Chapter 7

Summary and Conclusions

In ten years the number of people over 65 will have doubled, how do we provide effective services, policies and infrastructure?

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7.1 Summary

The condition of old women vis-à-vis their male counterparts are relatively abject. The fact that physically females are weaker than their male counterparts renders them more susceptible to the tribulations of old age. This coupled with the fact that the existing social structure provides very little for their existence after a certain point makes them very vulnerable. As such advance planning at the right time by the individual concerned, the society at large and the State mechanism is imperative if any perceivable change is sought to be made. Widowhood is generally found to lower the socio-economic level of women. Older women are either illiterate or poorly educated. Their work as home-makers and care givers is never monetized. Nor are they likely to hold property exclusively in their names. These factors increase the dependency of women on others in old age. All this contributes to women’s total dependency on the family for mere survival.

In most developing countries, there is no or little semblance of any systematic provision for old age security either at the individual front or at the state level. In this setup, children are perceived as the only and natural choice of security for old age. This render the elderly persons totally and completely dependent on their child and in circumstances where the couple was childless, the elderly are left absolutely helpless to fend for themselves. Even when the child is present, this situation would not necessarily ensure a secure and comfortable epilogue for the
old parents. It is evident that with increase in age the level of work participation among the elderly declines. This he probably attributed to their physical inability/incapacity which affects their competence and restricts their activity. However it was found that there was a greater degree of disparity in work status between sexes where males were reported to be working when compared to elderly females. This disparity may perhaps be due to invisible labour which is non-remunerative, in terms of household duties performed by most elderly females.

It is the older women who are the most vulnerable, especially if they are widowed, childless and/or in declining health. Women need special and longer care when they grow old. The onset of menopause and old age, simultaneously starts in women at the individual level and reduces their social involvement resulting in role loss. Also, around this time their status gets changed from a primary role to a secondary role.

With the growing number of the aged in our country, it becomes imminent to plan, and evolve appropriate strategies to meet their special needs. In many developing countries, older persons have traditionally been cared for within the extended family network and by the community at large. Changes in the family values and cultural practices, reductions in family size, rapid industrialization and urbanization have altered the social fabric of the family, directly affecting the security of its elderly members. There has been a paradigm shift in the attitudes of children in their duty towards their parents and the custom of caring for their elders.
With a gradual drift in the family composition, the thrust and thirst of ever increasing privacy and independence often is found to lure younger people away from the traditionally held values of a joint family. Such a trend has resulted in rendering the elderly in the family alone. This is more prevalent in the developed and developing countries and is a core phenomenon of urbanization.

There is enormous diversity among older women. Some live extended lives and others have their lives shortened. Some live in abject poverty, others possess considerable wealth. Some expand their roles with increasing age, others face reduced status. Some are in excellent health even at advanced ages, and others have to rely on formal assistance for their everyday personal care. Whatever their situation, ageing women deserve much more attention if their health is to be advanced and lasting improvements in the quality of their lives are to be achieved.

The apathy being faced by our elderly can be gauged from the fact that in the city of Guwahati as well as the district, there is hardly any focus on the wellbeing of the elderly. Thus there is only one prominent old age home in the city, one home for the destitute and helpless widows. In addition there are merely a couple of day care shelters and some unstructured vidhwa ashrams which house a few widows.

In the backdrop of this dwindling turn of fate this study was conducted to study, analyze and evaluate the plight of the female elderly in the city of Guwahati and the rural areas of Kamrup district of Assam. The focus is on the female aged because it is felt that the plight of the female elderly merits the maximum attention and also since elderly women outnumber elderly men.
7.2 Findings

The primary findings of the study are enumerated below:

i. There is a constant rise in the proportion of the female elderly as compared to the male counterpart as revealed from a study of the census data for Kamrup district. The primary reason behind the same is the young age of females at the time of marriage, the considerable age gap between the age of the male and female at the time of marriage wherein the female was found to be much younger than the spouse, the enhanced life expectancy of the female, etc. The study of the sex ratio prevalent in the region also establishes the fact the number of female elderly is on the rise consistently over a period of time.

ii. The major age composition, of the respondents from both urban and rural area belong to the young-old category. More than three out of five were from the young old category i.e. from the age group of 60 to 69 years. Very few of the respondents were in the old-old category. This finding is in line with the Census 2001 for the Kamrup district.

iii. The proportion of widows was found to be higher in both urban and rural areas. This reinforces the finding that the females were married at a very young age and there was a considerable age difference between their age and the age of their spouse at the time of marriage which made them survive their spouse and also rendered them dependent on their children and other family members for support and sustenance.
iv. The marital status of the female is also a very dominant factor in deciding the status of females in the society in the region. It was found that women who were currently married were less vulnerable as they had the active support of their male counterparts in terms of financial, moral and physical support whereas the ones who were widows were found to be dependent on their other family members who were not so forthcoming.

v. The engagement in income generating activities was found to be more in the rural areas where majority of the respondents were occupied in weaving and farming activities. In urban areas most of the respondents were found to be confined to domestic activities apart from a few of them who were running private schools, family businesses etc.

vi. The prime means of subsistence of both the rural and urban elderly was to reside with their children. Almost three fourth of the respondents were found to be co-residing with their children. Means of subsistence reported otherwise were income from current work, financial support by children living elsewhere, past work/pension. This indicates that inspite of the change in the circumstances, a dominant majority of the elderly woman were still co-residing with their children in the traditional manner.

vii. The level of literacy of respondents was found to be higher in the urban areas than rural areas. The study reveals that two out of three respondents of the rural areas were uneducated or could only manage to read and write whereas in the urban areas only one out of four was found uneducated or could only read and write. This reinforces the fact that the level of literacy
of the elderly female in the rural area is still far behind as compared to the urban areas.

viii. A majority of the urban and rural respondents were engaged in instrumental activities of daily living. Few of the respondents had difficulty in performing their activities of daily living.

ix. With 77.50 percent of urban elderly and 90 percent of the rural elderly respondents co residing with adult children it can be essentially stated that the pattern of living with adult children is still widespread in both urban and rural Kamrup with the proportion being comparatively higher in the rural area. Parents and children both benefit from living together. Older adults receive the social, financial, and health support they require from the younger generation. Reciprocal exchanges take place when older adults assist with caretaking of younger children or look after the home when other adults are away.

x. They practice of residing with married daughters is negligible with only 1.67 percent of the urban respondents and 2.50 percent of the rural respondents found residing with their married daughters. In a few cases the daughters have been providing some financial and moral support by residing nearby.

xi. Though a majority of the aged women respondents in both urban and rural Kamrup were co-residing with their adult children, a significant number of aged women respondents' expressed the desiring to have alternative living
arrangements. The informants felt that intergenerational relations were being transformed and a generational gap in lifestyles and social values has been created which often made extended family living difficult. Thus a fundamental change in family values and traditional family elements seemed to be occurring in Kamrup district.

xii. The conflict between the mother and the daughter(s)-in-law with regard to food habits, practicing rites and rituals, cleanliness, mode of entertainment, use of time and more generally in their natural way of behaving and thinking forced them on desiring separate arrangements for living.

xiii. The need for greater privacy both from the younger and elder generation, migration of children to foreign countries, compatibility issues with daughter-in-laws mainly in the form of verbal abuse has led the elderly women respondents especially widows (10.80 percent in case of urban areas) to seek a separate living arrangement. The percentage of rural aged women respondents residing alone was much lower at 5 percent compared to urban aged.

xiv. An inverse relationship has been observed between the educational levels of the elderly and their living arrangements with adult children in the urban areas. In situations where levels of education are higher, older adults prefer to live separately in small households with their spouse only, or with their unmarried children. The preference to live with a married son or daughter is less and later they get separated and are more likely to be alone. Of the total 46 urban respondents who had received higher education in the urban areas,
only 15 were found to be co-residing with their married sons and the extended family. However in the rural areas the preference to reside separately is less. Out of 6 rural respondents who had received higher education, 5 were found to be co-residing with their married sons and the extended family.

xv. The currently-married status were found less inclined to co reside with their adult children and preferred to stay with their spouse only. This factor has been found to be more prevalent in the Kamrup Metro area as compared to the rural area with only one married respondent found residing alone with her spouse only. Thus clear differences between rural and urban areas are perceptible.

xvi. With the lack of familial support, the elderly were found to stay in old age homes in case they were economically affordable. The factor was found to be significant with 15 urban women respondents found residing in an old age home. They were all widows who were receiving pensions and expressed satisfaction with their stay in old age homes as compared to their own homes.

xvii. The old age home had more women inmates than men. Of the total 18 inmates, 15 were women who were widows, which reflect the need for single women seeking alternative living arrangement.

xviii. Institutionalized homes for the aged are yet to take shape in Kamrup district. Only one old age home was found in the entire Kamrup district.
xix. Prevalence of lifestyle diseases like blood pressure, heart diseases, diabetes were found to be common in both rural and urban areas. The most prominent problem that has been found to be affecting the respondents was high / low blood pressure. Problems of the joints, arthritis, rheumatism etc. were also found to be common ailments mainly in urban areas. Prevalence of diseases like heart disease, diabetes also appears to be the major problem of the elderly.

xx. No geriatric departments in the medical colleges and geriatric wards in the district were prevalent as stated by the respondents. No provision for medical benefit to the elderly citizen by ways of providing concession in respect of purchase of medicines and physical examinations in pathological laboratories were reported.

xxi. Most of the diseases suffered by the elderly were chronic in nature, which essentially called for good care and intense support from the family. However, with the breakdown of the extended families and with increasing participation of women care givers in activities outside the home, the caring and nursing of elderly at home is compromised.

xxii. From the overview of the food consumption patterns of the aged women respondents and the level of satisfaction about the quality and the nutritional content it was observed that a majority of the respondents were found consuming two to three meals a day and were satisfied with the quality and nutritional content of the food they consume.
xxiii. In the case of most of the rural respondents, the major activity during their leisure time was to get involved in some form of religious and cultural activity at the local nearby Namghar or temple or at any such similar place. In urban areas participation in this activity was found to be comparatively less than the rural areas. The main reason for lack of participation was the factor of mobility compounded by the harassment involved in venturing out of the house in urban areas.

xxiv. Participation in social activity was found to be less in rural area. The proportion was higher in urban area. Some of the urban respondents were found to be more active on account of their association with some community groups, social clubs working for community development, cleanliness drives, charity etc.

xxv. Awareness about National Old-Age Pension Scheme was found to be more in the rural area with as compared to the urban area. However in the urban area a large number of the respondents were receiving family pension / retirement benefit from the department where they or their spouse were employed or were otherwise not eligible for the National old age pension scheme. Most of the elderly women were found aware of railway fare concession which is a popular measure. The urban respondents were found more aware of old age homes as compared to the rural areas.

xxvi. A majority of the respondents were found to be completely unaware about the availability of any services by voluntary organizations such as NGOs, trusts etc. This indicates that inspite of the presence of a large number of
NGOs and other social organisations, not much focus is given on welfare measures for the elderly citizens.

The respondents from the rural area and the urban area were found involved in most of the four activities analysed viz. rituals and ceremonies of the family, financial matters, day to day running and marriage in the family. As such it can be construed that inspite of old age, frail health and mental status, elderly women still try to contribute by being involved in any manner possible in the affairs of the family.

7.3 Suggestions

Older persons should not just be seen as a needy and dependent group. It is pertinent that their substantial contributions to families, communities and societies are acknowledged, encouraged and supported. Promotion of active ageing and empowerment of older persons so that they can be part of decision making processes in issues that affect them. The elderly need opportunities to participate in cultural, economic, political and social life.

It is essential to integrate the evolving process of global ageing within the larger process of development. Policies on ageing deserve close examination from the developmental perspective of a broad life course and society wide view. The State should undertake measures for capacity building for implementing, monitoring and evaluating policies and programmes to improve data collection, analysis, research and dissemination. The Government should start by firstly determining the definition of old age keeping all the relevant factors into account. At present,
the term senior citizens or elderly is interpreted differently under different legislation and situations. As such in order to have an effective policy for the same, it should be spelt out in unambiguous terms the age group that policy intends to target.

The traditional system hitherto ensured that the family used to look after its elderly. For this reason and also due to paucity of resources, the governments have confined themselves to basic care and needs of the elderly. But modernisation and economic and social transformations have gradually weakened the traditional support systems and now the governments are being increasingly looked to for an increased support base. State aid to this section of the society which has been very basic should be broadened in scope and coverage so as to encompass in its gamut preventive, curative, restorative and rehabilitative health services.

The requirement of the elderly should be accorded the due prominence it merits. The hospitals, medical collages, nursing homes should be made to have sections and wards specifically designed and dedicated to provide focused services to the ailing elderly persons. Practitioners and students in the human care profession such as doctors, nurses, care takers etc. should be imparted specific training in the relevant areas of gerontology, geriatrics, psycho-geriatrics and geriatric nursing.

The Government should introduce schemes whereby the requirements of the elderly are met with on a priority basis in a cost effective manner. The primary requirement for health care such as medicines, hospitalization, medical evaluation should be made available for the elderly at concessional rates. Moreover the other requirements of the elderly such as hearing aids, dentures, glasses and other
prosthetics should be made readily available at affordable and reasonable rates. If required dedicated outlets for the same should be commissioned which cater to the need of the senior citizens thereby reducing the stress of dealing with general stores.

Efforts should be made to develop home care to provide high quality health and social services in the way required so that older persons are enabled to remain in their own communities and remain independently as long as possible. Home care should not be viewed as an alternative to institutional care rather the two are complementary to each other and should so link into the delivery system that older persons can receive the best care appropriate to their needs at the least cost. Again due to the shift in if the traditional care givers, efforts should be made to encourage the service of professional and trained day care givers at affordable cost so that the needy elderly is given the security and comfort required at this age which is not available to them as not only the son but also the daughters and daughter in laws are out on job. Day care centres should be established where the elderly who do not have any one to look after them during the day could come and spend the daytime with people of a similar age group. Setting up parks and community centres where the elderly can spend some time would also go a long way easing the strain on the elderly persons.

The establishment and management of old age homes is a matter of grave importance. As per the findings of the study, there is only one old age home in Guwahati city and none in the rural area of Kamrup district. The need and importance of such facility is immense, mainly in the face of fast changing
societal dynamics. As such efforts should be made to set up many more old age homes to take care of the aged destitute and women in particular who are very vulnerable. A proper study should be conducted to identify the exact number of this vulnerable section of population and adequate provisions should be made to set up such old age homes. Where necessary their day to day maintenance should be entrusted to responsible and capable persons. After the setting up process, routine monitoring should be conducted to ensure that the intended results are being derived from the same.

The Government should make an analytical and pragmatic study of the issues plaguing the elderly section of the society. As an important part of the overall social security scheme, measures for conveying retirement and pension benefit to a cross section of the society should be undertaken. So far mainly employees of the organized sector are being covered by the existing retirement schemes framed by their employers. However suitable schemes should be designed to cater to the needs of the other sectors as well. Moreover incentives such as tax savings and other sops should be given to encourage investment in this segment to garner resources for the same.

The growing incidence of crime against the elderly traumatizes not just the immediate victims but leaves a prominent scar on the other elderly in the region who suffer psychologically by becoming more frightened and paranoid thereby increasing their sense of insecurity. It is frequently reported in the media that in cities such as Delhi, Mumbai etc (Anon. 2008) the elderly being soft targets are the victims of murder, robbery, abuse etc. Likewise the case of Delroy Grant in
UK is another example that highlights the vulnerability of the elderly (Evans, et al., 2011). Though the reported incidents of such nature are not very alarming in this part of the country, but a gradual rise is perceptible. However the importance of the same should not be ignored and advance preparedness should be undertaken. The law enforcement agencies should devise suitable measures to tackle such incidents to restore the faith of the elders in the system.

Health awareness programmes should be undertaken to enable all individuals to lead a healthy life even at the prime age so that they remain active and healthy, both mentally and physically, as they become old. The shining example is that of India’s marathon man, Dr Ashish Roy who at 79 continues to run marathons and remains as active as a 30 year old (Narayanan, 2006). However all aged persons can hardly be as fortunate as Ashish Roy in terms of health and fitness. Nonetheless, the fact that a healthy adult is more likely to graduate onto a healthy elderly person should be recognized and promoted. This would be one of the preventive measures to undertake in the light of the fact that due to decline in mortality rates and improvement in overall health care, the numbers of the elderly are on the rise. Women’s health and nutrition should be taken up on a priority basis so that the women are made aware of the various physical ailment threats that specifically impact the elderly women such as osteoporosis, etc.

There is a sizeable presence of NGOs and other social service organizations in the region which are also being aided by the Governments in various ways. These non-governmental organizations should be encouraged to increase their thrusts to provide care for the elderly who do not have any one to look after their
requirements. The emphasis should be on enlisting the cooperation of the NGOs as well as the community as a whole thereby making them a responsible unit of nation building.
References

