Chapter 5
OBSERVATIONS
AND
CASE STUDIES FROM THE FIELD
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One of the conventional methods of qualitative analysis is the case study method. This is one of the several ways of doing social science research. Rather than using large samples and following a rigid protocol to examine a limited number of variables, the case study method involves an in-depth, longitudinal examination of a single instance or event: a case. This method provides a systematic way of looking at events, collecting the needed data, analyzing that information, and reporting the results. As a result the researcher may gain a sharper understanding of why that particular instance happened as it did, and what might become important to look at it more extensively in future research. The case study method lends itself to both generating and testing hypotheses.

Case study is defined as a research strategy, an empirical inquiry that investigates a phenomenon within its real-life context. Case study research may involve single or multiple case studies can include quantitative evidence and relies on multiple sources of
evidence and benefit from the prior development of theoretical propositions. The Case study is a research approach, situated between concrete data collecting techniques and methodological paradigms.

Authorities have defined the term ‘case study’ differently. According to Bogradus, the case study is “the method of examining specially and in detail any given situation”.

Stuart A. Queen defined “The Case study is the examination of a single situation persons, groups or institutions as a complex whole in order to identity types and process.

Case study has been one of the most popular and accepted modes of research especially when in-depth qualitative information is needed. Its aim is to understand the life cycle of the unit under study or to know how to correlate relation between various factors, which are intricately interwoven. This technique is adopted in sociology, psychology, political sciences, economics, the world education and other social sciences all over.
The case study method has many positive qualities. It affords the researcher to secure wealth of information about the unit of study. It provides an opportunity for intrinsic analysis of specific details, which may be ignored in other methods. It also aims to ascertain the generic development of a social unit under study. The case study method is especially valuable for diagnostic, administrative and therapeutic purposes.

Keeping in mind the complex social, economic, psychological and cultural issues to be understood and analyzed, the present research study has made use of the case study technique as a data collection technique along with interview and observation techniques as explained and elaborated upon in the two previous chapters.

CASE SELECTION:

When selecting a case for the case study, researchers generally use information-oriented sampling, as opposed to random
sampling. This is because the typical or average case is often not the richest in information. Extreme or atypical cases provide more information because they activate more basic mechanisms and more actors in the situation that is studied. In addition, from both an understanding-oriented and an action-oriented perspective, it is often more important to clarify the deeper causes behind a given problem and its consequences than to describe the symptoms of the problem and how frequently they occur. Random samples emphasizing representativeness will seldom be able to produce this kind of insight; it is therefore, more appropriate to select a few cases chosen for their validity.

In the present research study six case studies have been selected, choosing all possible age cohorts (that is 60-69, 70-79 and 80+), Urban and Rural, Male and Female, Poor and Rich.

All these six cases provide a strong qualitative database to understand the status of the elderly in the rural and urban Bangalore. The information gathered during these in-depth interviews, through repeated visit and detailed observation, sheds
light on various issues raised in the present research work as part of its research objectives and study hypotheses.

A sense of freedom, slowing down, companionship, physical and environmental changes, loneliness, faith, and active engagement were the main themes that emerged in the case study analysis. One of the respondents said “Faith in spiritual power lifts my spirit to have positive attitude and look forward to every day life”.

CASE 1:
Name : D. R. Krishnamurthy
Education : M. A
Age : 66 Years
Sex : Male
Community : Hindu
Occupation : Retired Government employee
Annual Income : Rs. 70,000/-
Location : Banashankeri, Bangalore Urban
Mr. D. R. Krishnamurthy residing in Banashankeri 3rd stage has been retired from state government service, for ten years. He is 68 years now. His family consists of three members including, his wife and a son. And himself. He holds a postgraduate degree in political science along with a degree in law (L.L.B). His wife is a postgraduate in social science and his son is an engineering graduate, who works for a software company in Bangalore.

Mr. Krishnamurthy’s mother tongue is Kannada, He knows English, understands Hindi, a little of Tamil and Malayalam. Being a Hindu, he believes in god and does not believe in the caste practices and identifying of persons on the basis of caste. He respects good behavior and appreciates social service rendered to the society. He is a pensioner and manages the family with assistance of his son who is also employed. The total income of his family is rupees Seventy Thousand lakhs. The family lives in a rented house, which is a pucca house. Though they live in a rented house Mr. Krishnamurthy and his wife like to have some flower garden (in pot) on the terrace, they are fond of gardening because they hail
from the rural background. They own household items and gadgets such as refrigerator, washing machine, and radio, TV. His principal financial support is from his pension and support that he received from his son. His family members love, respect and accept his suggestions on various issues. He is a pure vegetarian.

He spends a good part of his time in helping household activities, writing and reading mostly religious and astrological books, meeting friends and relatives and listening to the radio and watching the TV. He visits religious places regularly and attends religious and spiritual discourses and occasionally takes part in the cultural activities. He was a stage artist who participated in dramas, which he stopped two years ago. The reason for this withdrawal may be ageing. He takes nearly 45 minutes' walk regularly and does exercise. He consumes adequate food in the morning, lunch in the afternoon and dinner at night. He sleeps well at night takes bath without any body's assistance. He suffers from diabetes, B P and minor skin ailment. None of these diseases bothers him at present, since he pays attention to regular treatment.
Mr. Krishnamurthy, commented "Being able to slow down is a good thing for us. My wife and I always take time to do things and enjoy our lives together." Slowing down provided quality time for the relatively well – to – do older couples to enrich their companionship. They spent more time together in traveling, paying visits, and doing things together.

Mr. Krishnamurth’s suggestions for the aged are that they should take proper care of their health by going for regular medical checkup and getting involved in social activities that take place in their surrounding areas. He firmly believes that the aged should have regular morning and evening walk and should not sit idle. He is of the opinion that to utilize the enormous experience and knowledge of the elderly people the aged should involve themselves in the interaction with the younger generation which may be beneficial to the society as it gives equal opportunities to everyone to contribute his mite to the welfare of the society.
CASE – 2

Name : Raghuram
Education : S S L C Fail
Age : 66 Years
Sex : Male
Community : Hindu
Occupation : Agriculture
Annual Income : Rs. 35,000/-
Location : Anekal, Bangalore Rural

Mr. Raghuram, resides in Anekal, Rural Bangalore. His family consists of four members his wife and two children and himself. His mother tongue is Kannada. His major source of income is agriculture. His family members love and respect him and value his suggestions. He is a non-vegetarian.

Mr. Raghuram’s parents were also from the village. They have 2 acres of agricultural land and depend on rains for agriculture.
Agriculture is the main occupation as well as a source of income for them. As the economic conditions of Raghuram’s parents were not so sound they could not support their son’s education. That is why Raghuram discontinued his education at S S L C. His father used to take his son for agricultural activities at an early age itself. They grew groundnut and ragi. After the death of Raghuram’s father, the entire responsibility of the family was shouldered by him. He had to take care of his mother. Raghuram got married at the age of 32 years. He has 2 children; his son aged about 30 years has had education upto P.U.c and is working in a garment factor and his daughter a spinster, aged about 26 years, has had education upto the level of S.S.L.C and helps her father in agricultural work and mother in household chores.

Raghuram does not owe any creditors; so he leads a satisfying life with the members of the family. His source of income is from agriculture like selling groundnut and ragi and other vegetable crops that are grown during off and on season so he happens to be a hard
and tireless worker. And with the assistance from his son’s income, he is able to manage the daily expenses of life.

Raghuram’s health status is sound, but he consumes alcohol thrice a week and is in the habit of chewing tobacco daily. His mother’s health is not that good, she often suffers from leg and back pain, they do not have hospital facility in and around Anekal, for which they have to travel to the Government hospital at Bangalore for treatment.

His suggests living in a joint family as he finds it a major source of social security for elders in their old age. He undergoes regular health check-ups and get involved in social activities that take place in their locality. He argues passimately that the government should make policy decisions exclusively for farmers like him by providing fertilizers, agricultural seeds at affordable prices. He feels that, the government should, likewise pursue a separate policy for the aged old by providing them better shelter. He favours medical checkup of the old by the government at least once a fortnight and insists that the government should pay
minimum wages for their daily needs so that the aged people may not be deprived of their right to a decent life

CASE – 3

**Name** : Sarojamma  
**Education** : Primary  
**Age** : 71 Years  
**Sex** : Female  
**Community** : Hindu  
**Occupation** : Housewife  
**Annual Income** : Dependents on Husband’s Pension and House Rent  
**Location** : Guttahalli, Banashankeri, B’lore Urban

Sarojamma has been living in Guttallli, Bangalore Urban. Her family consists of six members, her husband, son, daughter, daughter-in-law, and son-in-law and herself. Her Husband is a retired government servant. The son works for a government
organization. The daughter-in-law has been working in a private organization. The daughter and son-in-law have settled down in Mysore. The entire family is vegetarian

Mrs Sarjoamma has been residing at Banashankari, Bangalore Urban for the past 30 years in a pucca house having the required amenities like television, refrigerator, telephone etc., One portion of the house has been given for rent. The family income depends upon her husband’s pension and the rent, but her major set back is her health in that she is a diabetic, suffers from blood pressure and heart ailment. As a result her medical expenses exceed Rs.20,000/- per month. In recent years she could not enjoy life better in her old age as her son and daughter did not take care of her and her husband. They have been neglected and ill treated during their aged days. Mrs. Sarojamma has now become a victim of depression and dejection.

Being a housewife, Mrs. Sarojaamma had to do all the household-chores like cleaning the house, dusting and watering the plants. Besides, she spends most of her time in prayer and devotion
to god. Despite her being a diabetic she actively engages herself in domestic work and is not seriously bed-ridden, as may be the case with others of her age. Recently she has to be hospitalized for sugar variation in her body. She was tended by her husband and none of the family members turned up to look after her in her ailment. This bitter experience of hers has strengthened her belief and conviction in the joint family as a vital source of solace and interdependence.

She longs for companionship and warmth in her hour of need and wants the government to run hospitals, which possess better infrastructure and comprehensive medical facilities.

CASE – 4

<table>
<thead>
<tr>
<th>Name</th>
<th>Ahmed Khan</th>
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<tr>
<td>Education</td>
<td>PUC</td>
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<tr>
<td>Age</td>
<td>73 Years</td>
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<tr>
<td>Sex</td>
<td>Male</td>
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<td>Community</td>
<td>Muslim</td>
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<td>Occupation</td>
<td>Business</td>
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<td>Annual Income</td>
<td>Rs. 90,000/-</td>
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<td>Location</td>
<td>Anekal, Bangalore Rural</td>
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Ahmed Khan, aged about 73 years lives in Anekal, Bangalore Rural. His family consists of eight members four sons and four daughters. All the four sons and four daughters are married. He has been staying with his elder son and who helps him in his business. Earlier, he lived his life doing saree business. Now the elder son has taken over the father's business. The business has improved very slightly, since then.

Ahmed Khan is suffering from asthma, and diabetic but takes regularly medicine. For asthma, treatment he is takes Unani treatment and for diabetic, he takes the English Medicine. He is active and cautious in his business dealings. He is happy with his family, spends his time with grand children. The daughters visit him during the weekends they gather and arrange a get-together function at home. He discusses all the problems of the daughters and offers advice and guidance to them on matters of health, family problems, business improvement and the like.

Following the death of his wife he feels terribly lonely. For most of the time he devotes himself to religious activities. He is
physically handicapped but possess a strong will power to withstand the pain. He is pained that the physically handicapped are often made fun of ridiculed by the public. Physically handicapped persons he insists, must not feel inferior and let down by their disability. They must, he goes and to say, lead life like others and overcome their woes to prove their existence and worth.

CASE – 5

Name : Jayamma
Education : Illiterate
Age : 85 Years
Sex : Female
Community : Hindu
Occupation : Labour
Annual Income : Rs. 15,000/-
Location : Anekal, Bangalore Rural

Jayamma, aged 85 years lives in Bommanahalli, Anekal Taluk, Bangalore Rural Her family has six members, four sons and two
daughters. All her four sons and three daughters-in-law are no more. The two grand daughter, aged 12 and 10 years, live with her. She is a mali, doing cleaning work in choultries, apart from this she sells cocounut, grosseries and flowers at the temple. During the weekends she earns about Rs. 500/- as the tourists visit the place.

At this age, Jayamma is forced to look after her grand children. Her earnings, even at the age of 85, are so meager that she find it difficult to make both the ends meet. For most of the days she and her grand children starve at night. As the population of the village is less than hundred, she can’t expect her miseries to end.

For daily needs like vegetables, milk and other items, she has to go to Anekal, which is 15 KM away from Bommanahalli, Bommanahalli, has no sanitation and drinking water facility, wells are dug up for consumption of water for daily use. Unable to bear poverty, one of her grand daughters assists her while the other grand daughter is sent to the government school, keeping the hope that her life will see better days.
For her, age has not been a factor at all as she hard working but the only problem that gnaws at her is that she has to stay alone. She is given to the bad habit of chewing tobacco (leaves). She wants the government to provide basic facilities like shelter and potable water for the families below the poverty line.

**CASE – 6**

Name : Nagamma  
Education : P. Uc  
Age : 83 Years  
Sex : Female  
Community : Hindu  
Occupation : Rtd., School Teacher  
Annual Income : Rs. 30,000/-  
Location : Banashankeri, Bangalore

Nagamma aged 83 years, lives in Banashankari 3rd Stage, Bangalore along with her son, and daughter and two grand children.
Earlier, the family lived on the outskirts of Bangalore. She worked as a schoolteacher in a government school now she is a pensioner. After the death of her husband five year ago, the family shifted to Banashankari, Bangalore. Now her son who is an auto driver supports the family.

Nagamma, suffers from health problems like body pain but still she is very active and does all the house-hold work. She is respected and looked upto by the members of ht family who follow her advise. Nagamma busies reading books, magazines, listending to devotional songs and spends time in prayer. She attends meetings of the elderly citizens, which are held near by her house. And she is also the member of the Banashankari Mahila Seva Samaja, Banashankari, Bangalore. She has taught her grandson all the slokas of the Bhagavatha and tells them the importance of human relationship. In the evenings, she visits the temple, which is close to her house. During the daytime she occupies herself with domestic chores.
Mrs. Nagamma advises that the aging must be given utmost care by the grownups. They should not be made to feel that they are insecure. She recommends that the treatment of the ill must be free of cost. She says “I have to keep myself busy otherwise I feel very lonely.” Sometimes she goes for shopping, walks around to see things and people, to overcome loneliness.

The six case studies presented in this chapter are, representations of the general scenario concerning the aged population in Bangalore – both rural and urban these cases reveal a general relationship between the socio-economic positions of the respondents with general health status. While this seems to be a foregone conclusion, there are intricate aspects inherent in these cases; the wide range of social positions of the cases also help the study results in generalizing and validating the quantitative data presented in the previous chapter.