation between male and female Lambani elderly with regards to bad habits.

There is no significant variation between male and female Lambani elderly with regards to feelings of becoming old or aged.
➢ There is no significant variation between male and female Lambani elderly with regards to elderly who were taken care of better earlier.

➢ There is no significant variation between male and female Lambani elderly with regards to their appetite.

➢ There is significant variation between male and female Lambani elderly with regards to main problems in old age.

➢ There is significant variation between male and female Lambani elderly with regards to person who cook food for them.

➢ There is significant variation between male and female Lambani elderly with regards to feeling depression.

➢ There is no significant variation between male and female Lambani elderly with regards to membership of any organization.

8.3.3 Health and Gender

8.3.3.1 Physical Health

➢ There is significant variation between male and female Lambani elderly with regards to health problem.

➢ There is no significant variation between male & female Lambani elderly with regard to diseases.

➢ There is no significant variation between male and female Lambani elderly with regard to health status.

➢ There is significant association between male and female Lambani elderly with regards to consultation for diseases.

➢ There is significant association between male and female Lambani elderly with regards to physical problems.

➢ There is significant association between male and female Lambani elderly with regards to present health condition.

➢ There is significant association between male and female Lambani elderly with regards to preferences of treatment.

➢ There is no variation between male and female Lambani elderly, and the support required.

➢ There is significant association between male and female Lambani elderly with regards to consulting doctors for sickness.
There is significant association between male and female Lambani elderly with regards to sleeping hours.

There is no significant association between male and female Lambani elderly with regards to perennial health problems.

There is no significant association between male and female Lambani elderly with regards to person who lives with their family members.

There is no significant association between male and female Lambani elderly with regards to food habit.

There is no significant association between male and female Lambani elderly with regards to do own work.

There is no significant association between male and female Lambani elderly with regards to ability to do other activities.

8.3.3.2 Psychological Health

There is no significant association between male and female Lambani elderly with regards to belief in god.

There is significant variation between male and female Lambani elderly with regards to time spent in a day.

There is no significant association between male and female Lambani elderly with regards to visiting the religious places.

There is no significant association between male and female Lambani elderly with regards to youngsters’ respect for the elderly.

There is no significant association between male and female Lambani elderly with regards to feeling depressed.

There is significant association between male and female Lambani elderly with regards to happiness and satisfaction in life.

There is significant association between male and female Lambani elderly with regards to mental disorders.

There is no significant association between male and female Lambani elderly with regards to body image and appearance.

There is significant association between male and female Lambani elderly with regards to positive feelings.

There is significant association between male and female Lambani elderly with regards to self esteem.
There is no significant association between male and female Lambani elderly with regards to thinking, learning.

There is no significant association between male and female Lambani elderly with regards to thinking about future life.

### 8.3.4 Environment and Gender

- There is no significant variation between male and female Lambani elderly with regards to complete retirement from the work.
- There is no significant variation between male and female Lambani elderly with regards to environment.
- There is no significant variation between male and female Lambani elderly with regards to interaction with family.
- There is no significant variation between male and female Lambani elderly with regards to living alone at home.
- There is significant difference between male and female Lambani elderly with regards to desires and wishes.
- There is no significant difference between male and female Lambani elderly with regards to benefits from government facilities.
- There is no significant difference between male and female Lambani elderly with regards to feeling of dependent in old age.
- There is no significant difference between male and female Lambani elderly with regards to financial liability.
- There is no significant difference between male and female Lambani elderly with regards to decision of spending pension money.
- There is no significant variation between male and female Lambani elderly with regards to benefit from government scheme.
- There is no significant variation between male and female Lambani elderly with regards to availing bus pass facility.
- There is significant variation between male and female Lambani elderly with regards to managing their expenses.
- There is no significant variation between male and female Lambani elderly with regards to people providing financial support.
There is no significant variation between male and female Lambani elderly with regards to expectations from the government.

There is no significant variation between male and female Lambani elderly with regards to sudden loss of power, income.

There is significant variation between male and female Lambani elderly with regards to landed property at native place.

There is no significant variation between male and female Lambani elderly with regards to respondents settling down at native place.

There is no significant variation between male and female Lambani elderly with regards to awareness of old age homes.

There is no significant variation between male and female Lambani elderly with regard to family members appreciating living at old age homes.

There is no significant variation between male and female Lambani elderly with regards to respondent’s independence.

There is no significant variation between male and female Lambani elderly with regards to facilities and local services.

8.4 CONCLUSION

Human nature is funny. People take great trouble to preserve relics from the past as some kind of evidence of history. Millions of dollars are spent in restoring heritage building, archaeological expeditions and museums. We are paranoid about our glorious past and so we need proof that it had existed at same point. While man-made heritage is preserved, people seem to give two hoots about caring for living heritage in itself. We must protect an old building because it is a symbol of rich, living history but it is perfectly acceptable to throw out an old relative because he or she has lost any form of material utility. India is a perfect example of such an attitude. In case of elderly women, the problems are manifold. That is, due to inequality of women in the society, the elderly women are neglected by youth. Further, if the elderly women are widows, than they find it difficult to face challenges in the lives. Due to loneliness, there are also many of the mental health problems such as feeling of insecurity, loneliness, depression, etc... The live example is the suicide committed by 62 year old woman by setting herself ablaze because of depression. This is not the only case, the history is long. Further, due to ageing, there are also physical health
problems such as bronchitis, asthma, arthritis, etc. Of course, many of the social security schemes are proved to be beneficial for elderly women.

Hence, the Government and the NGOs have to intervene the problems of elderly women for their better. Till few decades ago, when average age of women in India was less than 60, condition of older women was never even mentioned. But now with fast growing elderly population, increased life expectancy and higher percentage of elderly women in India elderly population, issues concerning elderly women cannot be ignored any longer. If ignored today, this may turn in to a major social development challenge. Focus should be shifted on older women. Since they have specific needs they need special attention.

In spite of the availability of various legal norms to promote the welfare of old aged persons, they are facing the abuse of one kind or another by their family members. The incidences of elderly couple being forced to sell their houses are very high. The old age persons are suffering in silence as they fear humiliation or they are scared of their children or relatives. In urban areas in India, the grand dumping has become very common as children are not tolerating their parents health problems. The Constitutional and legal schemes available in India are still needed to be made implementable. The problems of the old aged must be addressed to urgently and with utmost care. This can be done by amending the Constitution by including special provisions for protection of aged person and to bring their issues in the periphery of fundamental right. With the degeneration of joint family system, dislocation of familiar bonds and loss of respect for the aged person, the family in modern times should not be thought to be a secure place for them. Thus, it should be the duty of the State to think properly for the welfare and extra protection of the old aged persons in India. Now there is a need to pay greater attention to the increasing awareness on the issues arising out of old age phase and its socio-economic effects and to promote the development of policies and programmes for dealing with old aged persons of our society.

The provision for maintenance of parents by children, wives by husband, etc., under various statues however, is not to provide immune income or old age security but to prevent destitution and vagrancy. It cannot, therefore, substitute for state action in providing risk cover to older persons. A critical analysis of these statutory
provisions shows that they have been merely a drop in the ocean in view of the vast aged population of India. However, the legislative measures taken by the state in this regard could be appreciated. Amendments have to be made in the enactment as well as in the rules to rectify the defects. In a welfare state it is expected that instead of avoiding its responsibility and shifting the burden to its citizens, the state shall design a social security schemes including financial products like pension schemes, reverse mortgage scheme, health care including proper facilities and other forms of support for the elderly so that they may lead a happy and dignified life. An atmosphere of positivity, hope, encouragement and enthusiasm has to be created which would lead increasing access of older people to all the benefits created by developmental efforts. There is a need of sensitizations for love, care and obligation for parents by their young children. Let us hope that our socialist democratic constitution and the rights given to every citizen will allow us to move in the right direction to ensure this.

Physical and psychological violence impact the health of an elderly person. Despite the impact of violence on the elderly, physical and cognitive impairments combined with extensive family ties make it difficult for an elderly person to leave an abusive relationship or to take corrective measures. There is empirical evidence to suggest that in India, incidents of abuse and neglect of older people are increasing day-by-day, both within families and institutions and that it prevails across classes, castes and religions in both rural and urban areas. The most disquieting trend is the vulnerability of ageing women to oppression in various forms. Given existing structures of gender discrimination, women run a greater risk than men of becoming victim’s material exploitation, financial deprivation, property grabbing, abandonment, verbal humiliation, emotional and psychological torment.

After independence and especially after the reorganization of State in 1956 many programmes were started to improve the social and economic conditions of the scheduled castes were scheduled Tribes. Fortunately the lambanis who were covered under the title, the scheduled Castes, could get many facilities for their improvement and progress.

The housing patterns are also changing slowly. Some of the educated lambanis have stopped studying in Thandas and they have started staying in the villages and towns. This has not been met with much favors by the villagers and the people of the
towns. The Lambanis are not only a denotified tribe or a nomadic tribe but they are also a backward tribe. Such a minority backward tribes cannot be neglected and they need to be brought in the Indian mainstream. In this regard, the Government of Karnataka has taken very good steps by recognizing the Lambanis as a Scheduled Caste. By this step of the Government, the Lambanis are getting reservation in job opportunities, education and the political life. If better chances are given to them in agriculture, education, trade and commerce they will definitely able to show themselves as very good citizens of India. These measures definitely bring the Lambanis on par with the other advanced community people in India. Moreover, Lambanis are spread throughout India and if chances are given to them to come together they can definitely play a greater role in the Nation building activities of India.

As lambanis adjust themselves to the local conditions, some variations, in their language ad life style are noticeable. However, this social basic tribal organization called as “Gor panchayat” is still very strong and exercises its powers. That is why Lambanis do not generally go to courts of law and they like their disputes settled in their own tribal council. They are proud of their ancestors and this has been exhibited in organizing their ancestors. The caste system of Hindus has influenced the tribal life of the Lambanis and they have started to recognise the caste in their own community. Many programmes were introduced by the Government to improve the conditions of the Scheduled Castes and Tribes who were generally poor, weak and backward.

In this way, we find that Lambanis are backward and rehabilitation and formation are required. No doubt Government is already trying to rehabilitate and reform Lambanis. However, it is felt that this improvement is reaching only a few and large sections of the population of Lambanis are still backward. It is the urgent duty of the Government and social service agencies to improve the really poor, weaker and backward.
8.5 SUGGESTIONS

- In the present changing social scenario we are vested with onerous task of strengthening the institution of family by bringing about modifications in it because the family by far still remains the best as far as providing appropriately compassionate and human care to the senior citizens.
- The family members should be made aware of the psychological and health problems of the elderly in such a way that they should take a sympathetic attitude towards the old.
- The elderly (60+) physically and mentally fit to work should be helped in finding out some remunerative work, full time or part time, in the field of their interest and ability. This will help them in reducing their feeling of dependency on others as well as unwantedness.
- Concept of health promotion and preventive geriatrics should be popularized among the masses for effective healthy ageing of the population at large.
- Special attention is given to the elderly women and the widows.
- Community homes for the destitute elderly should be established.
- The government should further seriously consider free or at least subsidized facilities for the elderly in travel to their relatives, friends and religious places.
- In order to satisfy the basic needs of the aged, the old age pension scheme should be extended to all the aged who are in need of it.
- Number of old age homes sponsored by the ministry of social justice and empowerment should be increase.
- Day care centers organized for the benefit of the aged should be increased so as to cover more number of the aged.
- Quality of the services of mobile Medicare units should be improved by increasing.
- Services of the aged from rural areas especially those with agricultural background should be utilized in all welfare and development programmes.
- The emerging scenario of self help group can provide loan facilities and invite investment from the aged for income generating programmes.
- Establishment of counseling centers and allied services can attend the aged in their crisis and hardships.
There is a need to create knowledge and popularizes indigenous medicine as the aged prefer siddha, ayurveda and naturopathy which are cost effective and readily available in the rural area.

- Awareness should be created for social adjustment among elderly.
- Awareness has to be created among old people regarding government policies and programmes for them.

### 8.6 Suggestions for the Further Study

- Studies on the quality of life of urban elderly can be taken.
- Studies on rural elderly quality of life can separately take up.
- The study on quality of life of the pensioners can be undertaken.
- A comparative study of quality of life of forward and backward castes can be undertaken.
- The study on awareness of old age schemes can be conducted.
- A study on the quality of life among the elderly in old age homes may be undertaken.