Chapter 5 SUMMARY

The percentage of the elderly individuals in India is fast approaching the 7% mark, and in absolute numbers India has 70 million elderly (WHO 1989). The problems of the elderly can no longer be ignored. To get a clear understanding of the problem its biological, psychological and social dimensions must be studied thoroughly in the Indian context. The interest is enhanced by the fact that the United Nations has declared the year 1999 to be the International Year of Older Persons (Gore 1997).

In the past, most studies were done abroad. From a review of the literature it appears that the biological, including medical, problems related to aging are: graying of hair, skin change, chronic diseases, loss of acuity of sense organs, blood pressure-related problems, osteoporosis, etc. The psychological traits related to aging are: anxiety, depression, loneliness, lack of life satisfaction, lack of subjective well-being, etc. The social problems associated with aging are: unemployment, problems related to retirement, change in economic status, change in inter-generational relations, change in living arrangement, etc.

Most of these studies show that with age the problems tend to increase. Further, many of the traits are correlated among themselves. Thus it is expected that a complex relationship exists between the three dimensions, and an interdisciplinary approach is essential for the study of the elderly. Very few, if at all, such studies have been done in India.

The objective of the present study is to investigate into the process of aging in a comprehensive manner incorporating biological, psychological and social dimensions, with special emphasis on gender difference. Occupationally homogeneous groups of men and women aged ≥50 years were studied. The study is limited to a few traits from each dimension. Attempts were made to answer the following questions:
1. What are the nature and prevalence of the biological, psychological and social traits under consideration in the study population?

2. Are the prevalences of these traits gender-specific?

3. What are the relationships between traits to be studied under each dimension, as well as between those studied under different dimensions?

In order to fulfill the objective of the study, college teachers are selected as a group being occupationally homogeneous and having large scale participation of women. To ensure economic and cultural homogeneity only Bengali-speaking, undergraduate college teachers are selected. For each gender there are two retirement status groups (RSG): the not-retired and the retired, and four age groups (AG): 50-54 years, 55-59 years, 60-64 years, and ≥65 years. “Gender difference” is studied in the two retirement status groups, the four age groups and the pooled age groups. “Retirement status group difference” is studied between the not-retired and the retired groups in each gender. Similarly “Age group difference” is studied by comparing consecutive age groups in each gender.

A list of 100 individuals in each of the four groups, retired men, retired women, not-retired men and not-retired women, was prepared from the list of college teachers obtained from 40 colleges affiliated to the University of Calcutta. The final list of respondents (comprising 343 individuals) was prepared solely on the basis of being able to contact and convince individuals to participate in the survey. No statistical sampling technique could therefore be applied. However no bias is likely to have crept in during the selection of respondents, for the selection was made solely on the basis of their availability, without reference to any of the traits under study.

Data on socioeconomic particulars were collected using a pre-tested questionnaire. Blood pressure was measured by the auscultatory method. Reported biological and psychological problems and data on subjective well-being and time allocation were collected using standardized questionnaire/schedules. Gender difference, retirement
status group difference and age group difference for each trait was tested statistically. Relationships between traits were evaluated by either measuring the coefficient of correlation (for quantitative traits), or by the Chi-square test and coefficient of association (for qualitative traits).

The results of the present study are summarized below:

1. The nature and prevalence of traits differ between the not-retired and retired groups, in both women and men.

The not-retired individuals seem socially more secure than the retired ones. This may be because the former are more often in the married state, living in larger households and are educationally more qualified than the latter. The economic situation is also more sound in the not-retired individuals because in spite of having fewer earning members, more liabilities and debts, they have higher income, higher household and personal expenditures, higher savings and less dependency than the retired ones.

Fewer not-retired individuals own houses and fewer of them express satisfaction with the living arrangement compared to the retired ones.

Compared to the retired individuals the not-retired ones more often consider chronological age as the criterion for identifying the “elderly”, while fewer of them consider physical health, mental health or both as the identifying criterion. Also more not-retired individuals have dinner with family members and miss son compared to the retired ones.

Many more not-retired individuals mention that the elderly face health problem and loneliness, while fewer mention financial and occupational problems, compared to the retired ones. The other problems are mentioned less often by the not-retired individuals among women and more often by the not-retired individuals among men.
Blood pressures, both systolic and diastolic, are lower in the not-retired groups compared to the retired ones. The prevalence of hypertension is also lower in the not-retired groups. Pulse rate is lower in the not-retired group among women and higher in the not-retired group among men.

Except for problems related to habits and moods, the not-retired individuals have reported fewer problems related to most somatic/biological aspects - eyes and ears, digestive system, musculoskeletal system, skin, fatigability, frequency of illness and miscellaneous diseases - compared to the retired individuals. The single questions on health shows that the not-retired individuals report having “good health” more often and have lower medical expenditure. Likewise from responses to the CMI questionnaire it appears that fewer not-retired individuals have serious disorders compared to the retired ones. Thus the not-retired individuals seem to have better health than the retired ones.

Except in case of depression and anger, the not-retired ones report having more psychological problems like inadequacy, anxiety and tension compared to the retired ones. However the not-retired individuals have less often “medically significant emotional disturbance”. The overall level of satisfaction is lower in the not-retired individuals compared to the retired ones. The chief reason for satisfaction cited by individuals in both the retirement status groups is “socioeconomic condition”. The next commonly-cited reason “attitude” (of individuals) is more often mentioned by individuals in the retired group than in the not-retired group. In none of these groups does “health” get the first priority.

The not-retired individuals more often report having spouse support compared to the retired ones. In all other aspects of subjective well-being the findings are gender-specific. Among women, in spite of the two negative aspects - perceived ill-health and inadequate mental mastery - the state of subjective well-being of the not-retired individuals is better than that of the retired ones. Among men the state of subjective well-being of the not-retired individuals is poorer than that of the retired ones.
The not-retired individuals spend less time in leisure activity and sleeping and more time in professional activity, compared to the retired ones. With regard to activities performed during leisure hours the not-retired individuals spend less time in the following activities - reading, playing, watching TV or listening to radio, chatting, walking and resting - compared to the retired ones.

2. The nature and prevalence of traits differ between the two genders in respect of most traits. These differences exist in case of both retirement status groups, unless otherwise mentioned.

Women seem socially less secure than men. This may be because women are less often in the married state and living in nuclear families with larger household sizes. The economic situation of women is better than that of men. This may be because women have higher number of earning members in the household and higher total monthly household and personal expenditures, and they less often have debts and liabilities and more often have adequate savings.

Women have more often expressed satisfaction with the living arrangement in spite of the fact that fewer of them live with their spouses, or live in owned houses (except the not-retired group) of which they are the owners, none of which are ideal situations.

Compared to men fewer women consider chronological age as the criterion identifying the "elderly"; more women consider physical health, mental health or both as the identifying criterion. Also more women have dinner with family members, and fewer miss son, compared to men.

Many more women mention that the elderly face health problems, while fewer mention problem regarding long leisure hours, compared to men. The other problems like financial problems, loneliness, less personal contact and accommodation problem are more often mentioned by women in the retired group and less often by women in the not-retired group.
Blood pressures, both systolic and diastolic, are lower in women compared to men. The prevalence of hypertension is lower in women. Pulse rate is lower in women in the not-retired group but higher in women in the retired group.

Women have more cardiovascular, musculoskeletal, genitourinary and skin problems, fatigability and miscellaneous diseases, while they have less problems related to respiratory and digestive systems, compared to men. Overall women report more somatic/biological problems. The single question on health show that women report having “good health” less often, and chronic problem more often, than men and have higher medical expenditure. Likewise from responses to the CMI questionnaire it appears that more women have serious disorders than men. Thus more women report having poorer health compared to men.

Women report having more problems regarding inadequacy and tension, and less problems regarding anger, compared to men. Men more often have “psychological disturbance” compared to women, though women seem to have “medically significant emotional disturbance” more often. The overall satisfaction level is higher in men compared to women. The most frequent reason cited by both men and women is “socioeconomic condition” though the value is much higher among men, while the frequency of the next popular reason “attitude” (of individuals) is higher among women than among men.

Women report positive aspects like transcendence, social group support, confidence in coping, spouse support and achievement related to education more often than men. Negative aspects like general well-being-negative affect is more frequent in men. Thus the state of subjective well-being of women is better than of men.

Women spend more time in household maintenance and personal chores, and less time in professional activity, leisure time activity and sleeping, compared to men. With regard to activities involved during leisure hours, women spend more leisure
hours reading and playing (indoor), and less time walking and chatting, compared to men.

3. Relationships between some selected traits:

Age is positively correlated in men with traits like number of earning members and CMI score, and negatively correlated with pulse rate. Age is positively correlated (in both women and men) with systolic and diastolic blood pressures and the time spent in activities like personal chores, leisure activities and sleeping and negatively correlated with time spent in professional activities.

Number of earning members in the household is positively correlated with number of members in the household in both women and men.

Systolic and diastolic blood pressures are positively correlated in both women and men.

Time spent in different activities are mostly negatively correlated with each other in both women and men; leisure time spent watching TV or listening to radio is positively correlated with leisure time spent in activities like reading, playing and walking in men and resting in women.

Satisfaction is found to be positively associated with traits related to economic aspects and negatively associated with traits related to health problems and related aspects. This association is more significant in women, mainly in the retired group. No significant association is found between satisfaction and traits related to household and living arrangement. In addition satisfaction is negatively associated with prevalence of “psychological disturbance”.

While the presence of “serious disorder” is associated (positively) with only the health problem-related traits in both women and men, the presence of “psychological distur-
“banee” is associated (positively) with some household-related traits also, e.g. number of members in the household.

Systolic blood pressure is positively associated with medical expenditure and budget (both in retired men and women) and negatively associated with personal liabilities (in men) and income (both in women and men). Diastolic blood pressure is negatively associated with income alone (in women).

No significant association, either positive or negative, is found between blood pressure and the presence of “serious disorder” or “psychological disturbance” in women and men. Nor is there any association between blood pressure and traits related to living arrangement, and other socioeconomic and health traits. Pulse rate is positively associated with the presence of problems in health related traits like presence of chronic problems and “serious disorder” in women, and negatively associated with presence of “psychological disturbance” in men.

The results of the present study show that as expected the nature and prevalence of traits (problems) related to most socioeconomic and biological dimensions show an increase with age in the study population. This was reported in most previous studies. However in this study, in most cases, the magnitude or frequency of psychological problems do not increase with age; rather they appear to decrease with age. This result relating to the psychological traits constitute an unexpected finding as it has not been reported earlier.

Even though women and men studied belong to the same profession, the women are economically better-off. The reason may be that their spouses were more often also earning members. Biological traits (health problems) are more often reported by women while in case of psychological traits somewhat contradictory results are obtained - women have better subjective well-being level (possibly a result of better economic condition) but are satisfied with life less often than men.
Age is correlated with a number of traits belonging to the three dimensions. Relationships are found to exist between traits belonging to the same dimension as well as between traits belonging to different dimensions.

To sum up, it may be stated that the findings reveal some important facts relating to the nature and prevalence of traits occurring in the study population, although no claim is made about showing the complete picture of the biological, psychological and social concomitants of old age in a middle class population in Calcutta.

Based on the experience gained from conducting the present study, necessarily limited in many ways, the following suggestions for further research may be offered:

1. With India aging, and life expectancy increasing, it seems that study of the nature and prevalence of health problems among the "old old" (as compared to the "young old") population assumes increasing importance. Due attention should be paid to this phenomenon.

2. Some more elaborate and rigorous design and analyses should be employed, to the extent feasible under the prevailing circumstances.

3. Many more variables under each dimensions should be studied to provide further insight into the phenomenon of aging.

4. Some more socioeconomically, ethnically, regionally, ecologically distinguished groups should be studied to identify the common features of the phenomenon of aging.

5. Institutionalization of the elderly is gaining ground because of the fast-changing social scenario, particularly nuclearization of families. Studies of the institutionalized elderly individuals should be conducted to provide information which are likely to have considerable social relevance in the near future.

All the above may lead eventually to some broad, academically important and socially useful generalizations about the complex phenomenon of aging.
References cited


