Chapter 6
SUMMARY,

CONCLUSIONS AND

RECOMMENDATIONS
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The problems and deficiencies associated with greying at the societal level are global in nature, although there are cultural and national variations in terms of their moderation and facets. With the radical changes in the fertility – mortality dimensions of modern societies, the size, nature and intensity of the problems of the aged people have become multidimensional and multifarious. Today, aging has been a stigmatised stage in life. Worse, the rate of growth of the elderly population is 1.6 times that of the general population. These two factors combined, the old-people have been secluded, segregated from the mainstream of the populace, rendered powerless in their personal contexts and most often browbeaten. This is a global phenomenon and not restricted to India alone.

Although this is a study of the health status of the elderly population of Bangalore, a few issues need to be carefully considered in the total context of the study. Firstly, health status of
the community is not independent of the social, cultural and economic factors prevalent in the community under study.

SUMMARY OF THE STUDY:

The present study has attempted to raise important questions concerning the health status and health-related topics related to the elderly population in rural and urban areas of Bangalore District. The study tried to juxtapose the issues concerning the rural elderly and the urban elderly so as to drive a contrast and comparison between two vital segments of the general population.

The research thesis is conceived because of its significance both in theoretical and policy terms at the regional and national levels. Constructive planning for socio-economic, health and other services to the elderly population demands reliable data, comprehensive and objective analysis, clear interpretation and pragmatic suggestions for implementation and improvisation. A comprehensive and inclusive interpretation and recommendations can emerge only when the data are reliable and valid in their
scientific nature and direction. The present research endeavour has
sincerely tried to achieve this Herculean task within the limited time
and resources available to a Ph.D. researcher.

This study, at the outset, has attempted to understand and
analyse the literature available on related topics. The secondary
sources for the analysis of data have come from this literature study.
A large number of studies on varied aspects of the older people are
presented succinctly and explored. The study area for this original
research project was studied carefully and presented as a chapter.

The important concepts used in this research work include
the term 'age, ageing and ageism. 'Age' is understood as the number
of years elapsed since the birth of the individual. By the term
'ageing', the researcher means the ongoing process of individual's
physiological, socio-cultural, psychological and economic factors
associated with the life span. In other words, ageing is the process
of becoming older that is genetically determined and
environmentally modulated. This, in essence, is the process of
maturing in life. 'Ageism' is the formulation of an attitude of group
of related attitudes which subordinates a person or a group of individuals because of age. The terms has a general negative connotation with action orientation and institutional structure to back up such an attitude.

The Chapter on research methodology elaborated on the methodological aspects of the Thesis. The study sample size is 400 respondents from various clusters covering both the rural and the urban elderly. The study sample of 400 respondents was chosen carefully from Anekal Taluk (rural Bangalore) and Banashankari third phase (urban Bangalore). The sample was drawn keeping in mind the key variables of community, caste, age cohorts, class, gender and place of dwelling.

This research work aimed at a systematic understanding and analysis of the socio-economic, health and psychological status of the aged from among the urban and rural population of the sample area. Basic objectives of the original research were (i) to gather a conclusive health status report on the present position of the elderly population with conclusive evidences, (ii) to understand the socio-
cultural profile of the elders in this region, (iii) to identify the basic factors associated with health problems existing among the elderly population, (iv) to identify the economic hardships and conditions of the older people in the study area, and (v) to suggest ways and means to improve the public health and economic conditions in rural and urban Bangalore.

With these broad objectives in mind, the research study has drawn up five succinct propositions or hypotheses to be tested in the field. These hypotheses are to be demonstrated by means of existing standard social science research techniques. Individual interviews, with the help of a carefully constructed interview schedule, constituted the main research technique for quantitative data collection. The interview scheduled consisted of 40 questions with several sub-questions which are partially open-ended and semi-structured. Researcher had plenty of freedom in getting the reliable, valid and detailed response from the respondent through these interviews. The quantitative data of the research study has been supported by qualitative data collected through six case-studies.
These cases were carefully selected from the field during the quantitative data collection period. Data from the case study method was put in the form of descriptive data, collected with the assistance of observation chart during repeated visits and several informal contacts and conversations.

Each one of the study hypotheses has been examined both qualitatively and quantitatively and investigated within social scientific theoretical frame so as to reach at valid conclusions. The conclusions have led the researcher to make certain recommendations in this regard, which are formulated within the broad Indian social context to make them realistic and practicable. In the standardised fashion of social science research planning, data tables and graphs are used to present data in a succinct way. Explanations of analysis follow each table to make them more consequential.
CONCLUSIONS OF THE STUDY:

The broad conclusions of the study are the following:

1. The ageing pattern in Bangalore District, both the rural and the urban component, represents the general demographic pattern of the country as available through national census data. In fact, this conclusion needs to be understood in the wider context that the expected change in the demographic profile of the country itself, especially concerning the older population, is in tune with the demographic changes at the top of the population pyramid at the global level.

2. There is a greater percentage of the young-old (60-69 years) living in the urban area and a larger proportion of the oldest old (80 + years) living in the rural area. More significantly, the female members of this group constitute a concentration of higher proportion in rural area as compared to the urban area of the study. In the absence of comparative study of this nature for the entire State, this information may need further substantiation.
of similar studies before arriving at a generalisation in this regard.

3. On the question of dependency on spouses and the family, men are relatively less dependent on other members of the family and the community except their wives, and in the case of a small number, on their sons. Women, on the contrary, are not only more dependent on their spouses as well as other family members. This dependency factor is structurally built into the social system through gender role expectations and performance. It reflects even in the old age.

4. Institutionalisation of the elders outside the family (in terms of old-age homes) is still an urban phenomenon and very rare in rural Bangalore. The proportion of this type is not common even in urban Bangalore although it is relatively more pronounced here. The family support to the elders seems to be still strong. However, there is a small but growing number of elders living alone in a portion of the same house with separate cooking, financial and living arrangements.
5. As expected, the economic position of the elderly population leaves much to be desired both in urban and rural Bangalore. Almost half of the respondents replied that they are short of money and scarcity of several necessary objects and services. The problem is especially pronounced in the case of land-less and property-less families.

6. Regular physical fitness exercises are common only among the respondents from urban well-to-do families. Regular sports, yoga practices and other such trainings to keep a positive health status are found among the middle-class and upper-class respondents from urban Bangalore. Regular consumption of alcoholic beverages is practiced only by a small proportion of the study sample and an increasing number of elderly population quits drinking with the advancement in age. As expected and prescribed by cultural mores, among those who continue to consume alcohol, men considerably outnumber women. The results for tobacco consumption and smoking are also on the same lines. Urban living and level of education have some
influence on the consumption of alcohol, tobacco chewing and smoking.

7. General health status of the elders in the study area is quite encouraging although far from being ideal. The percentage of acute health problems reported in the study is relatively low as compared to similar studies elsewhere. This is not to say that the older people have a satisfactory health status. Prevalence of health problems and prolonged illness are more common among the elders in comparison to the general population.

8. Status and social position of the elderly is generally satisfactory as reflected in their level of participation in family matters, mutual love, interaction and decision making level and power in terms of influencing major family events. Overall observation of the researcher, supported by the quantitative data, proves family as the centre-stage institution in the welfare of the elderly population. There is a strong indication of family support to the elderly population in both rural and urban Bangalore.
Chapter VI

Summary, Conclusions and Recommendations

RECOMMENDATIONS:

The welfare measures available to the elderly population in the country include old-age pension, widow pension, travel concessions, higher rate of interest on bank deposits, and the like. As can be seen easily, most of these measures are financial in nature and contribute little in terms of the enhancement of social position, developing positive values against ageism and improvement in the general health status. There is a need, therefore, to re-look into the welfare measures and benefits awarded to the older segments of the population by the government.

Health is a major concern of the elderly. This is true of the country and the world. In the fast changing scenario of Indian society today, health has become a vital element in the general well being of the community. Keeping this in mind, and based on the observations borne out of the data analysis from the present research work, a few pragmatic recommendations are offered here for the consideration of the planners and the professionals in the
field. However, the point that needs to be stressed in unequivocal terms is that the study data clearly demonstrate the pivotal role of family in the welfare of the elders and any programme in the area of health care of the older members of the community should be planned and delivered to make them family-based and family-supported.

1. The 'National policy on Older Persons' announced by the Government of India in 1999 mandates state support for the elderly with regard to health care, shelter and welfare. While the policy is appreciated all over the country, it is yet to be implemented wholeheartedly in majority of the States. The first recommendation, therefore, is that National Policy on Older Persons should be implemented in all the states.

2. Government, with the help of the NGO sector, should take initiative in forming associations to counsel the needy and provide information on various plans and psycho-social aspects relating to the elders. Special focus should be on the initiation to those sections of the population entering the old-age segment.
3. Pension schemes should be introduced to benefit all self-employed individuals with a periodic review of the programme and enhancement to balance the inflation.

4. Public and the government should together plan the formation of self-help groups of the elderly. Such a move increases social security, helps in the prevention of elder abuse, builds up confidence among the older population, can prevent loneliness and can enhance financial security among the elderly.

5. A programme similar to Mid Day Meal program could be introduced to the poor and needy elderly in rural areas with a view of supplementing their diet. Meals could be provided at the door step of the elderly who cannot reach out (“meals on wheels”). Voluntary organizations and unemployed youth could take up these jobs, which help senior citizens and also reduces caretaker burden.

6. Home Help Services may be thought of on the broad lines of nursing for the poor elderly. Arrangement in this connection may be made for the visit of trained personnel to the elderly at
least once every fortnight. Such visits should cater to the health
and social-psychological needs of the elderly population.

7. Day Centers, like social clubs for the elderly, may be thought of
by community organizations and the elderly sections of the
community themselves in each area. It can act as a forum for
meetings, health camps, educational and cultural activities.

8. Enacting legislations: Government should make it mandatory for
the offspring to take care of their dependent parents in terms of
providing basic necessities of life.

9. Health Care for the Elderly: Regarding the health care for the
elderly by the government health department, the goal of the
policy should be to provide good quality and affordable health
services.

10. Educate the children about advantages of joint families to take
care of elders. Joint family as a source of social security for the
aged.

11. Encouraging Charitable Institutions to adopt “lonely elders”.

Motivating NGOs and other international organizations such as
Rotary International, Lions International etc., to initiate more activities and programmes for the aged.

The aged have knowledge, wisdom and experience. They are assets to the family, society and to the nation. Their good health and well being is very important for a healthy nation.

It is said: “Smile on aging faces is a sign of healthy society”. The present research study was an initiative to look into the health-related aspects of the elderly in Bangalore – both rural and urban – and to understand the complex issues involved in this problem. The final objective of this research task has been to suggest and recommend some practically oriented measures to bring 'smile on the face of the elderly'. The data based study is only an initial attempt and the researcher realizes that there is still a long, long way to go.