5.1 Abridgement

Though the aged are considered by Economist as consumers than the producers from the income point of view the sociologist consider them as important human beings for strengthening the social institutions in general and family in particular. The aged has plenty of experience, expertise, knowledge and patience to generate human infrastructure facilities by motivating the younger generations in the families. If the aged is consistently provide shapes to the others in the family. This process may be considered as institution building assignments. In spite of constraints many aged across the world contribute significantly. When we talk about the rural and urban aged the rural counterparts are in a position to find out some activities like assisting the main workers or looking after the children and others as a cultural norm. The aged feel happy while delivering their work and in reciprocity they get care from the concerned care givers in the social supportive system. The rural elderly can feel happy some extend because their presence still has a considerable productivity which is invisible and qualitative in nature. This line of thinking has motivated the researcher to conduct a research in rural areas of Salem district to know the problems of the aged. When the age is increasing normally
the problems also may be joined as mentioned by the past studies to provoke the researchers to move to the Attur block of the said districts to collect the information from 512 respondents. The summary has been given in the following paragraphs.

5.2 Summary

Respondents by age group

More than half proportion of the respondents (55.50%) belong to the age group of 60-70, more than one-third (35.70%) belongs to the age group of 71-80 and the remaining 8.80% of the respondents belongs to the age group of 81-90.

Respondents by sex wise distribution

Among 512 respondents who have been studied, more than half proportions (55.3%) are males and the rest (44.7%) are females.

Respondents’ by Religion

Except a solitary Christian respondent, and a miniscule proportion of Islamic respondents (3.70%) and the remaining an overwhelming proportion (96.10%) are Hindus.

Respondents’ by community

A majority (79.30%) come from other than Schedule Caste and Schedule Tribes, i.e, backward, most backward and other communities. The remaining more than one-fifth (20.70%) represents Schedule Castes and Schedule Tribes.
Respondents’ educational status

More number of respondents (60%) are illiterate and the remaining 40.00% are educated which starts from primary education to college level and above.

Occupation of the respondents before aged

The 43.40% of the respondents worked as a daily wage laborer, more than one-fourth were in agriculture and nearly one-fifth (18.80%) were involved in business, tailoring, carpenter, etc. The remaining 9.00% did not work among them majority are females.

Respondents’ occupation at present

44.70% of the respondents do not have any occupation, more than one-fifth (22.70%) are working as a daily wage laborer, nearly one-fifth (16.40%) involve in miscellaneous occupations like business, tailoring, carpenter, etc. The remaining 16.20% of the respondents are in agriculture and allied activities.

Monthly income of the respondent before aged

Majority of the respondents (76.17%) earns upto 5000 rupees. 15.04% of the respondents get 5000 rupees and above as monthly income. A miniscule proportion of the respondents (8.98%) did not earn any income.
Monthly income of the respondent at present

Nearly half proportion of the respondents (45.70%) do not have any income at present, 41.80% earn up to 5000 rupees and the rest (12.50%) earn 5000 rupees and above per month.

Respondents by other sources of income

More than half proportion of the respondents (53.10%) have no income from other sources and the remaining 46.90% of the respondents have such income.

Respondents by categories of other sources of income

A sizable proportion (84.17%) gets Old Age Pension (OAP), a miniscule proportion (8.33%) have an income like small business, house rent etc. and the rest (7.50%) have income from agriculture and allied activities like engaging cattle rearing and milk business.

Respondents by monthly income from other sources

A sizable proportion of the respondents (86.25%) earn up to 2000 rupees per month and the remaining 13.75% earn between 2001 – 5000 rupees per month.

Respondents’ marital status

More number of respondents (58%) are married, 39.50% are widow/widower and the remaining a miniscule (2.50%) proportion are separated, divorced and unmarried.
Respondents by age at marriage

Nearly half proportion (44.71%) of the respondents got married at the age of 16 – 20, 38.43% got married at the age 21 – 25 and the remaining 16.86% of the respondents got married when they were as children.

Respondents by nature of living

More than half of the respondents (55.70%) are living with spouse or others like relatives, grandchildren etc., 24.20% live with their children and the remaining 20.10% live without any are as lonely.

Respondents by family size

Majority of the respondents (78.90%) family size is upto four and the remaining 21.10% come from the family size of five and above.

Respondents by type of family

45.70% of the respondents belong to the nuclear family, more than one third (35.90%) belongs to joint family and the remaining 18.40% live lonely.

Respondents by families having the highest level of education

39.50% of the respondents’ families are highest education level is High/Hr. Sec and above, 36.90% education level are
illiteracy and the remaining 23.60% highest education level is less than middle school.

Respondents’ by families having a number of earning members

38.70% do not have any earning members at all and they are depending on their children or relatives who are away from them. 36.90% have more than one earning member and the rest (24.40%) have solitary earning member.

Respondents’ families by composition of sex

42.40% of the families have equal size of males and females, more than one third (35.50%) have more females and the remaining more than one fifth family (22.10%) has more males.

Respondents by number of children in the family

A sizable proportion of the respondents (80.70%) do not have children in the family and nearly one fifth (19.30%) have less than four children in their respective family.

Respondents by number of dependents in the family

39.60% of the respondents do not have any dependents in their family, nearly half proportion (46.70%) has up to two dependents and the remaining 13.70% have three or more dependents.

Respondents by living with health problems

A majority of them (71.90%) are live with health problems and the remaining 28.10% have no health problems at all.
Respondents by duration of health problems

Most of the respondents (65.22%) are living with health problems for more than two years and the rest (34.78%) are the same with less than one year.

Respondents by place of treatment

More than three-fourths are getting the treatments from the locally available Primary Health Centres and the remaining 23.37% visit General hospitals.

Respondents by using spectacles

An overwhelming (90.60%) do not use spectacles, and the remaining 9.40% use spectacles for their vision problems.

Respondents by using hearing aids

The respondents using hearing aids for their hearing problem. Except three respondents others are not at all using hearing aids.

Respondents’ reasons for ill health

Among the 368 who have health problems, most of the respondents (64.95%) say that the lack of care makes them sick, and the rest (35.05%) said that the natural process of old age is the reason for their ill health.
Respondents by regular health check up

Most of the respondents (60.20%) do regular health checkups, and the rest (39.80%) not involve themselves in regular health checkups.

Respondents by reasons for not doing regular health check ups

A majority of them (70.59%) does not have any health problem and the remaining 29.41% though they have health problems due to domestic problems, non-availability of persons to accompany them to go hospitals, not caring themselves etc., are playing important roles.

Respondents by accompanying persons to go to hospitals

A sizable proportion of the respondents themselves (81.67%) are going to hospitals without any help and the remaining 18.33% of the respondents go to hospitals for regular health checkups with spouse or others like children, relatives, friends and neighbours.

Respondents by periodicity to attend the health assistance

More than half proportion of the respondents (52.45%) get the health assistance regularly, the remaining 47.55% obtain the same occasionally.

Respondents by getting financial support for health assistance

A majority of the respondents (70.92%) are not in a position to get any financial support for health maintenance they themselves
do something and the remaining 29.08% get the financial support from spouse, friends, relatives and children.

Respondents by duration for taking the health assistance

More than half proportion (53.33%) of the respondent taking the health assistance three years and above and the remaining 46.67% of the respondents taking the health assistance for less than two years.

Respondents by smoking habit

An overwhelming proportion of the respondents (93.20%) do not have smoking habits. A miniscule proportion of the respondents (4.30%) smoke regularly and the remaining meager proportion (2.50%) smoke occasionally.

Respondents by consuming alcohol

An overwhelming proportion of the respondents (91.60%) are not at all consuming alcohol. 6.40% occasionally consume alcohol and the rest (2.00%) regularly consume the alcohol.

Respondents by chewing habit

A majority of the respondents (71.30%) are not all having chewing habit. More than one fifth (20.90%) are chewing and the remaining minuscule proportion 7.80% are chewing occasionally.
Respondents by sleeping hours per day

More than half of the respondents (51.00%) are sleeping 5-6 hours, more than one fourth (25.80%) are sleeping 3-4 hours and the remaining 23.20% are sleeping more than 7 hours in a day.

Respondents by preparing food

41.20% of the respondents getting food from their spouses, 39.80% prepare themselves and the remaining 18.90% are getting food from other family members like daughter, daughter-in-laws, and other relatives.

Respondents by getting the financial assistance

More than one third (35.40%) are getting financial assistance from their sons. 5.30% from daughters and for the remaining 4.70% are the spouse, relatives, friends and neighbours are the sources of financial support.

Respondents’ periodical financial support to their respective families

More than half proportion (57.20%) regularly contribute, nearly one-third (32.60%) do occasionally and the rest (10.20%) are not in a position to do the same.

Respondents by reasons for not contributing to the family expenses

Among the 167 respondents, except eight all the others are saying that they have no income at the moment. For the eight
respondents the insufficient income of them creates hindrances even though they like to do the financial support.

Respondents by having bank accounts

More than three-fourths of the respondents (76.40%) do not have bank accounts, and the remaining 23.60% have the bank accounts.

Respondents by having a saving habit

A sizeable proportion of the respondents (80.90%) do not have the saving habits and the rest (19.10%) have saving habit.

Respondents by purpose for spending the savings

A sizable proportion (84.69%) spends their savings for their future needs, 10.21% spend the savings to meet out the medical expenses and the remaining 5.10% spend for children’s marriages and education.

Respondents by having property

More than half proportions of the respondents (58.80%) are not at all having any property in their names and the remaining 41.20% having property for them.

Respondents by having type of property

More than half proportion (52.13%) have houses as their property, 30.81% have both the land as well as house as their property and the remaining 17.06% have arable lands.
Respondents by getting respect from the family

Nearly three-fourths of the respondents (73.20%) are getting respect from their family and the remaining 26.80% feel that they are being not treated properly.

Respondents by reason for not getting respect from the family

36.49% feel due to their old age they are unable to get the respect, 33.59% say that they are burdens to them, 13.87% realizes that variation in thoughts, for 9.49% non-availability of anyone in the family and the remaining 6.57% comes to the conclusion that the poor economic condition plays a crucial role to stop to get the respect from the family members.

Respondents by maintaining the level of relationship with the family members

Most of the respondents (64.30%) feel they have good relationships with the family, 25.20% realize that they have fair relationships, 7.80% have very good relationships and the remaining 2.70% understands that their worst relationships with their respective families.

Respondents by the opinion of adjustment problems with the younger generation

Most of the (60.40%) realizes that they have no adjustment problems with the younger generation and the remaining 39.60%
feels that the younger generation never understands the problems of them.

Respondents by reason for adjustment problems with the younger generation

More than three-fourths mention that the present younger generation never realizes that the problems of the aged, 17.73% says that attitude variates them from the younger generations, and the rest 7.89% observes that modernization processes may be the cause for that.

Respondents by level of participation in the decision making process of the family

42% of the respondents regularly participate, 36.10% occasionally involve and the remaining 21.90% never show any interest in the decision making process of the family is concerned.

Respondents with the types of decision making in the family

More than half proportion of the respondents (52.75%) are involved in all the matters of the families, which include educational, social, economic and other reasons, 40.75% intervening only in financial issues, and the remaining 6.50% are giving importance only in children’s issues.
Respondents by aware of complaints may be lodged against the children

The respondents have aware of the complaints may be lodged against their children if they never look after the aged. The majority of the respondents (77.30%) are not at all aware about the same and the remaining 22.70% have awareness through the media, friends and relatives.

Respondents by feeling loneliness in the home

A sizable proportion of the respondents (82.00%) are not at all feeling loneliness in their home and the remaining 18.00% have the feeling they are isolated and the world has been gone out of them.

Respondents by periodically attending the social functions

A more number of respondents (55.50%) are regularly attending the social functions of their relatives, friends and neighbours, 29.10% have occasionally attended social functions and the remaining 15.40% are not at all attending any social functions.

Respondents by reasons for not attending the social function

A sizeable proportion (86.08%) is not attending the social functions due to their ill health and the remaining 13.92% are not at all showing any interest to wows attending social functions of relatives, friends and neighbours.
Leisure time activities of the respondents

The leisure is essential phenomenon in human life and it may be in a position to provide the energy to the human beings in general and elderly in particular. In this connection, we can understand that watching televisions by the elderly occupies the top in the list, followed by going to temples, church, mosques etc., sitting lonely, play with the grand children and reading books, newspapers. Yet, some of the leisure activities such as praying activities, playing cards, social services and political activities, going for walk, playing cards, picnic and tours, and gardening work. Going to movies occupied last in the table.

Respondents by opinion on someone has to provide care

A sizable proportion (87.30%) have opinion that someone has to provide care and the remaining 12.70% have opined that the aged have the responsibilities to take care about themselves. According to them, in the present context, one should not depend on others and the aged are also not exceptional.

Respondents by opinion on ‘who take care about their health’

A majority of them (71.30%) is in a position to take care on their own and they are not at all depending on others, for 19.50% their children – sons and daughters extend the help to maintain their health and the remaining 9.20% narrates that the spouses come to their rescue whenever they need health assistance.
Respondents by contacting the friends and relatives

Nearly half proportion (46.60%) occasionally contact friends and relatives, 39.10% never contact and the remaining 16.60% occasionally keep in touch with the friends and relatives.

Respondents by expect any help from friends/relatives

A sizable proportion (89.60%) of the respondents is not expected in any help from their friends and relatives, however, the remaining 10.40% only are expecting the same from the friends and relatives. The type of expected helps include: financial, emotional and related to health.

Respondents by opinion on emotions are curtailed by the family members

Among the 512 respondent’s except a few (9.80%) and rest of them, (90.20%) feel that either regularly or occasionally their feelings are being curtailed by the family members. According to the interviewed elderly, the family members never maintain consistency to maintain the cordial relationship with them.

Respondents by opinion on ‘who spend more time with them’

More than half proportion of the respondent’s (52.70%) spouse spend more time with them, for 25.20% daughters spend more time and the remaining 22.10% respondents say that their sons spend more time with the elderly.
Respondents by need of financial care

More number of respondents (59.40%) are in need financial care from the caregivers and the remaining 40.60% are not at all requiring any financial support from the caregivers.

Sources of care for the respondents

The elderly could not find any difficulty with regard to care giving is concerned. The spouses, children, relatives, friends and others also come forward to extend their needed care.

Respondents by aware of the schemes provided by the governments

Nearly three-fourths of the respondents (72.00%) are partially or completely aware of the schemes such as Old Age Pensions (OAP), concession for senior citizens, health insurance, rate of interests for the aged in banking sectors for deposits and other related schemes and the rest (28.00%) do not have any idea about the same.

Attitude of the respondents

Aged like children should realize the importance of aged since childhood. Most of the elderly respondents mention that parents’ responsibility can play a pivotal role in inculcating the ideas about the relevance of aged in the childhood itself. Further, the view like aged should not feel that they are isolated also comes to the minds
of the respondents. More than half proportion of the aged have a view that family support and care for elderly disappear in the society. The other views of the elderly respondents are also mentionable here: Still aged advices are shaping the younger generation and there is a long gap between the youngsters and aged.

Age of the respondents and health problems

The age of the respondents and health problems are not at all related to each other and both are independent in nature. In other words, whatever it may be the age, more number of elderly are facing health problems. When compared to the elderly belong to the age of less than 80 more numbers of others who live above the 80 face health problems.

Age of the respondents and go to hospitals for regular health check ups

When the age increases the number of elderly go to hospital for regular health checkups has been decreasing. The More number of elderly belongs to the age of 80 go to the hospital for regular health checkups. Though the elderly live with health ailments, they are unable to visit health clinics due to the unavailability of care givers whenever they need.

Age of the respondents and saving habits

The majority of the respondents does not have saving habits and it is common to all categories of the elderly. The expectation
was the elderly may have saved to spend in crisis or extend the financial support to the family. The age and saving habits are travelling in a parallel lane.

Age of the respondents and their opinion on getting respect from the families

The Indian rural families provide the moral support for the aged. Similarly, the aged also to maintain the cordial relationship they stabilize the adult personalities with the help of the socialization process.

Age of the respondents and participate the decision makings of the family

When the age is increasing participation in the decision making process is decreasing and vice-versa. The decision making in the families which include education of the children, matters related to the marriage, buying or selling the household materials and so on. The elderly are in a position to involve themselves in the home making. The homemaking is a compact mechanism which requires a lot of commitment, enthusiasm, motivational skills and beyond that expertise cum experience. These phenomena are abundantly conspicuous amongst the elderly. In this line of thinking, most of the elderly in the study area enjoy the decision making process positively.
Age of the respondents and visiting relatives, friends, neighbours etc., for social functions

The more number of elderly in the age group of 60-70 are regularly visiting their relatives, friends, neighbors etc., for social functions. Their physical ability to travel from one place to another keep them in a comfortable position to participate the social functions. In other words, when the age is increasing attending the social function, meeting the relatives, friends and neighbours etc., are decreasing. The social meetings always provide plenty of mental health positively and resultantly the aged can enjoy the outcomes. Since, the studied aged are coming from the villages wherever their friends and relatives are available in close proximity they attend them. Otherwise going to far-away destinations are partially not at all possible. In this scenario, the table predicts that the ageing is slowly creating the hindrances of mobility.

Sex of the respondents and health problems

When compared to the male aged more number of female live with health problems. Further, we can predict from the table that the female elderly may not give much importance to their health, due to domestic chores. Whenever they need to go to health assistance badly need the accompanying care giver of the family. Most of the time it may not be possible for them, so their simple health problems might have been unnoticed by the rest of the family members. Which may be reaching the complicate stage.
Sex of the respondents and go to hospitals for regular health check ups

More number of female aged go to hospital for regular health checkups than the male counterparts. World Health Organization says that women, with a few exceptions, have longer life expectancy than men in both developed and developing countries. The primary health care is being provided through the health sub centres in the rural areas. Most of the elderly women have a close acquaintance with the Village Health Nurses to seek health assistance whenever the need arises. When compared to the male counterparts, the female aged were in a position to get health advice from the nurses and medicines if available.

Sex of the respondents and saving habits

The majority of the elderly have no saving habits and they could not keep the money to spend at the crisis time of the families concerned. Nonetheless, amongst the aged who have the saving habits male dominate the female, it may be the males when they were earning before attaining the elderly stage they might have the unspent income. So, the researcher got the answers positively from the male elderly than the females. The savings are one of the crucial phenomena for the aged. The aging process informs the younger generations is that one has to save the unspent income it can extend the big help during the elderly hood.
Sex of the respondents and their opinion on getting respect from the families

A greater proportion of the male aged having the positive opinion on getting respect from the families than the female. Yet, the table portrays that the family is still having the face of patriarchy. The males are enjoying the status to provide ideas, support and projection. Since, the rural families follow the traditional outlook unlike the same in urban areas even in the privatization era, the rural families are giving respect to the aged comparatively more males get the respects than female.

Sex of the respondents and participate the decision makings of the family

The male aged in more numbers regularly contributes their ideas, expertise and experience to their respective families in spite of their ripen age. They are comfortable in taking decisions related to family affairs. On the other hand, when occasional contributions come to the family, the female aged have no hesitations deliver their best in marital issues of the girls if anyone in the family who are in the marriageable age. Such decisions are occasional one so, the aged women do their best in such situation. Similarly, whenever there is social issues’ prevailing in the family the female aged are keeping the peace. In this context, the aged whether male or female they are in a position to deliver their best in connection with the
domestic affairs of the premier social institution – ‘family’. So, the families in the villages are keeping themselves the variable of stabilization of personalities. The aged have compact mechanisms like tolerance, patience, silence and sincerity to socialize everyone in the family.

Sex of the respondents and visiting relatives, friends, neighbours social functions

Most of the male respondents are making regular visits to their relatives, friends, and neighbours social functions than their female counterparts. With regard to the occasional visiting for social functions compared to males the female aged do their best. The females visit the nearby relatives, friends and others to continue their social relationships. The male aged still so far away places to maintain the family relationships.

Educational status of the respondents and health problems

The Major proportion of illiterate elderly having health problems than the educated elderly. More than one-fifth proportion of the respondents do not have any health problems. The researcher expected that the education plays a significant role in health maintenance of the elderly. In other word, educated elderly may take care of their health than the illiterates. But the expected results are being denied by the date and educated has no role to play.
Educational status of the respondents and go to hospitals for regular health check ups

Education is not a contributory factor for the respondents go to hospital for regular health checkups. So we can come to a conclusion that education has nothing to do with visit hospitals for health checkups. One important findings are the majority of the aged (60.20%) do visit the hospitals.

Educational status of the respondents and saving habits

The majority of the educated respondents save regularly and the education enables individuals to think rationally and to keep some portions of the money to spend in crisis. The education has a significant role to motivate the aged to save the money it may be useful in difficult circumstances. A sizeable proportion of the aged (80-90%) are not at all saving any money.

Educational status of the respondents and their opinion on getting respect from the families

When compared to illiterate aged their educated counterparts are in a position to receive the social esteem, social recognition etc, from the younger generations in the families. The education comes to the rescue of the aged to help the family members. A sizable proportion of the educated respondents feel that they are getting respect from the family members than the illiterate counterparts.
Educational status of the respondents and participate the decision makings of the family

The educated respondents tend to have a better understanding than the illiterates and are in a position to suggest an appropriate time demanding solutions to several issues in the family. Thus, education and long years of experience enable the elderly to transform the social values, customs and traditional norms etc., to the younger generations properly and shape up their personalities. Most of the educated elderly are participating in the decision making process of the family whereas only more than one fourth of the illiterates participate. Nonetheless, more number of elderly with illiteracy are in a position to take part in the decision making process of the families. More than three-fourths of the elderly (78.10%) whether regularly or occasionally involve in the decision making process of the families.

Educational status of the respondents and visiting relatives, friends, neighbours social functions

A major proportion of the educated elderly are regularly visiting their relatives, friends and neighbours for social functions. Nearly half proportion of the illiterate respondents also visiting their relatives, friends and neighbours social functions. So education provides a planning mechanism, strategies and execution techniques to the aged to travel anywhere to attend the functions
and programs. A sizable proportion of the aged (84.60%) are either regularly or occasionally visiting the friends, relatives etc., in connection with the social functions.

Occupation of the respondents at present and health problems

More elderly those who are not at all having any kind of occupation having health problems than the working counterparts. Due to their ill health majority of the elderly do not involve in income generation activities. A mentionable proportion of the aged are still earning in the study area even though they are surviving with the health problem. They prove that the ill-health is not at all preventing them to economically contribute to the family.

Occupation of the respondents at present and go to hospitals for regular health check ups

The more number of elderly those who have no occupation are going to hospital for regular health checkups than the working elderly. Except the respondents hail from unclassified occupations all the remaining others go to hospitals for health checkups. A considerable health awareness has been created in the rural areas and the aged are real beneficiaries.

Occupation of the respondents at present and saving habits

The elderly, those who engage in unclassified jobs are having the saving habits than the others as classified and rational. Further, we can reach a conclusion that a sizable proportion of the
aged (80.90%) have no saving habits. Of the remaining 19.10% who have such habits most of them earn the money from unclassified occupation. The reason may be: they have to move to one job to the next frequently and expected income may not be available and it might have forced or encouraged them to save a small portion of earned.

Occupation of the respondents at present and their opinion on getting respect from the families

The occupation plays a vital role in getting respect from the families but a majority of non occupational elderly also getting respect from their families because they are also involved in the socialization process of imparting cultural values, social norms, traditional outlook etc. The majority of the elderly get the respects from the family the elderly of unclassified occupation and those represent the agriculture more in number are being respected by the family members.

Occupation of the respondents at present and participate the decision makings of their family

Regularly or occasionally most of the respondents do participate in the family decision making process. However, one significant finding from the table is: a mentionable proportion of the elderly from no-occupation is not at all participating in the decision making process. A sizable proportion of the respondents who
belongs to unclassified occupation regularly participate in the
decision makings process of their family than others.

Occupation of the respondents at present and visiting relatives,
friends, neighbours social functions

The elderly those who involve in unclassified occupation are
regularly visiting their relatives, friends and neighbours social
functions than others. And only miniscule proportions are not at all
attending these functions. Most of the respondents who represent
any of the occupations keep their agenda to maintain the social net
work by visiting the friends, relatives and neighbours.

Monthly income of the respondents at present and health
problems

The monthly income of the respondents and health problems
of them are depending on each other. In other words, whenever the
income of the respondents increases the health problems decreases
and vice-versa. So, the income is an influencing phenomena for the
elderly are concerned.

Monthly income of the respondents at present and go to
hospitals for regular health check up

The income of the respondents is an influencing variable to
motivate the elderly to visit hospitals for regular health checkups.
In other words, the elderly who have no occupation at present, they
go to hospitals for regular health checkups. The interestingly less number of elderly who earn more income visits the hospitals for the health checkups.

Monthly income of the respondents at present and having saving habits

It has been observed that when the earning goes up and having saved also goes up positively and vice-versa. So, we can come to the conclusion that the income is an important factor to encourage the elderly to save the left out the amount.

Monthly income of the respondents at present and their opinion on getting respect from the families

The income earning respondents are in a position to receive the respects from the family members. In other words, income is providing a social esteemed and recognition for the elderly in the study area.

Monthly income of the respondents at present and participate the decision makings of the family

Increasing income of the respondents to provide a splendid opportunity for the elderly to earn a decent respect by participating in the decision making process in the family issues. The family requires a lot of inputs from all the members and the elderly role is very important. In this line of thinking the elderly are doing positive roles to strengthen the family.

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Monthly income of the respondents at present and visiting relatives, friends, neighbours social functions

Monthly income is a contributory factor in influencing the elderly to visit relatives, friends and neighbours for social functions.. The income earning process of the respondents is a key to motivating them to maintain the social relations positively. The income is one of the crucial factors to motivate the elderly to visit the friends, relatives and even neighbours to maintain the social network.

Marital status of the respondents and health problems

The marital status of the respondents and health problems are related to each other and both are dependent in nature. Other than married elderly are healthier than the married, widows and widowers and a majority of the elderly live with the health problems.

Marital status of the respondents and go to hospitals for regular health check ups

The respondents belong to the other than married category go to hospitals for regular health checkups is lesser than when compared to the married, widows and widowers. The married respondents, widows and widowers find someone else from the families concerned to accompany them to go to hospitals for health checkups regularly.
Marital status of the respondents and saving habits

Though majority of the elderly do not have the habits of savings, a mentionable proportion of the married elderly save some portion of amounts than their widows, widowers, never married counterparts.

Marital status of the respondents and their opinion on getting respect from the families

Married elderly are getting respect from their concerned families than the widows/widowers and other than married. Marital status plays a contributory factor to getting respect from families. While more number of married respondents getting respect, less number of widows, widowers and other than married receive the same from the family members.

Marital status of the respondents and participate the decision making process of the family

A sizable proportion of the elderly are in a position to get the respects from the family members whenever domestic affairs are predominant in the daily affairs. The married elderly occupies the top position with regard to obtain the respects from the other members in the family. Since the Indian family system is saying that the marriage is not only between two individuals but between two cultures, the area where the study was conducted also portrays the same.
Marital status of the respondents and visiting relatives, friends, neighbours for social functions

Most of the married respondents are regularly visiting relatives, friends and neighbours for social functions. They are being motivated, and encouraged to visit the friends and relatives for maintaining social relationships. In other words, such visits keep them socially healthy, relevant and meaningful in the elderly hood period.

Living conditions of the respondents and health problems

The respondent who lives with spouse or others have no health problems than those who live with children and living lonely. Health status is determined by various factors like living environment, economic position, lifestyle and genetic conditions. World Health Organization defines that health is not only an absence of disease but also physical, mental and social well being of an individual. The definition precisely says that health can be maintained as desired if the individual takes appropriate calories of food, have a good lifestyle and live in a conducive social environment. The less number of respondents who live with the spouse have health problems than others, became the social health is doing the perfect job for these elderly.
Living conditions of the respondents and having saving habits

The living condition of the elderly is playing a significant role to influence the habits of savings. To explain categorically the percentage analysis enters the picture and shows that the elderly living with spouse comparatively less in number than the others with regard to the saving habits are concerned. So, we can come to the conclusion that the living with whom is the important variable to go for savings.

Living conditions of the respondents and visiting relatives, friends, neighbours for social functions

The elderly who live with spouse or others are regularly visiting their relatives, friends, neighbours social functions. The least number of elderly visit the friends, relatives and neighbours to maintain the social relationships than the others who live with the children and spouse.

5.3 Conclusion

Nearly 9% of the elderly among the 512 belong to the age group of 80 and above and nearly half proportion are females. Most of them are illiterates. The ageing is not a constraint for more than half proportion and they find the job in agriculture, allied activities and other occupations like business, tailoring and carpentry works. A significant proportion still earn up to 5000 rupees as income. More than half proportion of the elderly living with their spouses
and a significant proportion come from nuclear families. Most of the elderly live with health problems for more than two years and they are mainly depending on primary health centres. Interestingly, many elderly involve themselves the regular health checkups due to non-availability of the persons to care give some of them not at all caring themselves in connection with their health. Since the study has been conducted in the rural areas and finding financial support for the aged health maintenance is the major constraint. Many have the good habits like non-smoking, non-consuming alcohol and other habits like chewing etc.,. The children of the aged, spouses, relatives and friends are looking after the elderly in all possible ways. Most of the aged do not have this saving habit and property also. The due respect is being provided by the family is obvious among the studied aged.

A mentionable proportion of the elderly do involve in the educational, social, economic and other reasons of the family affairs. Most of the elderly do not have the feelings of loneliness. Further, the study finds that the elderly maintain the cordial relationship with the rest of the members of the families. The governments provide the old age pensions, concessions for senior citizens, health insurance, enhanced rate of interest etc., for the aged. The researcher finds these schemes and the related benefits have been researched in the study area. Except the health related
issues the aged live with minimum comfort in terms of social relationship is concerned.

5.4 Suggestion

Through this study, the following suggestions can be made by the researcher.

A In order to battle loneliness, the elderly should interact with their families, friends and neighbours.

A Regular exercise and intake of a balanced diet will go a long way towards helping the elderly maintain its physical fitness and mental poise.

A The elderly should be considered as human resources and their rich experience and residual capacities should be put to optimum use for the benefit of the family as well as society.

A The aged should not feel that they are isolated, abandoned and neglected by the society.

A The aged may be involved themselves in some kind of activities like decision making process of the family, carry out some domestic works, socialize the grand children etc.,

A Occupation is one of the key factors that the aged which can make productive contributions in paid, unpaid and voluntary work.

A Through the study the researcher found that the saving habit is a key factor to get some kind of confidence to the elderly.
So maintain better economic condition can also bring the social and psychological support to lead their last phase of life peacefully.

A According to the situation the aged have to adjust to the younger generation and curb the conflicts from time to time to have a better life.

A The volunteers of NGOs, day care centres, colleges and schools may provide time demanding care for the elderly those who need real help and also who have been abandoned by the kith and kin.