Chapter – 7

Summary and Implications
7. SUMMARY AND IMPLICATIONS

7.1 Introduction

The present study on living condition and familial support of elderly is conducted in rural Puducherry. Depending upon the contemporary elderly situation in modern Indian societies the study make an attempt to highlight the vulnerability of the elderly faced with regard to emotional, physical and financial supports. So the study gains importance in the fact that it depicts whether, in an agricultural setting of rural Puducherry elderly persons suffer from poor living condition and lack of familial support. The study touches the socio-economic aspects, personal life style, living arrangements, familial concerns, health status, disability and support services. All these things give a holistic view of elderly situation in rural Puducherry. The psychological aspects of elderly situation is even not neglected as in the study the elderly are encouraged to express the abusive behaviour if any, that they face in the family. This study is also depicted through the application of theoretical approach of ‘Disengagement Theory of Elderly’ taking the elderly situation of Puducherry in context. The research can be helpful for policy makers and enhancement of geriatric services in Indian in general and in Puducherry in particular.

Taking a sample size of 530 respondents, following a descriptive and explanatory research design with a research technique of simple random sampling, data for this research study was collected from Mannadipet Commune. In this commune total 5307 old-age pensioners are there (the list of people who are getting Old Age Pension (OAP) was obtained from the OAP office on September 2011). From the list 10 percent of respondents were selected using simple random sampling and semi-structured interview schedule was adopted to elicit information from the respondents (60+ years). Attempt was also made to select 9 elderly from this sample and carried out in-depth interviews, so as present them as case studies, which has been conducted in Mannadipet Commune, Puducherry district of Puducherry Union Territory, during September to December 2011. These issues have been analysed mostly with frequency and cross-tabular analysis
and to a substantial extent adopting different multivariate techniques making use of SPSS package.

7.2 Summary and Findings

7.2.1 Profile of the Elderly Persons

An analysis of the background characteristics of the sample population reveals that elderly men, by and large, better off in their socio-economic background than their women counterparts. The means age of the total sample respondents is 70.9 years; the corresponding figure is 2.1 years more for men as against women (71.8 and 69.7 years, respectively). A large majority of the sample elderly belonged to the most backward castes and about two-fifth of scheduled castes/tribes. Though the percentages of single/widowed/separated/ divorced/deserted and illiterates are comparatively large among the sample elderly, such percentages are conspicuously higher among women than among men. With regard to number of children the elderly had, it is striking to note that the percentages of those who had more than three number of children as well as the percentages of those elderly who have more than four family members are much higher among the total sample elderly and also as expected, among women as men. Most of the elderly don’t have any earning members in their family, followed by two and more than three members are earning. The percentage of not-working, lower monthly income from other sources and lower individual monthly income brackets are by far higher among the elderly and such percentages are much higher among women than men.

With regard to housing conditions wherein the elderly live, it is interesting to note that a greater percentage of them are living in hut houses, have ownership rights, two rooms houses, drinking water facility from own tap, but some do not have toilet facility and electrification, whereas just above fifty percent only use gas for cooking. It is prominent to note just about one-third of the elderly have the habits of taking betel leaves/nut and tobacco chewing daily, whereas the percentage of those habitual to other habits, viz., smoking and drinking alcohol, daily are within range of 22 to 14 percent only. This gives an indication that rural elderly in Puducherry are less accustomed to bad lifestyles. Evidently, such percentage of daily using betel leaves/nut and tobacco
chewing habitual are comparatively much higher among women than their men counterparts, the reverse pattern is noticed in the case of other two personal habits of the elderly. As per as personal life style behaviour is concerned, it is seen for a large majority of the elderly are never doing any personal life style behaviour in their day-to-day life but 64 percent of them occasionally going to religious centre and above one-third of the elderly occasionally doing prayer.

7.2.2 Living Arrangements of the Elderly

Analysis of data on living arrangements of the elderly revealed that nearly one-third of them are living with married son(s)’ family, whereas slightly more than one-fifth living with spouse (themselves) and slightly more than one fifth of them are living alone. A sizeable percentage (14 percent) living with unmarried children followed by with daughter(s)’ family and the remaining few with others like relatives, grandson, granddaughter, friends and neighbours. While sample majorities of the women elderly are living with son(s)’ family followed by living alone, on the other hand, majority of the men elderly are living with spouse followed by son(s)’ family. About one-fifth of the men elderly are living with unmarried children. Differentials in living arrangements across their background characteristics highlighted that the percentage of those sample elderly who are ‘living alone/themselves’ is much higher among middle and old-old age, most backward castes, currently married, working for wages and earning personal income than their respective counterparts. Conversely, such percentage is also found to be higher among those elderly who live in households that have lower income and also among those who do not have children and earning members in family. The opposite pattern is well established in the case of those elderly who co-reside with married and unmarried children (married son and daughter) and also to co-reside some extent in the case of those who live with their unmarried children/others across the background characteristics mentioned here. Multinomial logistic regression analysis showed that compared to those living with unmarried children/others, the probability/odd of those living alone/themselves is/are significantly (at different levels) higher among women, backward castes and those who are not currently married elderly than those men, scheduled castes and currently married elderly. Similarly, compared to those living with
unmarried children/others, the likelihood/odds of those who co-reside with married children is/are significantly (at different levels) moderate among the elderly who not currently married than their counterparts. All these findings clearly suggest that gender, community background and marital status plays an important role in deciding the elderly’ living arrangements.

7.2.3 Patterns of the Availability of Separate Room/Place for Sleep/Take Rest of Elderly

With regard to availability of separate room/place for elderly, it is noted that among those who are living alone/themselves (219 elderly) in their family are not taken into consideration rather, the elderly who are living with family members are taken into account (311 elderly). A greater percentage of elderly do not get any separate room/place for their sleep/take rest. The availability of room/place is higher among women than men counterparts and the reverse pattern is noticed in the case of non-availability of room/place for sleep/takes rest of elderly. Among those elderly who do not get any separate room/place, a majority of them share with others in some corner of the same home where they are living. Conversely, such percentage of sharing with others in home is higher among women elderly. The reason for not sleep/take rest inside home is, nearly half of the elderly reported that ‘because of inadequate place of the home followed by three out of ten of them’ who felt that their ‘family members did not allowed’ for sleep/take rest inside of the home.

7.2.4 Elderly’ Participation in Domestic Chores

With regard to, participation in domestic chores, it is noted that among those who are living alone/themselves (219 elderly) in their family are not taken into consideration rather, the elderly who are living with family members are taken into account (311 elderly). Among those who are living with family members (married children, unmarried children/others), elderly’ participation in all five domestic chores (cooking, shopping, fetching water, schooling children and cleaning the house/surroundings) noticed that nearly two-fifth of the elderly engaged themselves at domestic chores by going to shopping followed by more than one-third of them participated in cleaning
house/surroundings, as well as 1-3 and more domestic chores is much higher (67.7 percent); still more large in the case of women than men elderly. The differentials in the overall participation of elderly in selected domestic chores is conspicuously higher among women, those belonged to young age, scheduled castes/tribes, single/widowed/separated/divorced/deserted and non earning any income and earning less income than their counterparts.

7.2.5 Elderly’ Participation in Selected Familial Activities

Information of elderly’ participation in selected familial activities found that those who do not have children (27 respondents) are not taken into consideration rather, the remaining 503 respondents only stated that the information about participation of elderly in family ceremonies, consultation on important matters and role in solving family disputes are taken in this study. It revealed that, nearly three-fourth of the elderly are found to participate in the family ceremonies and more than half of them reported that they are found to participate in consultation on important matters whereas, six out of ten respondents do not have any role in solving family disputes. Gender-wise differentials in these regard showed that men elderly’ participation is fairly higher in the case of all selected familial activities than their women counterparts, and the chi-square results also turn out as highly significant (p<0.001) of all the familial activities. While the percentage of overall participation in familial activities are considered, one-third of the elderly are found to participate in all the familial activities followed by nearly one-fourth of them do not at all participate in any familial activities. Such participation in all the familial activities is higher among men elderly than their women counterparts. Background differentials in the elderly’ overall participation in familial activities is higher among illiterates, who do not earn any income and earn less monthly income group of elderly as against their respective counterparts.

7.2.6 Elderly’ Experienced in Abusive Behaviour of Family Members

With regard to the experience in abusive behaviour of family members, the elderly who are selected are those living with family members (311 elderly) and those
who are living alone/with spouse only (219 elderly) are not taken in the study. Elderly’
experienced in abusive behaviour of family members showed that more than half of
them have been experiencing in abusive behaviour. Conversely, that percentage is higher
among women elderly than men counterparts. On the other hand, such kind of abusive
behaviour is higher, where larger majority of them are found to be verbally abused.
Gender-wise differentials in this regard suggest that ‘verbal abuse’ marginally is higher
among women as against their men elderly counterparts. Abusive behaviour of family
members is higher among scheduled castes/tribes, single/widowed/separated/divorced/
deserted, illiterates, none earning and less earning income groups than their counterparts.

7.2.7 Patterns of Cordial Relationship and level of interaction

When required about the elderly’ cordial relationship and level of interaction,
only those elderly are taken for this study who have relations and who interact with
family members. Overwhelming proportions of the elderly were having cordial
relationship with spouse, followed by greater majority having relationship with
grandchildren and daughter(s). In addition, more than three-fourth of them have relation
with son(s), whereas about more than two-third of them have cordial relations with son-
in-law(s) and lesser number of the elderly have such relation with daughter-in-law(s).
The percentage of them who are having cordial relationship with family members is
higher among men as against women elderly. On the other hand, the chi-square results
too revealed that spouse, son and daughter-in-law(s)’ cordial relations is to be highly
significant (p<0.001). The Level of interaction with regard to frequency of the elderly
contacting their family members demonstrates that overwhelming percentage of elderly
regularly interact with spouse, followed by majority of them regularly interacting with
grandchildren and son(s). Further, it is striking to note that the regular frequency of
interaction by elderly men to family members is higher than their women counterparts.
The gender-wise differentials in this regard are noted to be highly significant (p<0.001)
among spouse, son(s) and daughter-in-law(s) respectively.
7.2.8 Emotional Support Received by Elderly

An analysis of data on emotional support or selected related aspects of elderly showed that more than half of the elderly get support alone/themselves (spouse) followed by children (son and/or daughter). On the whole, the percentage of elderly who received overall emotional support from nobody and spouse for selected features is higher among those who live alone/themselves. Overall emotional support from nobody (alone or himselfs) for selected aspects is higher among women, middle-old in age, currently not married, less family members and earning members than their counterparts. Conversely, such emotional support by spouse is comparatively higher for those elderly in cases of men, old-old in age, currently married, most backward castes, earning members, earning high individual income and 1-2 family members. Except in a few cases, the percentage of elderly who received overall emotional support for selected issues from children has shown relatively opposite direction of pattern across their background characteristics as compared to one that is observed in the case of nobody and/or spouse’s support. However, the percentages of elderly who received overall emotional support for selected aspects under consideration across their background characteristics have clearly shown that the percentage of elderly who received overall emotional support is higher among those who live alone/themselves, women, old-old in age, single/widowed/separated/divorced/deserted, belonged to most backward, illiterates, non working, earning less personal income, belonging to households of lower monthly income bracket and three or more number of children, four or more number of family members and less number of earning members than their counterparts. Conspicuously, the chi-square results turned out as highly significant (p<0.001 or p<0.01) in the case of all these percentage of differentials of overall emotional support to elderly across backgrounds except age and caste background which is moderately significant (p<0.05).

Multinominal logistic regression analysis showed that compared to those who extended overall emotional support by children the support extended by self/others as well as spouse. With regard to children, the probability/odd of self/others is/are significantly moderate (p<0.05) among women elderly than men counterparts. Correspondingly, compared to children, the probability/odds of spouse is/are higher in
the case of women as well as highly significant (p<0.01). Such odds are also higher in the case of single/widowed/separated/divorced/deserted and those elderly completed education upto high school level, high monthly family income group and having four or more total number of family members than their respective counterparts. Evidently, the chi-square results emerged as highly significant (p<0.001) in all the cases respectively.

7.2.9 Health Status of the Elderly

Health status in terms of chronic morbidities suffered by elderly revealed that a greater majority of the elderly are suffering from rheumatism/arthritis followed by back pain/slipped disc and frailty/general weakness. A sizeable percentage of the elderly are suffering from dental problems and blood pressure. However, few elderly are suffering from chronic morbidities like diabetes followed by lung problem/asthma, ulcer/gastric problem and skin disease. Negligible proportions of the elderly are suffering from various other chronic morbidities. While examining the differentials in the chronic morbidity across gender background of the elderly, it is conspicuous to note that the percentage of those suffering from rheumatism/arthritis, back pain/slipped disc and frailty/general weakness problems are higher among women than among men to a significant extent (p<0.01 and P<0.05 respectively). Differentials in this chronic illness across the age groups of elderly highlights that the percentage of elderly suffering from diabetes, blood pressure, dental problems, and heart disease, is higher among those in the age group of 60-69 years as against to those who are at 70 years or older. Such trend is also noticed at a significant level in the case of those elderly who are suffering from diabetes (p<0.001) and is moderately significant in the case of blood pressure (p<0.05 in each case). Conversely, the percentage of elderly suffering from chronic morbidities like lung problem/asthma, rheumatism/arthritis, back pain/slipped disc and skin disease is higher among middle and old-old (70+) than that of young-old (60+). Such trend is also noticed at a highly significant level in the illness of lung problem/asthma and rheumatism/arthritis (p<0.001 and p<0.01, respectively) and is moderately significant in the case of back pain/slipped disc (p<0.05). By and large, majority of the elderly are found to suffer from chronic diseases under consideration for more than 5 years followed by 3-4 years and 1-2 years, irrespective of their gender and age background. Conversely,
the percentage of elderly suffering from ulcer/gastric problem, lung problem, rheumatism/arthritis, back pain/slipped disc and frailty/general weakness for a longer time is higher among men elderly and also in old-old age-wise as compared to their counterparts. The chi-square results too turned out as highly significant (p<0.001 or p<0.01) in the case of rheumatism/arthritis, back pain/slipped disc and frailty/general weakness across their gender background and age-group wise.

7.2.10 Physical Support and Financial Assistance to the Elderly at the Time of Visiting Health Centres for Seeking Medicare to Chronic Morbidities

Data on physical support of the elderly while visiting to health centres for medicare to chronic morbidities reveal that majority did not receive such help from family members (nobody). For some chronic morbidities like lung problem/asthma, back pain/slipped disc, rheumatism/arthritis, ulcer/gastric problem, frailty/general weakness and skin deceases son(s) used to extend such help, whereas spouse comes into picture for heart disease and lung problem/asthma. The role of daughter(s) and others in extending physical support for most of the deceases is comparatively small. The overall physical support for medicare shows that nearly half of the elderly are provided with physical support from anyone, followed by son(s). All these data indicates that elderly visit health centres for medicare mostly on their own without seeking physical support from anyone. An analysis on the overall financial assistance for medicare extended to the elderly shows that a majority of the elderly received nobody financial assistance from no one, closely followed by son(s). The role of daughter(s) in this regard comes next followed by spouse and the least from others. For some chronic morbidity like skin disease, ulcer/gastric problem, diabetes, blood pressure, frailty/general weakness, back pain/slipped disc and rheumatism/arthritis, son(s) used to extend such help. Next to these, daughter(s) come into picture for a few chronic morbidities, viz., heart disease, dental problem, blood pressure and diabetes.

7.2.11 Disability status of the Elderly

An analysis of disability status of the elderly established that greater majority of the elderly are suffering from walking and memory disorders, whereas more than three-
fourth of them are suffering from visual disability. Around more than two-fifth of the elderly are found to suffer from hearing disability whereas, more than one-third of the elderly suffer from speech. In the case of memory, visual and walking disabilities, women and old-old suffer more than their men and young-old counterparts. However, total number of disabilities indicates that nearly three-fourth of the elderly suffer with more than three disabilities. Gender and age-wise differentials suggest that the percentage of elderly who have three or more disabilities is almost equal among men and women counterparts, whereas, such percentages are higher in old-old than young-old elderly. Obviously, the chi-square results too turned out highly significant across their gender as well as age categories (p<0.01 and p<0.001, respectively). In addition to gender and age-wise differentials in disability status, the percent of elderly suffering from three or more disabilities tend to decrease or are found to be much lower with an increase or higher in their socio-economic characteristics, viz., educational status, occupational status, monthly personal and family income, total number of children, total number of family members, total number of earning members in the family and obviously among the type of living arrangements. Conversely, the percentage of elderly suffering from more number of disabilities is higher among those who belonged to scheduled castes/tribes, single/widowed/separated/divorced/deserted, illiterates, non earning and less earning income group, living alone and with spouse to a higher extent. Conspicuously, majority of these differentials across their background characteristics are turned out as statistically highly significant (p<0.001 in each case and moderately significant (p<0.05) in the case of monthly family income and total number of earning members), expect in the case of caste, total number of children, total number of family members and their type of living arrangements.

7.2.12 Patterns of Physical Assistance for Day-to-day Activities

A greater percentage of the elderly do not need any help for their physical assistance for day-to-day activities like to take food, bath, walk inside the house and walk some distance. However, a large majority of them need help for getting out of the bed and boarding bus/train. Gender-wise differentials in this regard highlights that, men elderly need help for going to toilet and walking for some distance is higher as against
women counterparts. In addition, boarding bus/train and getting out of the bed is more among women than their men elderly. The chi-square results turned out as highly significant (p<0.001) in the physical assistance of walking for some distance and going to toilet. The cumulative score on physical assistance to elderly for day-to-day activities shows that majority of them need help for 1-2 physical assistance. In this regard, such percentage shows that the elderly who need help for 1-2 physical assistance is higher among women than their men counterparts. The chi-square results also appears to be moderate significant (p<0.05) across their gender background.

7.2.13 Physical Assistance to the Elderly for Day-to-day Activities form Different Persons

With regard to physical assistance provided by family members for selected day-to-day activities, it is evident that a large percentage of the elderly did not ask and did not receive any physical assistance from anybody (self) for their day-to-day activities. Conversely, such percentage is overwhelming in the case of going to toilet, getting out of the bed and walk inside the house. Next to these (nobody), others (relatives/grandchildren/friends) appear playing a crucial role in providing help for their physical assistance like boarding bus/train, walking for some distance, dressing, bathing and walking inside the house. The overall physical assistance for selected aspects of the elderly are divided into five categories based on the different persons, it suggests that the sample elderly did not received any physical assistance from anybody (self) and the major ones followed by others and daughter(s).

7.2.14 Perceived Health Status of Elderly

Health status in terms of perceived health by the elderly highlights about fifty percentage of them perceived their health status as ‘fairly alright’, whereas slightly more than one-third felt that they are ‘healthy’ and just about 17.5 percent of them opined that they are ‘unhealthy’. Slightly more than one-fifth of the men elderly stated that their health is much better (healthy) than those of women, whereas the reverse pattern is more conspicuous (p<0.001) in the case of those reported to be ‘fairly alright’ and to ‘some extent unhealthy’. The percentages of elderly who perceived that their health status as
good (healthy) and ‘fairly alright’ are significantly (P<0.001) higher among young-old than those middle/old-old. It is striking to note that the percentage of elderly who reported their health status as ‘unhealthy’ is higher among those who are most backward castes, literates, currently working in various field, high individual income and medium monthly family incomes than their counterparts. Unexpectedly, the percentages of ‘fairly alright’ is higher among those who belonged to comparatively higher social strata (castes), single/widowed/separated/divorced/deserted, illiterates, not working and earning elderly.

7.2.15 General Expectations and Opinions about Selected Aspects of Ageing among the Elderly

When the elderly were asked about the expectations from family members, ‘extending cordial relationship and support during old age,’ most of them stated that one followed by ‘to perform death rituals’. Gender differentials in these regard says that majority percent of women stated that the expectations of cordial relationship is higher than their men counterparts. However, these differential patterns are moderately significant (p<0.05) across their gender background. On the other hand, ‘increase old age pension’ with age or other criteria’, followed by ‘free transport and/or medical insurance’ which are the major expectations from the Government. Across their gender background it is seen that the percent of elderly who expected ‘to increase old age pension’ is marginally higher among men as against women elderly and the rest expectations from elderly did not differ much. More than half of the elderly felt that now-a-days youngsters are willing to give respect to elderly. Moreover, it is also evident that a large percent of elderly opined as ‘youngsters should respect the elderly persons/take care of them’. Both of these proportions did not vary across their gender background.

Almost all the elderly (except 11 members) reported that children, especially son(s) has to take care of aged persons. From gender-wise differentials, it is observed that the proportion of elderly who felt son as a right person to take care of the elderly is reported to be somewhat higher extent by men as against women; the reverse pattern is noticed in the case of daughter(s). ‘Cultural norm over rides’ the reasons found are
mostly like son(s) would have the capacity to earn money and he has the inheritance right of the grandparents’/parents’ property. At the same time, the percentage of cultural norm/son’s duty reports that higher extent by men elderly are found to involve in cultural as against women counterparts. However, Daughter(s) would be ‘more sympathetic/extent love and affection’ towards the aged parents are the major reasons cited for supporting daughter(s) as a care giver to elderly.

Above one-fifth of elderly said they have knowledge about old age homes and slightly less than two-fifth responded that they are willing to join old age home. Additionally, it is interesting to note that such percentage is higher among men as against their women counterparts. Giving more privacy for children/not to disturb them are frequently mentioned reasons by those elderly who are willing to join old age homes. Conversely, the percent of elderly those who are not joining the old age home are found to be more nostalgic with village/village members. About one-sixth of the elderly know about the ‘maintenance of parents act’, however, such percentage is much better in the case of men as against women counterparts. The chi-square results too supported the knowledge level of elderly about the law to take care of elderly by their gender background which is highly significant ($p<0.001$). Conversely, it is conspicuous to note that among those who have knowledge, nearly one-fifth of them only explicitly stated that they are ready to complain/file case against children, if in case their children would not take care of themselves. It is interesting to note that such percentage is somewhat higher in the case of women compared to men. Information about the awareness about different welfare measures by Government and Non-Government Organisations for elderly persons evidently shows that only negligible percentage of the sample elderly only are aware about the different welfare measures implemented by the Government and Non-Government Organisations for the betterment of the elderly and the level of awareness is slightly higher among men elderly against women counterparts.

7.3 Conclusion

The major objective of this research work is to examine the living condition of the elderly and the persons from whom they received support with regard to emotional,
economic and physical needs among those elderly who are residing in rural Puducherry. Some of the major findings are presented in the preceding paragraphs, from which the following key conclusions have been deduced and discussed.

In India, the number of old age persons (60+ years) is going to increase enormously in another 2-3 decades, especially in rural areas, that too, females and widowed are more in number, who have to be taken care by their children, but it may not be possible for them given their circumstances. The continued increase in the old age dependency ratio is the major challenge for the Government – both Central and State to take care of growing number of elderly in the coming years. On the whole, the socio-economic conditions of the rural elderly is comparatively poor than the general population; among the elderly women, widowed, illiterates and those belonging to scheduled castes/tribes (lower in social strata) are more underprivileged. Elderly mostly co-reside with married son(s), however, a substantial proportion has stated to reside either by themselves, and slightly more than one-fifth are living alone’ especially such proportion is more than one-third among the women. Elderly who use to earn comparatively higher personal income tend to live alone and obviously, relatively less intension to live with married children as compared to those who live with unmarried children/others, whereas the reverse pattern in prominent in the case of those who have higher monthly family income brackets.

Large percent of the elderly, again women in large share, are participating in most of all the domestic chores indicating that women are in extreme drudgery even at that old age. Conspicuously, a higher proportion of elderly persons are participating in one or other familial ceremonies as well as in consultation on important matters. Interestingly, elderly men’ role appears to be high in these regard than women counterparts; signifying that the experience and wisdom of elderly have been recognised in an appropriate manner. Of course, one may counter argue that due to lack of time for younger generation, they might have requested/asked elderly to take part in such responsibilities. In the view of changing traditional values, in India, take care of the elderly persons in reduced and abusive behaviour from family members in increased, especially in verbal abuse is more. To a large extent, greater majority of them have
cordial relation with spouse, grandchildren and daughter(s). Intergenerational contacts in terms of interaction with family members are reported in case of overwhelming percentage of the elderly regularly interact with their spouse followed by grandchildren and son(s). It is quite evident that for a majority of elderly different types of emotional support have been provided by nobody from their family members followed by spouse for selected aspects under consideration. The major reasons cited for same the traditional cultural value systems are changing in modern society.

Health status of the elderly shows that larger percentage of them suffering from one or other chronic morbidities, whereas such percentage is found to vary across gender and age-wise categories. For physical support and financial assistance to the elderly while visiting to health centres for medicare to chronic morbidities reveal that majority did not receive such help from family members (nobody). Conversely, it is seen that for physical support and financial assistance son(s) used to extent such help. Almost all the elderly (except 15 members) reported that they were suffering from one or the other disability condition, viz., memory, visual, speech, hearing and walking. The percentages in these regard are relatively higher among women and old-old than their counterparts. Conversely, the prevalence of disability is much lower among those who belong to educated and agricultural labourers as well as to some extent among those who earning high individual monthly income. Furthermore, large majority of the elderly did not ask or did not receive any physical assistance for their day-to-day activities. Conversely, about one-sixth only perceived that their health status is ‘unhealthy’, however, reports on unhealthy status tend to be increasing with an increase in their educational status, those who currently participating in money earning and earning medium and high individual income.

Majority of the elderly expect (needs) cordial relations/support and want the performance of death rituals properly from the family members. Moreover, the expectation also found ways with an increase in old age pension and free transport/medical insurance from government. Elderly to larger extent perceive that the youngsters should give respect to the aged persons. About one-fourth of rural elderly are aware of old age homes and are willing to join such homes for the reasons like ‘to give
privacy for children/not to disturb them’ and ‘no children/no independent income’. Just about one-sixth of elderly aware about the Maintenance of Parent Act, but hardly about one-fifth only favoured to complain/file case against children.

Through the case studies one could understand that the elderly mostly co-reside with one or the other family members, preferably with son followed by daughter and at times with others too in case of unusual circumstances. Few tend to live separately, since they do not agree to live with children and/or become a habitual to live alone. Those who live with family members mostly get fairly better care and support from one or the other family members, especially from daughter in the case of emotional and physical support. Majority didn’t want to join the old-age homes and felt that it is the responsibility of the children to take care of them. All these observations clearly establish that family still plays a key role in providing shelter to the elderly and family members would certainly extend care and support to the older people and elderly women especially to a large extent.

The present study has taken disengagement proliferation of elderly in their family setup. For that purpose three notions were included in this study taking Puducherry in context in relation to the concept of disengagement. Those are inclusive care, participation and integration, and spatial segregation. The inclusive care of elderly has not been satisfactorily provided by the family members. Nevertheless, with regard to participation and integration of elderly, some do participate in familial ceremonies but overall feel disengaged in familial activities. The spatial segregation is suffered more by female elderly in Puducherry. From the study it can be conveyed and suggested that the need for government policies that encourage the creation and maintenance of robust social networks of older persons should be found out. Thereby, the situation of disengaged elderly of Puducherry seeks attention of social scientist and an issue worth attending.

7.4 Implications

The analysis of data and the conclusion of the study entail certain policy implications that must be met in the society for the welfare and benefit of the elderly in general and rural in particular. Some of the implications are as follows.
1.) **Old age homes**- As has been reported from this study, it is seen that most of the elderly do not prefer to stay in old age homes even if they are being ill treated in their current home. Elderly mostly consider that an old age home is not a proper place, they may be devoid of true emotions and good staying facilities in the government build old age homes. But this is not true. Old people should be helped through media exposure to the positive environment of old age homes. It would help the old age people to remove their ignorance regarding old age homes institutional care. Moreover, now a days many multinational companies too provide the establishment of old age homes with better sustaining amenities. Most of the rural elderly are unaware of this. It is seen that elderly find that if they go to old age homes then the children would feel bad and feel far by distance. So, elderly should be helped to remove this myth.

2.) **Community Support Mechanisms** - Apart from the help from the institutional setup initiatives, community also plays a very important role working as a support providing mechanisms. In India, as family is the chief social institutions to provide care and support the aged, there is a need to facilitate and strengthen rural community support mechanisms. Such care would definitely be a wonder in disguise for those elderly who are residing alone without any kin. It is even more beneficial to the women elderly as they are emotionally more depended but have fewer resources to believe upon.

3.) **Governmental Efforts** - The National Policy for the Older Persons and several programmes through Central and State Governments to fulfil the needs of the aged are to be provided with aimed adequate funding. Such programmes have to be modified to meet the diverse needs of sub-groups based on living arrangements, residence, age, gender, education, employment and/or income. In such programmes special attention should be given for the welfare of the aged by providing social security, economic security, health care services and recreational services, especially for those living in rural areas.
4.) **Media exposure** – people in rural and specially elderly in both rural and urban have more leisure time to inculcate the knowledge through television. Hence, movies on elderly problems and support if encourage then it would be a good knowledge dissipation for the younger generation to understand and realise the neglected pathetic situation of elderly in India. For example, the famous Hindi movie ‘Baghwan’ casting Amitabh Batchan and Hemamalini have succeeded in awaring people the true fact behind elderly suffering. Articles in newspaper and magazine can help the younger generation to understand the expectation of elderly. Such programmes on the one side, motivates the younger and adults to take care of the elderly and on the other side, they will boost the morale of the elderly to taking ageing as a positive manner rather than a curse.

5.) **Social Disorganisation** - As elderly have to meet the emerging issues like the decline in the joint family, changing values at the family, fewer children as care takers, large number of women going to live longer years, etc. policy makers have to think over about the introducing topics related to sociology of ageing and its related issues initially at the college/universities level and later even at high school/higher secondary levels so as to inculcate the need for extending care/support to the elderly among the younger generation.

6.) **Health and Disability** - Increase in chronic morbidities and disabilities, and thereby, utilisation of health care services by the elderly also needs special attention in near future. On the one side, elderly suffering with the former ones are going to be large in numbers because of lifestyles followed during their adult ages; on the other side, treatment for these by the elderly has become difficult task particularly in rural areas. Elderly in rural areas are found to suffer common health disease like arthritis, back pain, dental problems and general weakness. The urgent demand of the present need concession of medicine prices to the senior citizens. Hence, there is a need for community based health care services to meet the requirements of vulnerable elderly in rural areas, in addition to establishing special wards at least at taluk levels and/or at towns in Government Hospitals. Efforts may also be taken up to provide such
services to elderly through mobile clinics and referral services at rural areas by the nearby Government Doctors and NGOs.

7.) **Planner and Policy Makers** – there is a need to have a comprehensive and indebt information regarding the empirical studies conducted on a national basis with regard to the problems of elderly. The information collected would become holistic and useful for different ministries at central and state government that are planning different strategies for the well being of the elderly. Effective awareness and implementation of the ‘National Policy for the Older Persons’ and ‘Maintenance of Parents Act’ has to be done with various channels. So also is the case with regard to various welfare measures, viz., concessions to senior citizens to travel by bus, high interest rate of the bank deposits, etc. Mass media, NGOs and Government publicity campaigns may be used for such activities.

8.) **Vicious circle of Poverty** – the major problem that the elderly face both in rural and urban is i.e. engagement from earning income to sustain their life and meet their needs of day-to-day life. They are found to be dependent population in India, increasing the dependent ratio by providing pressure on the economic development of the country. At the familial level elderly become dependent on their children with an expectation of economic security but at the dismay end up in humiliation. Keeping in this mind it is suggested that a subsistence increase in the old age pension, providing social security measure, income generating, job avenues etc. may to look in the positively so as to make the elderly self-sufficient.

9.) **Social Scientist** - the dynamic nature of social phenomena entails an individual to understand the changes brought about the society with regard to customs and traditions. Therefore, their comes the role of social scientist to analyse and bring about a sustainable development in society. It is through research that the social workers and scientist can pave a wave to understand the changing social conditions like the role of family and care giving, nuclear family system, empowerment of young women, egalitarian value of gender, and westernised upbringing of children.
All these are some of the measures that influence the care giving attitude and support towards the elderly, bringing a link to the elderly pathetic mentality to the society.

10.) **Moral education** – It is also suggested that children should be taught about elderly care (moral education) in their schools so that the younger generation of India will be aware of the elderly vulnerability. Moreover, it is published in “The Hindu” newspaper dated 15th April 2013 that India is the youngest country in the world where the median age of people is 29 years so there comes the issue that this younger generation in next couple of years will become the older population mass in India very soon. Therefore elderly issues should not be neglected as in forth coming years it is a great burden on developmental aspects of Indian economy.