ABSTRACT
The present study was conducted to study the living arrangements among the Gujjar aged; their daily activity pattern and problems (psychological, social and economic), their perception regarding care and family support and also the perception of the family and community members regarding aged; and to suggest some measures for the betterment of the Gujjar aged under existing situation. The following hypothesis were formulated (i) Aged Gujjars will be having psychological, social and economic problems, (ii) family and community members will be in favour of providing care and support to their aged members of the family and (iii) the aged will perceive care and family support with a positive attitude.

The sample group consisted of 300 aged (150 males and 150 females) from Gujjar community and 200 children of the sampled aged (100 married and 100 unmarried) from the same community from 10 blocks of Jammu district; R.S. Pura, Bishnah, Vijaypur, Akhnoor, Purmandal, Kot Bhalwal, Bari Brahamana, Satwari and Jammu. 200 community members were also selected from the Gujjar community (100 adolescents and 100 middle aged persons) for the present study from various blocks of Jammu district, through different sampling techniques. For aged and their children, purposive and snow ball sampling technique was used and for community members random sampling technique was used.

The tools used for data collection were interview schedule for aged, their children and community members. Shamshad-Jasbir Old Age Adjustment Inventory (SJOAI) and group discussion were also used with the aged sample of the present study. Both qualitative and quantitative analysis was made, for statistical analysis, percentages, chi-square values and coefficient of correlation was applied where required.

Results regarding living arrangements revealed that majority of male and female respondents were having one hut accommodation, temporary houses called “Kullas” against the slope of hillock, when they are in mountainous region and in open fields when they are in plain areas. High proportion of the married male children and less number of married daughters were living with their aged parents in the same compound or in the same household and all of them interacted with each other once or twice in a day. Rest of the children of aged sample were living at the distance of 15 minutes to 6 hours but as the distance increased, between the living place of the children and the aged parents, number of visits by children gradually decreased. Living with spouse and married sons is the most preferred mode of living arrangement according to both the aged males and females in this community.

The daily activity pattern of the aged sample was involvement in outdoor activities only. Female respondents were involved in indoor household activities due to their poor physical health and were unable to perform out door household work. All the respondents spend about 1½ hours of a day for religious activities. Majority of females perform religious activities at home and males prefer to perform such activities at Mosque. A large sample of both the sample groups were involved in leisure activities like gossiping, outings, singing religious and folk songs. Both the male and female group like to perform personal care activities like, combing, taking bath, changing clothes at alternative days or weekly and dying of hair and beard monthly or after every 2-3 months due to their busy life schedule.

There is a significant difference between male and female respondents regarding decision making. A high proportion of male respondents took decision by themselves and majority of female respondents took decision jointly in the family. A high majority of both the respondents reported that their social circle is getting limited due to their poor health, which is leading to social isolation and loneliness. The economic status of both the groups was mixed as many of them were able to perform income generating activities and manage their expenses by themselves. According to the male sample traditional occupation, and according to female sample, monetary help from the son was their main source of income. Insignificant differences were found between males and females regarding level of satisfaction from these sources of income. Analysis of Old Age Adjustment Inventory revealed that a high percentage of both the aged males and females were mildly adjusted in the area of financial moderately adjusted in health and highly adjusted in the area of social adjustment. As per the value of chi-square, significant difference was found between male and female respondents with respect to social, financial and emotional adjustment and insignificant difference was found between both the respondents in respect of health, home and marital adjustment.

The results of inter-correlation of all the 6 variables of SJOAI i.e. health, home, marital, social, emotional and financial adjustment of male respondents showed positive significant
correlation with each other and other 3 independent variables i.e. age, type of family and marital status showed negative correlation with 6 variables of SIOAI. Positive significant correlation was found between age and type of family, marital status and type of family and between marital status and age of the respondents. Inter-correlation among different areas of adjustment of female sample revealed that all the 6 variables were having positive significant correlation with each other and only social adjustment were having negative significant correlation with marital, emotional and financial adjustment. Other independent variables of the study were having negative significant correlation with each other. Only between type of family and social adjustment and between marital and age positive significant correlation was found.

Family is the predominant source of care and support to the aged person. High percentage of male and female respondents viewed that, care and support should be given to aged in respect of shelter, food, clothing, medicine, social obligation etc. All the respondents were expected care and support from all the family members in a positive way. Significant difference was found in both male and female respondents regarding the changes occurred in present caring pattern. According to majority of both the respondents, selection of daughter-in-law should be made from close relatives for better understanding between daughters-in-law and parents-in-law. High proportion of the female sample reported that most of the conflicts occurred with daughters-in-law of non related families as female aged sample also reported reason for conflicts that their supportive attitude towards married daughters.

To know the perception of the family and community members, two groups from family members and two groups from community were taken. As per the perception of the family members married and unmarried children were having positive attitude about the necessity of the aged in the family. Married children viewed that only unmarried children can provide better care to aged parents as they are free and don’t have any familial responsibility. According to the perception of the community regarding aged, highest percentage of the adolescent group perceived that old person is one whose ability to work has decreased. Majority of them were having views like aged should be involved in household activities and they must be present in the family. They spend 6-8 hours in a day with aged in the family and interacted regarding traditional occupation and household work with them. As per the perception of the middle aged person regarding aged, there is an insignificant difference between male and female regarding their perception about ageing. High percentage of both (middle aged male and female) viewed that aged must be present in the family as they provide good wishes, useful advice and are helpful in prosperity of home and helpful in settlement of disputes.

Overall results concluded that all the hypothesis stands true. Based on the findings of the study, some suggestive measures were suggested to the aged, their children and community members which are as following:

- Majority of the aged suffer from various health problems. Due to their poor economic condition they are unable to consult doctors and purchase medicine, which are essential for their treatment. It is, therefore, suggested that various welfare organizations should provide adequate and free medical facilities through mobile dispensaries to the aged Gujjars at their places.
- Government and non-Government organizations should also introduce income generating schemes and some sort of financial assistance for the aged of Gujar Community so that they can also live rest of their life with satisfaction.
- To minimize psychological problem of aged Gujar, there should be more interaction between all the family members with the aged in the family. Grand children should spend more time with their grand-parents in order to reduce psychological tensions and adjustment problems.
- There is need to educate children about the need to care for the older people in the community. Younger people need to be sensitized to understand the need and problems of the elderly with greater empathy and tolerance.