CHAPTER IX

SUMMARY AND CONCLUSION

India is not an exception from the global phenomenon of population aging. Although it has not reached an alarming stage yet, there should be no room for complacency. From the studies of social scientists, it is apparent that though the proportion of elderly in India is low, its size and socio-economic problems are not less and different from the other developed countries having a higher proportion of elderly. In view of the changes that have already started in the age structure of the population and the rapidly declining trends in fertility and mortality, the problems that are likely to arise in more acute form in the future must be considered through long-term planning. The speed of aging, defined as the rate of change in various aging measures, shows that the future aged population will increase at a faster rate. Our study shows that the elderly population has increased in a faster rate in 1991 compared to 1986 in Assam, and it may increase at a faster rate in the future if fertility and mortality continue to decline. In chapter VII, the study shows that various for improved measures of aging shows that the rate of change in proportion of age more than 60 is faster for females than males in the period 1998-91.

According to the U.N. study of ageing released on the U.N. conference on population ageing held in Madrid from 8th to 12th April 2002, the needs of the
elderly in India “do not rate highly on official priority lists”. There is a reflection that the state and society are erroneously tuned to provide for the varying requirements of an age group that has particular requirements.

One of the important concerns of the elderly is their health. Demographic profile of our survey population showed that majority of them (76 percent) was not in good health and females are less likely to have a good health than males. Elderly having education, income, from joint family and from rural area are more likely to have a good health. Among the various ecological and psycho-social correlates, our study shows that drinking water, sanitary facility, electricity and sleeping arrangement of the elderly spouse have significant effect on health. So, to improve the health condition of the elderly these basic facilities should also be improved. The diseases and disabilities push the aged to bad health. Earlier it was considered that some diseases and disabilities are associated with the aging process. But the modern study shows that the physiological process of breeding mutilation is subject to intervene and in some cases functions can be regained. An encouraging finding have been reported by Leivelle and others (1998) that disability prior to death is not an inevitable part of long life but may be prevented by moderate physical activity. Our study shows that physical health problems, like eye problem, joint pain, inability to movement, respiratory problem like cough, and hearing are the major problems responsible to compel the elderly for reporting as bad health. When the data analyzed according to gender, it has been observed that women are more prone to immobility, cough, eye, and hearing problem. An U.N. study in India says that life-time deprivation, hard-work,
continuous child bearing and low self-esteem, leave the women “physically and mentally frail” (Mody, 2002). It is suggested to take care of female elderly more sincerely because a man can go himself to doctor for treatment but a female can’t. To being an old, an women and a poor is what one psychologist has termed as ‘triple jeopardy’. However, very little research attention has been paid to women’s experiencing midlife and old-age, even among feminists (Chaney, 1998). Government must realize that health facilities must be rationalized in a form that they become inexpensive to section whose financial power may have diminished with advancing days. Declining death rate from communicable diseases, together with population aging leads to higher prevalence of non-communicable diseases (Unwin et.al, 1999). The aged in India lack specialized healthcare as they need. Even in the states best medical facilities do not offer the healthcare they need. The All India Institute of Medical Science hospital has only one geriatrician (Mody, 2002). Health is an important segment of geriatric study as much as a healthy individual can successfully go for income.

In the discussion of Chapter V and VI, it has been found that healthy elderly showed more interest for economic activities and considered son and daughter equal. Although intergenerational support is necessary, demographers commented that future elderly must have to work. Productive ability of elderly is a function of actual age, disabilities and education (Messkoub, 1999). In this study we have considered some other covariates namely, place of residence, mother tongue, caste in addition to health, education, and actual age. As expected, study shows that elderly in the age group of more than or equal to 60
and less than 65, having moderate school education and good health are found to be more economically potential. Rural elderly have shown a higher potential for economic activities due to the advantage of engagement in agriculture. Old age is the time to relax and enjoy the fruits of their hard labour during early life. But in India, many aged are compelled to work, not because of fear of boredom, but to survive on. About ten percent of India’s elderly populations enjoy a small amount of economic protection and they are generally retired from organized sector (Nayar, 1998). The old-age benefits such as- tax breaks, travel discounts or insurance schemes- are planned for individuals with expected incomes. Although the old-age pension schemes and widows’ pension schemes runs in almost all states, in reality, in getting the pension is hard to some extent. In the state of Assam this amount is mere 75 Rupees. Therefore it has been assumed by Indian society that the family is the only source of support in old-age and hence it faces the entranced cultural fixation on sons. Sons are considered to be substitute of insurance policy, unemployment policy, sickness policy, and old-age pension. However, our study indicates that things are not so in later part of life as they think during their early part of reproductive period. Therefore societal support is necessary. On the other hand in the study of economic potentiality Messkoub (1999) remarked that potentiality of the elderly should include accumulated assets and savings as workers. But in India during last decades interest rates on deposits with banks or other financial institutions have fallen, moreover some ‘dream’ investment like US 64 schemes of UTI have also collapsed. As a result, income
from savings and investments carefully planned through their working lives, have fallen.

In relation to population aging, the family itself undergoes a transformation as a result of demographic changes (Panda, 1997). There is need to expand the knowledge of correlation between the demographic processes and the size and pattern of the family households with a view to ascertain future family projection. In this study we have developed a model for projecting households having elderly population considering the Indian families. However this model cannot be assessed due to lack of suitable data.

Experts feel that the government should urgently draw up economic and social security mechanism for the elderly. Most of the elderly may want to work in near future due to enhanced longevity. So, suitable work programs may be initiated taking into account the job variety and job experience of the older and their desire/capacity to work utilizing their skills and experiences. During the survey it was observed that the family care and support is ground down by increased poverty and economic stress in rural area. Therefore unless, additional socio-economic support is given to the elderly by the government or other non governmental organization, the household may not be able to continue the care for the elderly in future.

Scope for Future research

There are different approaches to study the problems and prospects of the aged persons. The present study attempts to analyze the various co-relates-
to time and resources, the present study could not consider such dimensions in the lives of elderly. A general medical examination of the elderly, analysis of their nutritional intake and health care practices would throw more light on the health aspects of the elderly and could explain a higher proportion in the variability in their health status.

In this study a modified model for projecting family household having elderly persons has been developed suited to Indian society. However the modified model cannot be tested due to lack of suitable data. Future study should be devoted to test the model modified in this study with the appropriate data. In this context future research should also be dedicated in analyzing the perception of children towards their parents and the living arrangements they envisage for them.