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SUMMARY AND CONCLUSION

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 per cent of the total population. In 2005, it is expected to be 136458825, 9.87 per cent of the total population. According to the Department of Economics and Statistics, Government of Tamilnadu, in 2001, the aged population was 5302000, 8.52 per cent of the total state population. Indian society is changing fast, and the values associated with the care of the elderly are also changing. About 90 percent of the aged population belong to the unorganized sector and they have no income or social security during the old age. The present study is designed to analyse the psycho-social perspectives of the rural aged females. The study will also investigate the socio-economic conditions and problems of the rural female aged.

Objectives

- To examine the psycho-social characteristics of the rural female aged
- To study the problems of the rural female aged with special reference to health, family and income
- To find the factors fostering happy ageing through qualitative analysis
- To prepare profiles of the old age homes in rural areas
- To suggest measures for the welfare of the aged in rural India

Concepts Defined

Psycho-Social Perspectives

Psycho-social perspectives refer to generation particulars, living arrangement, religiosity, social participations, adjustment with the environment, talents and life style of the aged as perceived by them. The factors facilitating happy ageing are also studied under the psycho-social perspectives. The rural female aged are often faced with physical and mental problems which affect their normal life. They suffer from psychological problems of loneliness, dementia, senility, depression, anxiety, worry, isolation, adjustment etc. These psychological problems are mostly interlinked with other social issues like lack of housing facilities, achievements, skills, family care, leisure time activities, participation in public activities, poor recreational avenues and indulgence in bad habits. Lack of involvement in family responsibility, decision making a leadership also add to the psycho-social problems. Lack of awareness about social welfare schemes and inadequate health care also affect their psycho-
social life. Life satisfaction and happy ageing depend upon family care, economic independence, social security and health care facilities.

Aged

Ageing is a natural phenomenon that refers to changes that occur during life and result in differences in structure and function between the younger generation and the older generation. The Indian census has adopted 60 years for classifying a person as old. For the purpose of the present study the rural women above the age of 60 years have been included in the sample as the aged.

Problems of the Aged

The difficulties or inconveniences in life in achieving a task or doing something are regarded as problems in life. The aged are faced with multifaceted problems related to health, housing, income, employment and interpersonal relations. In most cases they are conditioned by social customs, norms, culture and value system and lack of authority and social security.

Old Age Homes

Old age homes are institutions or shelters for the aged established either by the government, voluntary organizations, charitable trusts or missionary institutions for the welfare of the inmates providing facilities for their stay. The old age homes are either of the paid or payment-free type.
Universe and the Sample

The present study has been carried out in Dindigul District of Tamilnadu State. The district comprises three revenue divisions, 7 taluks and 14 blocks. There are 358 villages and 304 village panchayats in this district. The village panchayats have 14 panchayat unions to govern them. The present study is confined to three blocks, namely Athoor, Dindigul and Reddiarchatram, where the Gandhigram Rural Institute has implemented a number of extension programmes. The Institute has organized women's groups, youth clubs, balar sabhas, and balwadies. Village Planning Committees have been constituted to undertake educational, income generation, skills development, agricultural and other developmental programmes in these villages. Eleven villages have been selected for the purpose of the present study from the three blocks. Random sampling was adopted to select the 11 villages from among 37 service villages of the Institute. The universe of the study consisted of all the aged-females living the 11 villages selected for the study. The elderly in the villages were listed from the registers available in the Tamilnadu Integrated Nutrition Programme centers. From the list, 325 elderly female respondents above 6 years were selected following multistage random sampling method.
Data Collection

The required data for the present study were collected through field surveys. Since the majority of the elderly were illiterate, it was decided to gather data through interview with help of a schedule as the tool of data collection. A well-structured interview schedule was prepared in consultation with experts in this field. Besides the interview schedule, focus group discussion, field observation and case study were the other methods employed for data collection.

Interview Schedule

The interview schedule was pre-tested on a sample of 40 female aged elderly selected from a village in Dindigul Block. The pre-test helped the researcher to modify, revise and finalize the schedule. Apart from the interview schedule, the researcher also undertook field observation to comprehend the problems, social status and the living situation of the rural female aged. The interview schedule elicited personal information pertaining to age, education, occupation, caste, socio-economic status, skills possessed, achievement in life, role in family, social participation, physical disability and health status, psychological problems, decision making and problem solving ability and factors related to happy ageing,
Focus Group Discussion

Key informants consisting of village leaders, self-help group members, local teachers, NGO workers, retired senior citizens, pensioners, and panchayat members participated in the focus group discussion. This was held in a common place in the village with a small group of 10-12 members participating in the discussion and deliberating on various aspects pertaining to the problems of the female aged. The psycho-social characteristics, socio-economic conditions and welfare programmes for the aged were the topics for discussion in the group interaction sessions.

Records in the panchayats and block development office, T1NP registers, newspaper, reports and websites constituted the secondary sources for the research data in this study. Benchmark surveys and articles relating to issues of the rural aged were the other valuable secondary sources. The researcher made sure that the documents were genuine, reliable and pertinent.

Statistical Analysis of Data

The data collected for the study were both quantitative and qualitative in nature. The Statistical Package for Social Science (SPSS) was used for the analysis of the data. The data collected for the study were examined carefully. The investigator prepared code design, classified and grouped the
data for the purpose of analysis. Both parametric and non-parametric tests were used for the analysis of the data. The qualitative interpretations were drawn creatively combining methods of precision and validity. The major findings of the study are presented hereunder along with the implications for developing strategies for the welfare of the aged.

**Major Findings**

> The sample for the study consisted of 325 rural aged females selected from II villages, 149 from developed and 176 from the underdeveloped villages. They were above 60 years of age, 78.5 percent of the respondents being in the age group of 60-70 years and 21.5 per cent were above seventy years.

> The majority of the female aged (80 percent) were illiterates, 14.5 percent were primary educated and 5.5 percent had middle level or higher education.

> Widows constituted 56.9 per cent of the sample, 30.2 per cent lived with their spouse and 11.4 per cent remained single in life.

> As it is customary in the Indian family for the son to look after the ageo parents most of the female elderly stayed with the family of a male child. However, 12 percent expressed their willingness to live with their daughter, 27 per cent with better socio-economic and health condition
however, preferred to stay alone and 4 percent of the female aged wanted to stay in old age homes.

> Most of the female aged worked in the unorganized sector during their adulthood. 49.5 per cent of the female aged selected for the study were found to be still engaged in agricultural work.

> Regarding the economic condition 45.2 per cent had an income of less than Rs 500 per month while 4.6 per cent reported to have no income and were totally dependent on the family. Most of the female elderly were physically weak and yet were forced to work for daily wages for their livelihood.

> The female aged were mostly engaged in domestic work. They were mainly employed as agricultural labourers and firewood collection. They extended their service for cultivating the land and 18 percent stated that they faced economic hardships in life.

> The female aged possessed skills in family management (56 percent). Many of them could perform folk dance, drama, street play and were well versed in singing folk songs and performing traditional folk dances and drama in villages.
Habits like chewing betel leaves (47 per cent), tobacco (20 per cent), inhaling snuff powder (9 per cent), smoking hukka (2 per cent) were reported by the female aged.

The study showed the involvement of aged women in social work activities. Many were members in self-help groups and other social organizations. They participated in community activities and village festivals.

The majority of the aged (86.5 per cent) were worried about their future while 56 per cent of the female aged contributed to the upkeep of the family and were involved in decision making in the family.

For happy ageing the respondents reported that they require better health (38 per cent), basic needs like food, clothing and shelter (28 per cent), love and affection (23 per cent), and, economic security (11 per cent).

Physical disabilities like impairment of vision, hearing and locomotor ability were found common among the rural aged (58 per cent), but they could not afford to get medical care due to poor economic condition and lack of facility in villages.

Majority (56 per cent) of the aged live with their children. The parents socialize their children to take good care of them and adore respect in
their last phase in life, 27 per cent however lived alone and the rest stayed with their kith and kin.

Majority, 92 per cent of the aged belonged to the zero income group, and are dependent on their children. Those who stayed alone were also supported by their children or relatives.

> Majority of the aged 88 percent irrespective of their family were found satisfied with basic needs. It is found that when the income increased their needs also increased.

> 90 per cent of the aged who are living in large family reported to be satisfied in life, but those in the small family were of the negative opinion. There is a relation between size of family and satisfaction of the basic needs.

> Majority of the aged (88 per cent) are found satisfied in fulfilling the basic needs irrespective of their family type. There is a slight difference between joint family where 90 percent were fulfilled their basic needs compared to 87 percent in nuclear family. Among the unsatisfied only 10 percent belonged joint family 14 percent were from nuclear family. Joint family is the best structure suitable for the care of the aged and satisfying their basic needs as per the findings of the study.
> Majority of the aged, 65 per cent, kept good health, 75 per cent of the literates have good health compared to 62 per cent illiterates. 3.3 per cent illiterates reported indifferent health compared to 25 per cent literate aged revealing the positive relation between education and health status among the aged.

> Majority of the aged, 93 per cent, are active and helped the family in domestic chores. Their adjustment towards other members of family is good and they received respect; from them, Only 7 per cent reported that of they could not play a positive role in family matters due to their poor health condition.

> Majority, 97 per cent of the literates reported to have an active role in family matters compared to their illiterates counterpart, 7 per cent however informed that they have no role in their family. There is a positive relationship between education and role of the aged in the family.

> Majority of the aged, 95 per cent, participated in village festivals.

> It is sad to state that 45 per cent of the female aged reported of the poor and ill treatment from the members of their family.

> Majority of the aged (63 per cent) from family with high income were treated well by their family members. This shows that there is a positive
relation between family income and treatment of the ami female members.

> Majority of the aged 86 percent are worried about their future life while others do not worry at all and seemed satisfied in life.

> There is a negative relationship between age and mental worries among the aged. Those above 65 years have little worries compared to those below 65 years.

> There is also a relation between family income and personal worries. The aged from high income group do not have much worries about life and enjoyed better satisfaction compared to those from low income families.

> As per the findings of the study, 56 percent of the aged have good health from developed villages, which shows that there is relation between health status of the aged and the villages they are living. Majority of the aged, 55 per cent, living in developed villages are found to be satisfied in fulfilling the basic needs. This indicates the positive relationship between fulfilling basic needs and the type of villages they live in.
Among the three blocks, the aged from Athoor Block have poor health status (20 per cent) compared to Dindigul (38 per cent) and Reddiarchatram (42 per cent) Blocks with better health care facilities.

On the other hand, Aged living in Dindigul Block were found to be better satisfied in basic needs compared to Reddiarchatram and Athoor blocks.

Suggestions

The family is the source to satisfy their socio-economic, psychological, health care and financial needs. The Government as well as NGOs have to provide incentives and train the family members to take care of the aged. The government can give concessions for caring the aged and even encourage to prevail the joint family system in rural India.

Social security schemes such as old age pension and Annapoorna programme should be strengthened and the procedural requirements can be simplified through Panchayati Raj institutions.

The emerging scenario of micro-credit (Self -Help Group) can provide loan facilities and invite investment from the aged for income generating programmes. The aged females can be organized into self help groups.

Adequate recreational facilities such as rural library, senior citizens inn and programmes of interest for the aged should be created. Inter generational relationship can be strengthened by organizing programmes.
involving the aged and the youth. The aged can train the youths in folk songs, dramas and street plays. Also, the intergenerational linkage will make the aged active and lively.

> The individual aged can render their services to society and derive satisfaction for helping the young generation which will nurture a healthy and encouraging attitude and a peaceful life for the aged.

> Establishment of counseling centres and allied services can attend the aged in their crisis and hardships.

> There is a need to create knowledge and popularise indigenous medicine as the aged prefer siddha, ayurvedha and naturopathy which are cost effective and readily available in the rural area.

Privileges to Senior Citizens:

1. Old Age Pension: National old age pension is a central assistance scheme providing financial support Rs. 200/- per month to the aged who have no regular means of income from their family or other sources. Besides that the aged are supplied 4 kg of rice per month and two sets of cloth during Deepavali and Pongal festival.

2. Annapurna Scheme: The Government of India supplied 10 kg of free food to the aged who received the old age pension.
3. Tax Rebate for Senior Citizens; Senior citizens above 65 years are entitled for a deduction of income tax subject to a limit of Rs. 15,000.

4. Medical Insurance Premia Deduction: An assessee is entitled to a Tax deduction of Rs. 15,000/- towards the medical insurance premium of him / her spouse or dependent parents or any other senior citizen in his family.

5. Deduction in Respect of Medical Treatment: A senior citizen is entitled to a fixed deduction of Rs.60,000/- for the expenditure incurred for medical treatment.

6. Filling IT Return: The senior citizens those who are having a house / flat ownership and paying telephone subscription are exempted by the notification S.O. 710(E) dated 20 August 1998 from filing income tax return.

7. In all public transports a seat is reserved for the elderly.

8. A travel train concession of 30 per cent is given for men above 65 years and women above 60 years. Senior citizens are allotted lower berths for the night journey.

9. Air travel concession of 50 per cent discount are given for the senior citizens in domestic flights.
10. There is no demand for deposit fee for registration of telephone connection for senior citizens.

11. An extra interest of 0.5 to 0.75 per cent for term deposits are given to senior citizens in all Nationalized Banks.

12. “Meals on wheels” a home delivery programme of food items are promoted in urban areas.

13. The aged who wants to transfer their property in the name of their children can pay low amount of registration charges compared to normal registration charge.

Intervention Strategies for the Welfare of the Aged

The welfare of the aged and their care has been of prior concern in the traditional rural families. The aged were shown filial gratitude, respect and regard for their experience, vision and wisdom. However, with the waning of the joint family system and change in the occupational patterns and relationships in rural families, the aged female are faced with problems like lack of care, loneliness, anxiety, mental worries and health hazards. The study revealed that better health care and psycho-social interventions are necessary for happy ageing. Though advanced medical facilities are available, the rural aged were not able to get adequate medical care and attention. Geriatric care should be available in primary health centres in rural
areas where majority of the aged are living. The geriatric care should be included in the curriculum of health worker. It is necessary to create awareness about increasing infirmity and management of disability during old age. There is a need to maintain hygiene and nutrition among the aged. Geriatric care should become a special area for the public awareness and a geriatric ward should be opened in all the hospitals. The government should provide free medicines and treatment for all old age diseases and doctors should be prevented to charge the senior citizens for medical consultation. The Medical Council of India should seriously think of having specially trained personnel to treat geriatric disorders. The National Aging Survey (NAS), pointed out that elderly face handicaps mostly due to impairment in hearing, seeing and walking. The present study has also observed the same problems among the female aged. These handicaps can be rectified by providing the eye glasses, hearing and walking aids. The Aravind Eye Hospital in Tamil Nadu provides free eye check up, performs free eye surgery and gives eye glasses free of cost to the elderly. These provisions should be extended to the aged living in rural households. The government should seriously consider and allocate budget to support the elderly in order to overcome their hardships and lead a better quality of life which can make them an asset to their family and society.
As per the findings of the study, satisfaction of basic needs is essential for happy ageing. Family is the main source to satisfy their basic personal, psychological, health care and financial needs. The Government as well as NGO’s has to motivate and provide incentives to the family members who take care of the aged. One of the NGOs, Gandhi Seva Sangam located at Chatarapatti in Dindigul district provides 15 kgs of rice, 1 kg pulse and Rs. 50/- every month as survival assistance to the aged citizens. This type of assistance and allowance will be of great help to the large families. The joint family system took good care and treated the aged with regard and respect in rural India. Old age homes are not very popular in rural India. Free electricity, water supply can be given to the old age homes run by the voluntary organizations. This will help them to maintain the old age homes neat and tidy and extend the service free of cost to the elderly. Though the old age homes are flourishing in the country, it is hard to locate a good care home for the aged in a rural area.

The social security schemes such as oldage pension, mediclaims etc. should be strengthened and its procedural requirement can be simplified. The social assistance schemes of free medical check up, free transportation, loan for house building, and incentives through public distribution system should be provided to the female aged. The Panchayat Raj can extend a
helping hand for the welfare of elderly, and a seat in panchayat bodies can be reserved for the senior citizens.

The habit of savings should be cultivated among the aged and the rate of interest for their investment should be maximized. The emerging scenario of micro-credit (Self-Help Group) can provide loan facilities and invite the investment from the aged for the income generating programmes. The establishment of employment exchanges exclusively for the elderly is necessary which will invite applications from the aged and put up them in suitable and convenient jobs. The private sectors should be encouraged to provide opportunity to utilise their services. The exemption from income tax and a higher rebate for looking after the aged should be recommended. Their economic and psychological needs can be satisfied in order to cultivate positive attitude towards life.

Adequate recreational facilities should be created for senior citizens in the rural areas. Media should be encouraged to organize programmes involving the aged, youths and children. The senior citizens can be engage to train the youths and children in the rural areas in folk songs, duma, street play etc. These programmes can promote the younger generations to respect the aged and recognize their problems. Further, the youth should be taught to
behave in such a manner which will yield help to the aged. Proper assistance and training for the youth are required in this sphere also.

It is the moral responsibility of the society to protect the interests of the elderly. Establishment of counselling centres and the services of professional social workers will bring the aged to adapt changes in their attitude, value and behaviour patterns. The aged should realise their status and render their services to society. This will promote healthy and happy ageing. The concept of actualization should be the principle for counselling and other supporting services to the aged. Ego integration and attainment of wisdom can avoid death anxiety, hypertension and stress among the aged citizens. Observation of religious rituals and participation in festivals can also bring solace to the aged. Spiritual development can be taken up as a major channel for the well being of the aged. Pilgrimage to religious centres and offering workshops can, help to relieve the anxiety and woes of the aged.

Schemes such as “Meals on wheels”, “Ready- to - eat food”, "Food at door steps” should help the aged to have balanced and nutritious diet. Those aged who stay alone may not be able to cook their meals, but the service can support them to keep proper diets.
Indigenous medicine should be made available to the aged. The aged in rural India have expressed preference for siddha and ayurvedhic medicines. These medicines are cheap without side effects and should be made freely available for the health care among the aged. Sliding steps in public transports and trains can aid the aged in their travel to visit places and people. For happy ageing, preventive geriatric care, support of nutritional food and cultivating healthy living habits are necessary. Senior citizen clubs, health education classes and recreational avenues should be integrated with the programmes of rural development. Community awareness can be created and intervention programmes can be taken up for the welfare of the aged. If any rural family maintains an elderly of 80 and above, who is bedridden and suffering from terminal illnesses, the bread-winner of the family should be given special assistance and exempted from tax payment. It is an incentive for the younger generation to take care of the sick elderly in old age. Family is mainly responsible for taking care of the elderly. The Government should support the families to maintain the elderly members and the joint family system need to be strengthened. The government should provide special provision and allowances for the families which have members above the age of 60 years. Almost 70 per cent of the women aged are widows in the country. Policy measures for the elderly women in general and the widow
elderly in particular should be of national concern for the welfare of the aged. The universal pension for the aged should be provided and it should reach each and every aged in the rural households in India. Encouragement in establishing elders club can even ensure that the elderly are taken care of. The local governing bodies can utilize the experience and expertise of the senior citizens in planning development activities. The leadership ability of the elders should be utilized to solve problems in the village community. The SHG scheme of Tamil Nadu can empower the women especially in their financial position. The SHGs for the aged women should be organized. Steps should be taken to set up elders forums in the villages and a register should be maintained in each village giving all particulars of citizens above 60 years of age. The security of the aged people also should be ensured to avoid the abuse of the aged. The Planning Commission should constitute a National Committee on Ageing which can discuss, analyse and recommend policy issues for the welfare of aged. There should also be an apex Institute namely National Institute of Ageing. Steps should be taken to set up a Centre for Research in Ageing, Since ageing is emerging as priority area, there is a need to popularize research in gerontology in India.

Old age needs coping ability which enables them to over come from their problems. Healthy life style, financial planning and altering family
relations can avert old age problems. The social support network promotes elders coping ability or willingness to overcome odds of life. Healthy social interactions can play an effective role for the psycho-social development. The self-efficacy and positive attitude can help them to integrate their resources for a happy and peaceful life.

TOPICS FOR FURTHER RESEARCH

- A comparative study of the psycho-social characteristics of the rural and urban aged.
- An analytical study of the special groups of handicapped, tribal, destitute and distressed aged.
- An intensive investigation to identify the factors fostering happy ageing in rural India.
- Intergenerational analysis of the value patterns among the youths and senior citizens in India.
- Psychosocial development during the old age: A study of institutionalized and non-institutionalized elderly.