Research Methodology

Elderly or old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. People can be considered old because of certain changes in their activities or social roles. Also old people have limited regenerative abilities and are more prone to disease, syndromes, and sickness and compared to other adults. The medical study of the aging process is called gerontology and the study of diseases that afflict the elderly is geriatrics. The United Nations world Assembly on Ageing, held at Vienna in 1982, formulated a package of recommendations which gives high priority to research related to developmental and humanitarian aspects of ageing (United Nations, 1978).

The plan of action specifically recommended that “International exchange and research cooperation as well as data collection should be promoted in all the fields having a bearing on ageing, In order to provide a rational basis for future social policies and action special emphasis should be placed on comparative and cross cultural studies in ageing”. The phenomenon of population ageing is becoming a major concern for the policy makers all over the world, for both developed and developing countries, during last two decades. But the problems arising out of it will have varied implications for underdeveloped, developing and developed countries.

Many of the countries in world are currently undergoing two fundamental demographic changes; a rapid concentration of their populations into urban communities, and an acceleration in the pace of ageing of their populations. The former is usually attributed to rapid technological advances and the resulting modernization and industrialization. The latter, however, follows from demographic changes linked to socio-cultural, economic and health care development. The former may thus be considered as the cause which brings the latter into effect. The rapid urbanization and modernization resulted in changing attitudes of younger generation on elderly and new requirements to combat the depression levels, among elderly. This aspect is given much weight in the present study.

2.1. Objectives of the study

This study was planned to fulfill the following objectives.

1. To study the background and socio-economic status of the elderly females
2. To study the pragmatic status of female elderly at family level.
3. To study the social and health problems faced by the elderly and their attitude towards life.
4. To study the requirements of the elderly females.
5. To study the characteristics of the works in which the elderly people are involved and engaged.
6. To ascertain the level of the practice of gerentocracy.
7. To ascertain the level of practice of ‘Ageism’.
8. To provide possible solutions and remedial measures to the problems of elderly people.
9. To ascertain the views of younger generation regarding elderly care and responsibilities towards elderly.

2.2. Hypotheses

The following hypotheses were formulated for testing keeping specific focus on objectives.

1. Low level family economic conditions and children’s negative attitudes suffer the elderly.
2. Many elderly are denied and deprived of basic amenities by children (Ageism).
3. Prophylactic care by children at family level is poor in rural areas.
4. The gerentocracy and unquestionable authority of elders on family affairs still exist in certain communities.
5. Elderly abuse causes mental agony.
6. Elderly health depends on positive thinking of the offspring.
7. Negative reciprocity prevails between younger generation and elderly needs.
8. Children’s educational level is positively associated with elderly care.
9. Children’s emotional attachment with elderly determines the elderly care.
10. Inter-relationship at family level bears effect on children’s support to elderly.
11. Retired elderly and who are getting pensions attain more respect at family level.
12. Environmental sanitation level in and around house is poor in study area which is leading to spread of diseases.
13. Provision of nutritious food to elderly is not at expected level.
14. Medical care extended on time to elderly is poor among poor families.
15. Spending on Medical aspects to elderly depend on Governments aid to elderly.
16. Younger generation seek and wait for Government intervention to take care of elderly.

2.3. Sample design

Research methodology provides a path to the investigator to find a solution for the research problem by employing scientific research procedures. It helps the investigator to evaluate the research units’ reliability and validity.
The rural areas of Ananthapuram district of Andhra Pradesh is consider as the area of the present study. The Ananthapur district constitute with five revenue divisions Viz., Anathapuram, Dharmavaram, Penugonda, Kadiri and Kalyanadurgam.

At the first stage of sample selection one mandal area from each Revenue division will be identified as study area purposively, keeping in view of coverage of whole division areas. In accordance the following mandals will be selected as study area. The following mandal areas are Putlur, Roddam, Tadimarri, Kambadur and Bukkapatnam were considered for the study.

In the second stage from each mandal four villages are selected for the study, covering all four areas. This study was conducted in the following villages shown in table 2.1.

<table>
<thead>
<tr>
<th>Revenue Division</th>
<th>Selected Mandal</th>
<th>Anathapuram</th>
<th>Penukonda</th>
<th>Dharmavaram</th>
<th>Kadiri</th>
<th>Kalyanadurgam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Putlur</td>
<td>1 Chintakunta</td>
<td>Peddipalle</td>
<td>Chilla</td>
<td>Krishnapuram</td>
<td>Gulyam</td>
<td></td>
</tr>
<tr>
<td>Roddam</td>
<td>2 Gandlapadu</td>
<td>Bokkasampalle</td>
<td>Kanukunta</td>
<td>Gunipalle</td>
<td>Rallapalle</td>
<td></td>
</tr>
<tr>
<td>Tadimarri</td>
<td>3 Kandikapula</td>
<td>Chinnamathur</td>
<td>China</td>
<td>Agraharam</td>
<td>Ramapuram</td>
<td></td>
</tr>
<tr>
<td>Bukkapatnam</td>
<td>4 Chalavemula</td>
<td>Jakkalacheruvu</td>
<td>Nidigallu</td>
<td>Siddarampuram</td>
<td>RallaAnathapuram</td>
<td></td>
</tr>
</tbody>
</table>

Table-2.1. Study Area Setting for Senior Citizens from Ananthapuram District
From each village 10 elderly female samples and 10 adult (of age 25-45 years) samples were considered for the study following the basic characteristics like availability, ability and interest to participate in interview. Care will be taken to choose at least 50 percent sample from backward sections.

Thus, from each mandal area 40 samples are considered for the study and the total samples include 200. Finally from the total district 200 samples will be considered for the study. The personal interview method by researcher herself had chosen as method for data collection.

The study was focused on female elderly aged 60 and above to ascertain different socio-economic, familial and psychological realities. Total samples of 200 senior female citizens were involved for the study. Further, to understand the views and attitudes of younger generation on elderly care, 200 adult samples in the age group of 25 to 45 years were considered for the study. The information was gathered through personal interview of all samples and also certain information was sought through secondary sources including census and NSS Registers.

2.4. Collection of data

Both primary and secondary data were made use in the present study for analysis, drawing inferences and arriving at conclusions. The Primary data were collected through personal interviews with the sample respondents with the help of pre-tested schedule at the living place and work place of the respondents. Comprehensive interviews were undertaken by managing time-bound gaps to collect information / views from selected older females from across the study area.
Sufficient cross checks have been made on the information provided by the sample respondents to ensure accuracy and reliability of data. Editing and scrutiny of data was made before the tabulation of data.

From each mandal four villages were selected on random and from each village and ten female senior citizens were identified for interview. For interviewing younger generation 4 villages were selected from each mandal on random and from each village ten male young respondents in the age group of 25-45 years were selected purposively for the interview.

Secondary data were collected from reports available at Project Director National Informatic Centre, Ananthapuram, Directorate of Census Operations, Hyderabad, Mandal Parishads in sample mandals, Evaluation Reports, Indian Five Years Plan Documents, Economic Survey of India reports, Survey of India and various published and unpolished reports. The data collected from field survey was analyzed by employing appropriate statistical tools such as percentages, averages, ratios, ANOVA and cumulative growth rates etc.

2.5. Analysis of data

The data collected from the sample respondents has been collated and tabulated after editing, coding, computing and analyzed with the help of SPSS package. The descriptive statistical procedures like mean, standard deviation were computed. The statistical tools administered to test the significance of variance are ‘t’ test and Chi-square analysis.

2.6. Need for the Study

In India, through percentage wise growing is not very rapid, but due to its mammoth size planning for the elderly is a huge challenge for the policy makers. The problems faced by the females are more critical compared to that of men due to low literacy rate, customary ownership of property by men and majority or women being not in labor force during their prime age with only very few in the organized sector. Therefore, the policy for elderly may also need to keep a realistic achievable gender component. It is to be remembered that sensitizing the issue and deliberate public action can dilute some of the adverse consequences of aging. Educating the mass with high investment in human resource development can overcome these problems up to a great extent.

The review of related literature demonstrates that studies on ageing are undertaken largely in the developed nations while gerontology is still in its infancy in developing countries like India. The information available on elderly in the Indian context is rather fragmentary and inconclusive. The studies those were undertaken hither to are mostly on elderly males especially urban retirees. In fact, the problems confronted by the elderly are much more in rural unorganized sector, more so in respect of the female elderly. However, studies on the problems of the rural elderly women in
unorganized sector are very scanty and much remains to be explored. Hence the present investigation was planned to throw light on the problems and prospects of the rural elderly females.

In traditional Indian society, the informal support systems of family, kinship and community are considered strong enough to provide social security to its members, including older people. Urbanization, industrialization and the ongoing phenomenon of globalization have cast their shadow on the traditional values and norms within the society. Gradual nuclearization of the joint family, erosion of morality in economy, changes in the value system, migration of youth to urban areas for jobs or work and increasing participation of women in the workforce are important factors responsible for the marginalization of older people in rural India. As a result, the elderly depend on ‘money-order economy’ and their intimacy with their children is only from a distance (Vijaykumar, 1999). In olden days society provides the needed security and support to the aged and their skills, knowledge, experience were also utilized for the development of family and society.

The practice of ‘Ageism’ and gerentocracy still exists in certain communities especially among tribal’s and certain socially backward localities, which has greater impact on elderly well being. An attempt was made in this study to understand the severity of practice of Ageism & gerentocracy and also to ascertain the views of younger generation on this.

To develop requisite policy programs for the elderly population, there is a need for a study of elderly persons on various aspects and initiate social, economic and health policy debate on ageing in India. But there is a serious dearth of datasets and analyses to identity the emerging areas of key concern and immediate intervention. The inter-relationship at family and societal levels and the expectations of elders on children and children’s views on parents and their contradictions are not fully addressed so far. Hence the present study aimed at filling this void.

2.7. Limitations
1. The sample size was limited to 40n only because of paucity of reaching the remote villages
2. Further same of the sample respondents were not able to actively participate in interview due to old and sickness
3. All the elderly people couldn’t express their anguish
4. Elderly people could not appraise their abuse by their offspring
5. Though elderly people are being mistreated, verbally abused, and denied proper food, proper medication and care by younger member of family, older people are indeed in a very helpless situation with tied lip.