Working Paper Series

Social and Psychological Aspects of Problems of the Elderly

02

A case study in Guwahati, Assam

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Chandana Sarmah

Omeo Kumar Das Institute of Social Change and Development
Guwahati : Assam

Working Paper 02

SOCIAL AND PSYCHOLOGICAL ASPECTS OF PROBLEMS OF THE ELDERLY

A CASE STUDY IN GUWAHATI, ASSAM

Chandana Sarmah*

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CONTENTS

List of Tables

Chapter I INTRODUCTION
Introduction to the problem
Scope of the study
Methodology
Review of literature
Chapterisation

Chapter II SOCIAL GERONTOLOGY AS A DISIPLINE
Social Gerontology as a discipline
Theories and approaches to the study of ageing
coping process
National policy on older persons: highlights

Chapter III SOCIO-DEMOGRAPHIC PROFILE OF THE RESPONDENTS

Chapter IV NATURE OF PROBLEMS FACED BY THE ELDERLY

Chapter V SUMMARY AND CONCLUSION

Bibliography

List of Tables

TABLE I Distribution of the respondents on the basis of their age and sex.
TABLE II Distribution of the respondents on the basis of their marital status.
TABLE III Distribution of the respondents on the basis of their living arrangement.
TABLE IV Distribution of the respondents by their means of subsistence.
TABLE V Distribution of the respondents on the basis of their educational level.
TABLE VI Distribution of the respondents on the basis of their nature of problems.
TABLE VII Distribution of the respondents having health problem according to their prevailing ailment.
TABLE VIII Distribution of the respondents by their having no health problem, single ailment or multiple ailments.
TABLE IX Distribution of the respondent by their requiring assistance in their activities of daily living.
TABLE X Distribution of the respondents as per their rating of a list of given problems.

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Chapter I

INTRODUCTION

Gerontology is the scientific study of the process of growing old. Medical and biological scientists were the first to acknowledge the special nature of the problems of the aged. Social aspects of ageing and social gerontology were given a formal recognition in sociological and psychological literature much later. (Bhatia, 1983)

The present research intends to study the problems associated with the process of ageing in the context of wider social organisation. What constitutes the aged is an important question in the study of gerontology. Generally, chronological age is taken into account. However, ageing is not only a physiological or chronological stage but it is also a social and cultural phenomenon. From the sociological point of view, there are a number of social events in the life of the individual that may serve as a basis for recognising him/her as an ageing person: retirement from employment, marriage of children and birth of grand children, avoidance of sexual activity or expression of interest in the opposite sex after a certain age due to social censorship, attitudes and behaviours of others towards the individual, assuming new social responsibility, deserving privileges and respect mainly on account of one's age and expectation of the younger members in the family to share more responsibility in the family affairs (Bhatia, 1983)

Ageing as is commonly perceived, is accompanied by decreasing body energy and resources, along with physical infirmities due to decaying and weakening of one's bodily organs. Aspects like physical impairment or incapacity to work or the psychological frame depend upon economic condition, social status, environment, health and medical services, education etc. Thus ageing not only shows individual variation but also varies from society to society and even among different classes within the same society.

Ageing has gained prominence as a social issue mainly because there has been a significant rise in the size of the elderly population. Two main factors have influenced the rise in the proportion of elder population. They are (i) increased life expectancy and (ii) decline in fertility. The mortality rate in the world as a whole has decreased substantially as a result of the improvement in health services and advancement of medical sciences along with control of infectious diseases. Concurrently, the birth rate has also declined resulting in significant changes in the age structure of the world population. One of the manifestations of this is a smaller proportion of children in the population and an increase in the size of the aged population. According to demographers, this tendency is bound to continue and the United Nations projections show that by the year 2025 the total number of persons in the age group of 60 plus may be around 11 million representing 13.9% of the total world population (Saxena, 1988).

Within the overall world picture, there are significant differences between different countries. In the developed countries, the process of change in the age structure

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started somewhat earlier. The number of the elderly in the developing countries has been growing at a phenomenal rate. It has grown to such an extent that in 1990 the population of 60 and above in the developing countries exceeded that in the developed countries. By 2030, it is expected to triple to 1.4 billion. Most of this growth will take place in developing countries and over half of it in Asia (World Bank, 1994). The two major population giants of Asia, namely China and India, will contribute to the growth of this figure (Rajan, Misra and Sarma, 2000).

The proportion of elderly persons in India has risen from 5.6% in 1961 to 6.6% in 1991, and is expected to be 7.1% in 2001 and 9.9% in 2021 as per the projections of a study by the Centre for Development Studies, Thiruvanthapuram (Rajan, Misra, Sarma, 2000). According to the same study, as far as Assam is concerned, in 1991 the percentage of the elderly in the age group of 60 and above was 5.3%, which is projected to rise to 9.3% by 2021.

SCOPE OF THE STUDY

The present study intends to focus on the social and psychological aspects of the problems of the elderly population living within the municipal limits of Guwahati city. The city of Guwahati, though one of the oldest townships of the north-eastern region, is yet to acquire all the characteristic features of some of the most urban centres. The city because of its geographical location acts as a connecting link for the north-eastern states with the rest of India. With its growing importance as a link city Guwahati is responding to the needs of urbanisation and modernisation. However, the city appears to be in a state of transition. It is the younger generation who is rapidly changing, whereas the old social morals and values are still adhered to by their predecessors. Moreover, a majority of the elderly population currently residing in the city have rural roots. They have come here either in connection with their occupation and have settled down here or have accompanied their children to the latter's residence as they no longer have any one to look after them in their own homes. In both cases they are haunted by a feeling of nostalgia and a need for adjustment with a new situation. Here the problems of the elderly become evident as they have to adjust in a totally new set up. Even for the people who are the original residents of the place, Guwahati is not what it used to be ten years earlier. Changes have occurred in all spheres of life starting at the very household level. Earlier, it was the family and more specifically the women in the household who used to take care of the elderly people in the household. But with the spread of education among girls and more employment of women in the service sector there has arisen a dearth of caregivers to the aged population. Moreover, a breakdown in the joint family system, which earlier appeared to have an answer to this problem, along with changes occurring in the traditional value system, has led to the development of a number of conflict situations both from the point of view of the care giver and the care receiver. Or even where joint families are present, it seems impossible to provide the care and attention necessary for the elderly due to the pressures created by the demands of a modern urban and industrialised life style.

Thus, ageing can be viewed as a social problem from two perspectives. First, ageing is a direct problem for that segment of the population, which is in the aged category as

they are faced with the challenges of how to creatively and usefully occupy themselves especially in a society, which displays little patience for the old. Secondly, ageing is a social problem for the society as a whole because the presence of the old people and their problems has a profound effect on the structure and function of society.

The present research aims to bring into focus the social and psychological aspects of the problems of the ageing population in Guwahati. The respondents for the study have been selected on the basis of their age. Both male and female respondents are selected taking 60 years as the cut off mark. A total of 120 respondents who are either 60 years or above are selected. The total of 120 respondents belonging to mainly four categories are approached. These four categories are (i) Elderly persons who have been living in Guwahati since a very early age. (ii) Elderly persons who have settled in Guwahati comparatively recently. (iii) Elderly persons from the Hindi speaking community and (iv) Elderly persons from the Bengali community who have settled in Guwahati. The latter two groups are selected as they form the two most dominant linguistic groups after the Assamese speaking population. A total of 30 individuals are selected from each category. The study attempts to highlight whether the ageing problems show any gender variation or if their current socio-economic condition has any influence on their problems. Moreover, it will also attempt to understand if the four categories of respondents have any similarity or difference among their problems i.e. whether their cultural and social background has any influence on their problems.

METHODOLOGY

The study is basically an exploratory kind, and as such both quantitative and qualitative methods of data collection are applied. The data are collected with the help of a structured questionnaire. Information regarding the socio-demographic background is collected with the help of a survey schedule. As regards the main problem interviews are conducted with the help of a structured questionnaire. The questionnaire covers areas like housing and accommodation, their health status, means of subsistence, whether the elderly requires any assistance in their personal care and household task activities of daily living, their present association with people of a similar age group, their level of satisfaction with their family and children, their participation in any social and community activity, their daily routine and also what they perceives as serious problems for people of their age group.

For conducting the field study, the first step is to carefully search and locate elderly people; as we all know, the elderly are not concentrated in any particular area. Contact with respondents from the Hindi speaking community is made through the Marwari Yuva Manch. The president of the Manch announced my willingness to make a study of the community in one of their general meetings and accordingly with the consent of the members made out a list of 30 or more 60 + people and introduced me to them. Similarly contact with the Bengali Speaking people is made through a socio-cultural organisation called 'Sarodi Sadan' of Rehabari, Guwahati. The organisation is for females of all age groups and is involved in social work. However, difficulties are faced in conducting fieldwork among the Assamese community, as contact could not be made

through any such organisational network. Contact is made mainly through acquaintances and relatives, as people are sceptial about a stranger coming to one's house. Moreover, it takes time for the elderly to establish a rapport with an unfamiliar person to open up on rather emotive personal issues. As a result, the number of respondents has to be limited to 120.

REVIEW OF LITERATURE

Gerontological studies are of recent origin in India but have gained momentum quite fast. A review of various literatures would reveal that studies have been made on the socio-economic, demographic dimension of society, utility of children, intergenerational support etc.

Among the studies on socio-economic and demographic dimension of the elderly population mention may be made of the study by Goyal (1989) which discusses the state of older population, change in numbers, proportionate size, composition and distribution of the elderly population. Kamala Gupta in her study of the aged points out that the increasing proportion as well as the increasing size of the elderly population in India demands serious attention from Indian researchers and policy makers. Coupled with increasing size and proportion of the elderly, Indian society is also passing through other socio – economic changes that theoretically may have adverse affects on the well being of the aged people. The study revealed that the family so far has played a dominant role in care giving, but reduction in family size may have strains on the family resources. Therefore, emphasis should be placed on strengthening family resources and motivation for continuing their care-giving functions.

As the name suggests S. Sundari & N. Geetha (1999) in their paper.- *The Aged In India : A Demographic profile* presents a demographic profile of the aged with special reference to women. From the study they have come to the conclusion that the aged women are more vulnerable than men. Poor health, economic dependence, inability to work lead to a loss of self esteem and tend to affect their psychology and their adjustment in the family or society. The problems appear to be more prominent among widows & widowers.

Ashish Bose (2000) also presents the demographic transition and highlights in his study the emerging demographic scenarios based on the latest data made available by the Census of India, NSSO & relevant United Nation publications.

S. Irudaya Rajan and his colleagues in their publication *India's Elderly: Burden or Challenge?* presents a comparative account of the elderly in India. They point out that while the increasing number of the elderly is attributed to demographic transition, their deteriorating condition is considered the end result of the fast eroding traditional family system in the wake of rapid modernisation & urbanisation.

Rajan, Misra, Sarma in their paper *Ageing in India: Retrospect and Prospect* projects that the numeric strength of India's 60 plus population is expected to increase sharply from 55 million in 1991 to 135 million in 2021. Moreover, the emerging ageing scenario

will comprise more females with three- fourths of the population living in rural areas. Thus the gender as well as the locational disadvantage will add to their misery. With enhanced life expectancy, the health burden of the elderly along with accommodation, especially for dependent ones within familial setting, seems to assume huge proportion and hence they say there is a need for some alternative institutional arrangement to provide for them. They, moreover, point out that a prospective imbalance in Indian population's age structure should be attended to in terms of policies and programmes concerning social security and welfare before it is too late.

The family plays an important role in providing care for the elderly population. A.M. Shah is his article *Changes in the Family and the Elderly* says that though the household organisation in India is undergoing stresses and strains, the future well-being of the multitudes of the elderly lies in their remaining in the joint household. For this, he says, a process of adjustment between the older and the younger generations needs to be encouraged so that they arrive at a new understanding of their mutual needs.

Purohit and Sarma (1972) makes a study of old persons in a group of villages in Rajasthan and find that 66% of the aged are dependents and the incidence of dependency is higher in the higher age groups, the main cause of dependence being incapacitation and disabilities. The proportion of unhappy elderly is found to be higher among the females and the unhappiness increased with age.

Usha Rani, Rajasekhar and Naidu makes a study on old age security and utility of children in rural areas of the Chittor district in Andhra Pradesh. The objective of the study is to assess the different dimensions of old age security value of children among rural parents. The survey result reveals that an overwhelming proportion of the respondents laments that children are less economically useful to parents. It has therefore led the researchers to conclude that it is one of the main reasons for high fertility in rural areas of South Central India.

Reddy (1989) in his study on *Inter-generational support : A reality or myth* in the temple town of Tirupati attempts to examine the living arrangement of the elderly, their status in the household, family responsibilities as well as old age security expectation of the elderly from their children. The study reveals that high rentals and difficulty in getting housing accommodation are detrimental to the joint family system. Expectation of old age support is high among old pensioners but, however, old age support received is found to be up to expectation in less than 50% of the cases. The aged pensioners also relied heavily on daughters in times of crisis.

Mohanty (1989) makes a study on the retired government servants and their problems of socio-psychological adjustment. He tries to highlight some of the problems confronted by the retired government servants after their withdrawal from active service. Problems are found to be mainly in the areas of adjustment arising out of reduced income, failing health, socio-psychological problems arising out of changed status in the family and society and utilisation of extra leisure hours. Bhatia (1983) conducts a study on the retired gazetted and non-gazetted officers of Udaipur and problems are found to be of a similar nature. Desai and Naik (1983) in their study of problems of retired people

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in greater Bombay find that the respondents have ranked financial constraints as their number one problem, followed by health, social and family problems. The study also looks into how far the younger generation is informed about the problems. The results indicate that many young people are aware of the problems of the retired persons and in general have a positive approach to them.

Besides these above-mentioned studies, a few studies deserve attention. One of such is Shabeen Ara's (1994) study on the aged persons in the Kulkarni Hakkal slum in Hubli, Karnataka. The study is an attempt to find out to what extent the cultural mechanism, which accommodate the aged in the social group in which they live, is operative in a slum social set up.

Chaturbhuj Sahu (1998) takes up a study on the problems of ageing among the Santhals of Giridih. Dankekar (1996) in his book *The Elderly in India* attempts to describe the condition of the old in India, with special reference to the state of Maharastra.

From the review of various literatures it is evident that in the urban areas studies have mostly been conducted among the elderly who have retired from Government service or any other organised sector. However, it is generally seen that in these two sections the percentage of women is very low. Therefore problems of the elderly women, which differ to a great extent from those of their male counterparts, tend to be overlooked. Moreover, another section of the elderly that is not taken into account are those who are not in the service sector and are involved in cultivation on in some petty trade. They have lived in rural areas for the greater part of their life and have moved into the urban areas late in their life. This migration is found mostly because the succeeding generation has moved into urban areas and the elderly are thus left with no one to look after them in their original homes. The present study has however encompassed both these sections of the elderly population.

CHAPTERISATION

The current study report has been arranged in five chapters. The first chapter is a general introduction to the problem. The second deals with social gerontology as a discipline and the theories and approaches to the study of ageing. It includes major points of the National Policy on older person. The socio-demographic profile of the respondents is discussed in the third chapter. The fourth chapter is composed of the main findings of the study observed in relation to their socio-demographic condition. The last chapter is the summary and conclusion followed by the bibliography.

Chapter II

SOCIAL GERONTOLOGY AS A DISCIPLINE

As stated already in the introduction gerontology is a multi-dimensional discipline and draws upon both physical and social sciences. According to the Encyclopaedia Britannica, gerontology is the science of finitude of life expressed in the three aspects of longevity, ageing and death, examined both in evolutionary and individual perspectives. Ageing is the sequential or progressive change in an organism that leads to an increased risk of debility, disease and finally of death. The scientific study of ageing is a vast subject. To quote Bromley (1974), *'it reaches into the biological and medical sciences, the social and behavioral sciences, and even into technology and natural sciences.'* It was Clark Tibbette in 1954 that used the term *social gerontology* to refer to that branch of research which deals with the socio-cultural aspects and their effect on the ageing process.

Social gerontology as a distinct discipline of studying problems of old age began in the west, as well as in Japan and in the former U.S.S.R. Initially researchers aimed at studying the problems of adjustment in old age. Though the tradition of studying social problems of the ageing population continues, attempts have been made to determine the role of the individuals, family and group factors in the process of adjustment. Recent theoretical discussions in social gerontology have revolved around two main themes : the social integration of the aged and their status in the society in which they live. It has been generally assumed that the old people, who used to be integrated into the family and society, are now being increasingly segregated. Intergenerational relations and conflicts have also formed an important area of study in social gerontology (Bhatia, 1983)

Ageing is usually conceived as an individual matter. However, certain demographic trends have led to what can be termed as population ageing. The concept of population ageing is associated with an increase in the average or median age of the entire population. For example, in the United States of America, in the year 1900, only 4% of the population was over the age of 65. Today the proportion has jumped to 13%. For the purpose of comparison, it is to be noted that in 1900 the proportion of children and teenagers in the population was 40%. By 1990 the proportion of youth had dropped to 24%. This trend is projected to continue and within the overall population growth in the United States higher percentage of population is expected to be concentrated among the middle aged and older Americans. This pattern of change in the age distribution of the population is called population ageing. The process of population ageing has started somewhat earlier in the developed countries. In the developing countries like India the process of population ageing has begun only recently.

Three main demographic trends are responsible for this. They are :

(i) ***Declining birth rates:*** A decline in fertility or the average number of children born to each woman results in a smaller proportion of children in the population and a higher average age.

(ii) ***Increased life expectancy:*** An increase in the average age at which people die (or the mortality rate) due to various reasons also increases the average age of the population.

(iii) ***Increasing out migration:*** It is generally the young population who migrate and this in turn influences the average age of the population.

THEORIES AND APPROACHES TO THE STUDY OF AGEING

There are several theories, approaches, interpretations and aspects of the process of ageing. These processes are biological, physiological, psychological, socio-cultural, spiritual and political in nature. The different approaches and professionals look at ageing and the aged differently. The physiological approach associates the aged with the process of physical ageing and accordingly interprets their role performance in keeping with the decline in physical health. The psychologists look at the problem from the point of view of decline in mental health and emotional status. The sociologists and the cultural approach associate ageing with the social norms and cultural values – highlighting their place in society in general and family in particular. The politicians may look at the aged as their vote bank and the aged may use this political advantage for social security and health measures for themselves. However, there is a necessity to have an integrated approach to the problems of ageing and the aged.

There are two major theories about the status of the aged. They are:

1. ***Engagement versus disengagement theory*** - which further has two theories: (a) Role theory and (b) Ashram Theory.
2. ***Integration versus segregation theory*** - which again has two theories: (a) Integration theory and (b) Social segregation theory.

ROLE THEORY

In the past, the aged were an integral part of the family and also of the society. However, at present for a variety of reasons such as breakdown of the joint family, economic pressures, inadequate accommodation in the urban areas and the change in attitudes and value systems of the sons and daughters-in-law, there is a segregation of the elderly. Nuclear families have also led to the segregation of the elderly parents resulting in a greater degree of isolation of the aged and the loss of much of their role in the family. Retirement has also been viewed in the context of the role theory. This will depend upon the extent to which an individual is able to replace the work roles by other roles, which are found acceptable to him and to the society around. The feeling of powerlessness and loss of normalcy generates isolation and the absence of meaning in their life. The problem becomes more acute when one of the spouses dies earlier. The aged have to cope with the physical, economic and social limitations, so there cannot be any substitute for old age security provided by the family.

ASHRAM THEORY

The ashram theory falls under the disengagement theory and is comparable with the concept of *vanaprastha asram* of the Indian (Hindu) culture. According to this concept, an aged person after the age of 50 withdraws himself from his work and utilizes his time in serving the community. This stage is followed by the *sanyas ashram*, according to which a person after 75 years completely disengages himself from worldly affairs and spends his time away from his home and family. He utilizes his times in studying religious books, spread of spiritual knowledge etc. The society takes the responsibility of his food and other minimum needs in the *sanyas ashram*, thereby providing the fullest opportunity for self-expression. This also calls for a complete effacing of the self.

INTEGRATION THEORY

In the ultimate analysis, neither of the two approaches referred to above can be considered as basic or fundamental, (Chowdhury, 1992). The third model based on integration theory could be that of social adjustment of the aged. The level and mode of adjustment in the individual aged is reflected in the manner he is able to satisfy his needs and fulfill his social obligations. Status of the aged differs from country to country. In Japan, where modernism and traditionalism are combined, the aged are still respected. Government provides a minimum economic assistance and Elder's Day is a popular national holiday in the country. The aged continue to be useful in housekeeping, childcare, shopping etc, whereas the Indian *ashram* theory enjoins upon the aged to relinquish normal life when they reach the stage of *sanyas* after 75 years. This creates more psychological problems for the aged. In the west, the aged do not have this type of social status nor is there any particular age of retirement.

SOCIAL SEGREGATION THEORY

One of the reasons for the negative views towards ageing and the aged may be the personal fear of growing old. Certain roles are withdrawn from them and accordingly the aged may feel demoralized. Loss of job and income, decline in health and vigor, change the self-supporting role of the aged to the role of dependence on children. Lack of regular interaction with the family members may result in social isolation and loneliness of the aged and absence of purposeful activities bring about boredom in their life. The nature and extent of social adjustment of an aged may vary according to the personality make up, based on experience, his family and the community environment in which he lives.

There are three major approaches for the study of the aged. They are :

1. Activity approach.
2. Passive or disengagement approach.
3. Development approach.

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ACTIVITY APPROACH AND PASSIVE APPROACH

The activity approach says that the aged can keep them engaged in work, which they have postponed to their old age. Cumming and Harry in 1961, on the basis of their study in Kansas City in the U.S.A., developed the passive or disengagement theory. According to this approach, the aged withdraw themselves from their social roles, accept a secondary position, transfer family responsibility to the younger members and minimise social participation. However, total disengagement from society even under the Indian *ashram* theory is extremely difficult.

The role theory discussed earlier falls under the activity approach and the *ashram* theory under the passive or disengagement approach.

At this point it is the development approach that needs further discussion.

DEVELOPMENT APPROACH

The development approach is preventive and life enhancing rather than curative. The following are a few of the things the elderly have to undertake:

1. Redefinition of social identities with development of new social goals in an associational context.
2. Linkage of the past and present to the future with regard to family, peers, associations, services and community.
3. Adjustment to physical and mental changes.
4. Development of new self-image transcending social expectation of behaviour of older people and;
5. Development of sense of integrity, a profound concern for system, order and meaning of human existence.

COPING PROCESS

Sheldon Tobin states that changes in orientation to processes of ageing start before the process of ageing begins. This would enforce developmental rather than the reactive approach to ageing personality. As people age, they prepare to cope with the following crises.

1. Internal and external bodily changes.
2. Loss of status.
3. Loss of contact with significant people.
4. Modification of range of available roles or activities.
5. Whatever it means to face death, and
6. To make social adjustment because of his physical status and changing roles.

Ageing is involuntary withdrawal or disengagement resulting in decreased interaction between the aged and others in a social system. In addition to the theories and approaches developed by social scientists there are many negative stereotyped beliefs

and misconceptions about the old people. Measures have to be taken to remove their depression, senility, ill health and inactivity. (Chowdhry, 1992).

Industrialisation and Urbanisation have created uncertainty about the society's traditional role and improvement of the aged. Modern society is youth oriented, particularly from the point of view of utility, productivity, independence, thereby making the elderly gradually lose their roles as defined in the traditional value system. Therefore, the young need to be sensitized to the problems of the aged, so that they spend time with the aged, which is their greatest psychological need. The biggest need of the hour is increasing the level of consciousness and utilizing their potentials for development. The aged also need to come to terms with their changing status and reformulate their social and psychological roles.

NATIONAL POLICY ON OLDER PERSONS: HIGHLIGHTS.

United Nations Organisation has declared October 1st as the International Day for elder persons. The Ministry of Social Justice and Empowerment, Government of India, announced the National Policy on older persons in January,1999.

The salient features of the policy are:

1. The policy identifies the principal areas of intervention as financial, security, health care, nutrition, shelter, education, welfare and protection of life and property of older citizens.

2. The policy provides for a broad framework for collaboration and co-operation both within the government as well as between government and non-government agencies.

3. An important thrust in the policy is an active and productive involvement of older persons and not just their care.

4. National Council for Older Persons (NCOP) has been constituted to operationalise the policy.

5. The scheme of assistance for programmes relating to the aged, which has been in operation since November, 1992, has been reviewed, revised and renamed as an integrated programme for older persons with an objective to promote a society for all ages and empower and improve the quality of life of older persons.

6. The programme for the first time recognises formation of self—help groups, association of older persons for advancement of their experience and services.

7. 234 Old age homes, 398-day care centres and 40 mobile medical units are supported.

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8. The existing schemes of assistance to Panchayat Raj institutions/ Voluntary Organisations, self-help groups for construction of old age homes have been revised to encourage Multi Service Centres for older persons.

9. As part of the National Social Assistance Programme, Old age pension is to be provided to the destitute elderly all over the country.

10. An Old Age Social and Income Security (OASIS) project is launched during the year 1999 to comprehensively examine policy questions connected with Old Age Income Security.

11. Travel related concessions and facilities are provided to older people by Indian Railways, Indian Airline and State Transport Corporations.

12. Health care is provided to older persons through Bhavishya Arogya Mediclaim and Rural Group Life Insurance Schemes.

13. Concessions on income tax are also provided to the elderly citizens.

Chapter III

SOCIO-DEMOGRAPHIC PROFILE OF THE RESPONDENTS

Guwahati is the most important city in the North Eastern India being the verve centre for business, cultural and administrative activities. The city is a very ancient one as its mention is to be found in the Puranas and the Mahabharata. However, at that time, its name was Pragjyotishpur. After independence, Guwahati has become the main business centre of the region and most of the business is dominated by the Marwaris in the Fancy Bazar area. The administrative importance of Guwahati grew after shifting of the capital of Assam from Shillong to the city in 1971. This particular move attracted innumerable number of migrants to the city from all over Assam, may be for better job opportunity or better standard of living. Bengalis had dominated the Government jobs in Assam since the British period and many of them settled in Guwahati. Likewise people of all castes and creeds came to be settled in Guwahati from all over Assam. The original inhabitants of Guwahati still can be found in the Ujanbazar, Chenikuthi, Bharalumukh areas while the inhabitants around the capital complex Dispur are relatively new ones. For want of reliable data exact demographic profile of the city could not be given.

A socio-demographic profile of the respondents is now given. The sample size of the study is 120, of which 54 are male respondents and 66 are female. This total of 120 respondents is subdivided into four main categories. For the purpose of the study, as has already been mentioned in Chapter1, the respondents are selected from four different backgrounds. The first 30 respondents have been selected at random from among the people who are original Assamese residents of the city. They belong to mainly the Bharalumukh and Chenikuthi areas of Guwahati. The second 30 respondents comprise of people who are comparatively recent settlers of Guwahati. They have either came here in connection with their jobs and have settled down here or have accompanied their children to the latter's place of work. They are the first generation settlers in the urban area. The respondents of this group are mostly inhabitants of the localities of Rukmininagar, Ananda Nagar, Six Mile and such new settlement areas. The third category is composed of the Hindi speaking community, basically the business community living in the Fancy Bazar area. Some of the respondents from this category are third generation residents of the city. The fourth category is the Bengali speaking community who has settled in Guwahati. In terms of linguistic groups, Assamese occupies the first position, to be followed by the Hindi speaking community. The third largest group is the Bengali speaking community.

A general idea about the distribution of the respondents in terms their age and sex based on the four main categories can be obtained from the following table.

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Table I: Distribution of respondents on the basis of their age and sex

	60 - 64		65 - 69		70 - 74		75- 79		80 - 84		85+		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Old Residents	2 (1.6)	9 (7.5)	3 (2.5)	4 (3.3)	2 (1.6)	1 (0.8)	3 (2.5)	3 (2.5)	1 (0.8)	1 (0.8)		1 (0.8)	30
New Residents	3 (2.5)	5 (4.2)	7 (5.8)	4 (3.3)	1 (0.8)	2 (1.6)	3 (2.5)		2 (1.6)	1 (0.8)	1 (0.8)	1 (0.8)	30
Hindi Speaking Community	3 (2.5)	10 (8.3)	7 (5.8)	2 (1.6)		1 (0.8)	1 (0.8)	3 (2.5)	1 (0.8)	1 (0.8)	1 (0.8)		30
Bengali speaking Community	1 (0.8)	5 (4.2)	3 (2.5)	7 (5.8)	4 (3.3)	1 (0.8)	3 (2.5)	3 (2.5)	2 (1.6)			1 (0.8)	30
TOTAL	9 (7.5)	29 (24.2)	20 (16.6)	17 (14.2)	7 (5.8)	5 (4.2)	10 (8.3)	9 (7.5)	6 (5)	3 (2.5)	2 (1.6)	3 (2.5)	120

(Figures in bracket indicate percentage.)

The distribution of the respondents from the above table shows that most of the respondents are concentrated in the age group 60-64 and 65-69, 62.5% of the respondents are in these two age groups and the percentage of females being higher than males. 25.8% of the respondents are from the age group 70-74 and 75-79 where the percentage of males is found to be higher than females. The lowest percentage of the respondents belong to the 80-84 and 85+ category, the percentage being 11.6, where incidentally the percentage of male is higher.

To have a clear picture of the marital status of the respondents and their distribution by age and sex, we can look at Table No. 2. Marital status is found to be directly related to the level of contentment among the elderly population and therefore occupies an important aspect of the study.

The respondents have been divided into four divisions on the basis of their marital status. They are (a) unmarried- those who have never married (b) married i.e. those who are currently married or where both the husband and wife are surviving, (c) widowed- where one of the spouses has expired (d)separated- those respondents whose spouse is alive but they are not living together for some reason or the other. However, in course of the study, no respondent has been found to have separated from his or her spouse.

From the four categories of respondents, only two respondents, a male and a female respondent, have been found to have never married in their lives and do not desire to marry now. The male unmarried respondent remained so by choice. The female respondent on the other hand has not married because her parents expired at a very early age and the responsibility of bringing up her younger brothers has fallen on her. Her brothers are now married and have set up independent households. She lives alone and is partly dependent on her brothers for financial help, who help her whenever they are able to.

68.3% of the respondents are found to be currently married and 30% are widowed. Among the widowed respondents the percentage of females is predominant. The percentage of females is 86 and that of males is 14. Studies have revealed that this is the trend for India as whole - more women tend to be widowed than men. This happens due to several reasons. The most important being improvement in women's life expectancy. In general, women tend to live longer than men. Moreover, women tend to be younger than their husbands and social norms inhibit women from remarriage. As such, the number of widowed women tends to be higher than widowed men. No case of separation after marriage has been reported.

The next important aspect of the study is the living arrangement of the elderly respondents. This is another very important determinant of satisfaction level in the life of an elderly individual. For the purpose of the study the respondents have been divided into five categories on the basis of their living arrangement.

Table II: Distribution of the respondents on the basis of their marital status

	60-64		65-69		70-74		75-79		80-84		85+		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	
OLD RESIDENTS													
UM	1 (0.8)	1 (0.8)											2
M	1 (0.8)	6 (5)	3 (2.5)	1 (0.8)	2 (1.6)		3 (2.5)		1 (0.8)				17
S													
W		2 (1.6)		3 (2.5)		1 (0.8)		3 (2.5)		1 (0.8)		1 (0.8)	11
NEW RESIDENTS													
UM													
M	2 (1.6)	3 (2.5)	7 (5.8)	3 (2.5)	1 (0.8)		1 (0.8)		2 (1.6)				19
S													
W	1 (0.8)	2 (1.6)		1 (0.8)		2 (1.6)	2 (1.6)			1 (0.8)	1 (0.8)	1 (0.8)	11
HINDI SPEAKING COMMUUNITY													
UM													
M	3 (2.5)	9 (7.5)	7 (5.8)			1 (0.8)	1 (0.8)	1 (0.8)	1 (0.8)				23
S													
W		1 (0.8)		2 (1.6)				2 (1.6)		1 (0.8)	1 (0.8)		7
BENGALI SPEAKING COMMUNITY													
UM													
M	1 (0.8)	3 (2.5)	3 (2.5)	5 (4.2)	4 (3.3)	1 (0.8)	3 (2.5)	1 (0.8)	2 (1.6)				23
S													
W		2 (1.6)		2 (1.6)				2 (1.6)				1 (0.8)	7
TOTAL													
	9 (7.5)	29 (24.2)	20 (16.6)	17 (14.2)	7 (5.8)	5 (4.2)	10 (8.3)	9 (7.5)	6 (5)	3 (2.5)	2 (1.6)	3 (2.5)	120

UM- unmarried; M- currently married; S- separated, W-widowed.
(Figures in bracket indicate percentage)

They are (i) respondents who are living alone; (ii) respondents who are living with only their spouses; (iii) respondents who are living with their spouses and unmarried children; (iv) respondents who are living in an extended family consisting of their spouses, and both their married and unmarried children; (v) respondents who are widowed and living with their married and unmarried children. Table 3 deals with the distribution of the respondents on the basis of their living arrangement.

From the table it becomes clear that among the old residents only one female respondent is found to be living alone. The respondent is an unmarried lady whose other siblings have set up independent homes after marriage, she resides in her ancestral home, part of which she has let out on rent. No respondent is found to be living with his or her spouse only. One a single male respondent is found to be living in a nuclear family. In his case, his parents expired way back and his children have moved to their places of work along with their families. Only his unmarried children remain with him. 50% of the respondents from this category are found to be living with their spouses in extended families and 40% of the respondents are widowed and living in extended families or rather their children have continued to live with them even after marriage. One single male unmarried respondent is found to be living in the house his father built along with his widowed mother and his younger brother's family.

Among the new residents, a change in the living pattern is noticed. One single male respondent is found to be living alone because his wife has expired and his two daughters are married. His daughters, however, keep in constant touch with him as both of them live in Guwahati. The respondent has refused to move in with either of his daughter in spite of his advanced years. Among the new residents, 20% are found to be living with only their spouses. In their case their children have either moved to different places in connection with their job or the daughters have moved away, as per social norm, to their husband's home after marriage. 10% and all of them in the category of young old i.e. in the age group of 60 to 69 are found to be living with their spouses and unmarried children. 33.3% of the new residents are also found to be living with their spouses in extended families and another 33.3% are found to be widowed and living with their married and unmarried children. In the latter case, most of the respondents are found to have joined their children in their homes after the death of the spouse i.e. the elderly are found to be living with their children.

Among the Hindi speaking community, joint and extended families appear to be the rule. No respondent is found to be living alone or living with only their spouse or living with their spouse and unmarried children. The age at marriage among the community is lower than that of the Assamese or Bengali speaking community. Therefore, families predominantly have more than one married couple living in the house. 76.6% of the respondents from this category are found to be living with their spouses and both married and unmarried children and the remaining 23.3% of the respondents are widowed and living with their married and unmarried children.

Table III: Distribution of the respondents on the basis of their living arrangements

	60-64		65-69		70-74		75-79		8-84		8.5+		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	
OLD RESIDENTS													
(i)		1 (0.8)											1
(ii)													0
(iii)	1 (0.8)												1
(iv)		6 (5)	3 (2.5)	1 (0.8)	1 (0.8)		3 (2.5)		1 (0.8)				15
(v)		2 (1.6)		3 (2.5)	1 (0.8)	1 (0.8)		3 (2.5)		1 (0.8)		1 (0.8)	12
NEW RESIDENTS													
(i)							1 (0.8)						1
(ii)	1 (0.8)		3 (2.5)	1 (0.8)			1 (0.8)						6
(iii)	1 (0.8)	1 (0.8)	1 (0.8)										3
(iv)		2 (1.6)	3 (2.5)	2 (1.6)	1 (0.8)				2 (1.6)				10
(v)	1 (0.8)	2 (1.6)		1 (0.8)		2 (1.6)	1 (0.8)			1 (0.8)	1 (0.8)	1 (0.8)	10
HINDI SPEAKING COMMUNITY													
(i)													0
(ii)													0
(iii)													0
(iv)	3 (2.5)	9 (7.5)	7 (5.8)			1 (0.8)	1 (0.8)	1 (0.8)	1 (0.8)				23
(v)		1 (0.8)		2 (1.6)				2 (1.6)		1 (0.8)	1 (0.8)		7
BENGALI SPEAKING COMMUNITY													
(i)				1 (0.8)				1 (0.8)					2
(ii)		2 (1.6)	2 (1.6)	1 (0.8)	2 (1.6)								7
(iii)	1 (0.8)		1 (0.8)										2
(iv)		1 (0.8)		3 (2.5)	2 (1.6)	1 (0.8)	3 (2.5)	1 (0.8)	2 (1.6)				13
(v)		2 (1.6)		2 (1.6)				1 (0.8)				1 (0.8)	6
TOTAL	8*	29 (24.2)	20 (16.6)	17 (14.2)	7 (5.8)	5 (4.2)	10 (8.3)	9 (7.5)	6 (5)	3 (2.5)	2 (1.6)	3 (2.5)	120

**1 male respondent who is unmarried is found to be living with his widowed mother and brother's family. (i)- living alone; (ii)- living with spouse alone; (iii) living with spouse & unmarried children; (iv) living with spouse, married & unmarried children; (v) widowed living with married and unmarried children.*

Again, among the Bengali speaking community two of the respondents are found to be living alone. Both of the respondents are female and are widowed. One of the ladies does not have any children from her marriage and the other lady has a son who stays in the place of his work along with his family. 23.3% of the respondents from this category are living with only their spouses as their children do not stay with them for some reason or the other. 2 of the male respondents and in the age group of young old are found to be living with their spouses and unmarried children in nuclear families. 43.3% of the respondents in this category live with their spouses in extended and joint families and 20% of the respondents, and incidentally all of them are ladies, are widowed and are living with their married and unmarried children.

From the above discussion, one thing is clear that among the new residents and the Bengali speaking community, respondents are found to be living with their spouses and the families of the succeeding generation whereas among the old residents and Hindi speaking community respondents are found living with members of both the preceding and succeeding generations.

It is relevant to present an idea about the means of subsistence of the respondents. At this point it is necessary to mention that the samples of the study belong to basically the middle-income group. The sources of income to support themselves have been divided into seven groups to understand their level of dependency or independence as far as

financial matters are concerned. The seven groups are (i) income from current work .i. e, in case the elderly continue to be involved in economic activity; (ii) income from spouse in case of dependence on spouse's income; (iii) income from past work or pension; (iv) whether the elderly are dependent on support from children residing in the house; (v) the elderly are supported by children residing elsewhere; (vi) supported by other relatives and (vii) any other, besides the above mentioned categories.

When the means of subsistence is taken into consideration, it is generally observed that the level of dependence is more among females than males. Among the old residents it is found that one single male respondent is still involved in economic activity while all the other male respondents are dependent on the savings made from their past income or pension. In addition to that, another male respondent is found to have earnings from the rent of his property. As regards the female respondents, it is observed that all of them are either dependent on their husbands' income or are supported by their children. Of the total of 9 female respondents in the age group of 60-64, 8 reportedly are dependent on their husbands' pension as their means of subsistence of which 6 female respondents are also supported by their earning children who live with them. In the age group of 65-69, all the four female respondents derive income from their husbands' pension. Three of them are also supported by their children, while another respondent has earnings from the rent of her property. The single widowed lady in the age group of 70-74 has earning from the rent of her property and is also supported by her children. All the three female respondents in the 75-79 age group are widows and are supported by their children. Two of them also derive the family pension of their husband and in addition has earnings from rent of property. The two female respondents of the 80+ age group are dependent on their children while one of them has the added benefit of her husband's pension.

Among the new residents, 6 of the total of 17 male respondents are involved in economically gainful activities, in addition to deriving pension, 3 respondents are found to be totally dependent on their children as their former services do not offer any post retirement financial benefits. They were either cultivators or teachers and are now staying with their children in the city, as they do not have anyone to live with in their original homes. The remaining 14 respondents receive pension and in addition to this have earnings from the rent of their property. There are a total of 13 female respondents from the category of new residents and all of them are economically dependent. They are either dependent on their husbands' income or are supported by their children. Of these 13, 7 respondents are widows, who have moved in with sons after the death of their husbands as they are no longer able to live alone in their original homes.

In the Hindi speaking community it is found that the male members continue to be involved in economic activity. It is because they are basically the trading class and as such there is no fixed age of retirement. Of the total 13 male respondents 10 are still involved in business and 3 have handed over the reins to their sons.

Table IV: Distribution of the respondents on the basis of their means of subsistence

	60-64		65-69		70-74		75-79		80-84		85+		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
OLD RESIDENTS													
(i)					1 (0.8)								1
(ii)		8 (6.6)		4 (3.3)				2 (1.6)		1 (0.8)			15
(iii)	2 (1.6)		3 (2.5)		2 (1.6)		3 (2.5)		1 (0.8)				11
(iv)		6 (5)		3 (2.5)	1 (0.8)	1 (0.8)	3 (2.5)	3 (2.5)	1 (0.8)	1 (0.8)		1 (0.8)	20
(v)													
(vi)													
(vii)		1 (0.8)	1 (0.8)	1 (0.8)		1 (0.8)		1 (0.8)					5
NEW RESIDENTS													
(i)			4 (3.3)		1 (0.8)		1 (0.8)						6
(ii)		3 (2.5)		4 (3.3)		1 (0.8)							8
(iii)	3 (2.5)		7 (5.8)		1 (0.8)		3 (2.5)						14
(iv)		3 (2.5)	1 (0.8)	4 (3.3)		2 (1.6)	1 (0.8)		1 (0.8)	1 (0.8)			13
(v)									2 (1.6)		1 (0.8)	1 (0.8)	5
(vi)													0
(vii)			2 (1.6)				1 (0.8)						3
HINDI SPEAKING COMMUNITY													
(i)	3 (2.5)		6 (5)						1 (0.8)				10
(ii)		9 (7.5)		1 (0.8)		1 (0.8)		3 (2.5)					14
(iii)			1 (0.8)				1 (0.8)				1 (0.8)		3
(iv)	1 (0.8)	4 (3.3)	3 (2.5)	2 (1.6)		1 (0.8)		3 (2.5)	1 (0.8)	1 (0.8)			16
(v)													0
(vi)													0
(vii)	1 (0.8)												1
BENGALI SPEAKING COMMUNITY													
(i)					1 (0.8)			1 (0.8)					2
(ii)		4 (3.3)	1 (0.8)	7 (5.8)	1 (0.8)	1 (0.8)		2 (1.6)					16

(iii)	1 (0.8)		3 (2.5)	1 (0.8)	2 (1.6)		3 (2.5)		2 (1.6)			1 (0.8)	13
(iv)		2 (1.6)		5 (4.2)	1 (0.8)		2 (1.6)	2 (1.6)	2 (1.6)			1 (0.8)	15
(v)				1 (0.8)				1 (0.8)					2
(vi)													0
(vii)			2 (1.6)										2
TOTAL													
	11	40	34	33	8	8	18	18	11	3	3	5	120

(i)-income from current work,(ii)-income from spouse, (iii)-income from past work, pension etc; (iv)-supported by children residing in the house,(v)-supported by children residing elsewhere (vi)-supported by other relatives; (vii) any other source of support.

They do not take active part in business any more and only provide advice when asked for. It is generally found that all the female respondents are economically dependent. When their husbands are alive they are dependent on their husbands and afterwards they are left to be supported by their sons. Some of the very affluent female respondents have property in their name but generally it is passed on from father to son.

Among the Bengali speaking community it is observed that women have been involved in economic activities since a long time. As compared with the Hindi speaking and Assamese communities, more working ladies are found among the Bengali community. Two of the respondents from this category, one male and one female, are found to have economically gain some engagements. In case of income from spouses, even male respondents admit to have income from their spouses in addition to their pension, as their wives being generally younger than them continue to be in service after their husbands have retired. However, that number is very small and women predominantly are either dependent on husbands' income or pension or on the income of their sons. In two cases female respondents reveal that they are supported by children who do not stay with them.

Table V: Distribution of the respondents on the basis of their educational level

	60-64		65-69		70-74		75-79		80-84		85+		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	
OLD RESIDENTS													
(i)		1 (0.8)											1
(ii)		2 (1.6)		1 (0.8)				1 (0.8)		1 (0.8)		1 (0.8)	6
(iii)		3 (2.5)		2 (1.6)		1 (0.8)		2 (1.6)					8
(iv)		3 (2.5)		1 (0.8)	1 (0.8)		1 (0.8)						6
(v)	2 (1.6)		3 (2.5)		1 (0.8)		2 (1.6)		1 (0.8)				9
NEW RESIDENTS													
(i)		1 (0.8)		1 (0.8)									2
(ii)				1 (0.8)		2 (1.6)				1 (0.8)		1 (0.8)	5
(iii)		2 (1.6)		1 (0.8)			1 (0.8)		1 (0.8)				5
(iv)		1 (0.8)		1 (0.8)									2
(v)	3 (2.5)	1 (0.8)	7 (5.8)		1 (0.8)		2 (1.6)		1 (0.8)		1 (0.8)		16
HINDI SPEAKING COMMUNITY													
(i)		8 (6.6)		1 (0.8)		1 (0.8)		2 (1.6)	1 (0.8)	1 (0.8)			14
(ii)		1 (0.8)		1 (0.8)				1 (0.8)			1 (0.8)		4
(iii)	2 (1.6)	1 (0.8)	4 (3.3)				1 (0.8)						8

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(iv)	1 (0.8)		1 (0.8)										2
(v)			2 (1.6)										2
BENGALI SPEAKING COMMUNITY													
(i)													
(ii)				1 (0.8)								1 (0.8)	2
(iii)		1 (0.8)		4 (3.3)				2 (1.6)					7
(iv)		3 (2.5)	1 (0.8)		1 (0.8)	1 (0.8)	1 (0.8)						7
(v)	1 (0.8)	1 (0.8)	2 (1.6s	2 (1.6)	3 (2.5)		2 (1.6)	1 (0.8)	2 (1.6)				14
Total	9 (7.5)	29 (24.2)	20 (16.6)	17 (14.2)	7 (5.8)	5 (4.2)	10 (8.3)	9 (7.5)	6 (5)	3 (2.5)	2 (1.6)	3 (2.5)	120

(Figures in bracket indicate percentage)
(i)illiterate; (ii)primary School level;(iii)high School level; (iv)under graduate; (v) graduate & post graduate.

Next, we deal with the educational level of the respondents. For this purpose, the respondents have been grouped into five categories: (i) illiterate - consisting of respondents who have never attended school, (ii) educated up to primary school level - comprising respondents who have attended school from class I to class IV; (iii) high school level - respondents who have studied in any of classes between V to X but have not cleared the school leaving examination or have dropped out earlier; (iv) under-graduates- consisting of respondents who have attended colleges but have not graduated ; (v) graduates and post graduates.

It is generally observed that the level of education among the females is much lower than the males. Among the four categories also it is seen that among the Hindi speaking community level of education is the lowest, whereas it is higher among the Bengali speaking community and the new residents. Another important feature to be noted is that among the Bengali speaking community the level of education for females is higher than other groups.

The highest number of illiterate persons is found among the Hindi speaking community and female illiterates dominate them. On the other hand, among the Bengali speaking community no illiterate respondent have been found. Only two ladies have been found to have studied up to the primary school level. There is a gradual rise in the number of the respondents with rise of the educational level.

The highest number of female respondents who have studied or completed their graduation or post graduation has been reported from the Bengali speaking community. In case of the Hindi speaking community only one male respondent is found to have completed his graduation. Not a single woman is found to have studied to the undergraduate level and only two male respondents have studied to the undergraduate level and they are in the category of the young old. Only one female respondent has studied in a high school, the corresponding number for males is 7. 3 female respondents have studied up to the primary level and one male respondent has studied up to the primary level. 13 of the female respondents are found to be illiterate and a single male respondent, who is a very successful businessman in the city, is found to be illiterate. For the case of the study, those respondents who have never attended school are taken to be illiterate but it has been found that inspite of never attending school some of the respondents have learnt to read and write the basics. It has been found in case of some elderly ladies among the old residents and one single male respondent from the Hindi speaking community.

Among the respondents from the new residents the males are found to be educated. 15 of the respondents from this category have done their graduation or post graduation. Two male respondents, in the age group of 75-79 and 80-84 each, have been found to have studied to the high school level. In case of the female respondents, two are illiterate, 5 have studied in primary schools, three in high schools, two to the under graduate level and only one female respondent is found to have graduated. The low level of education among the females is found mainly because of the elderly ladies who have now moved in with their sons after living for a considerable part of their lives in rural areas. One elderly lady is found to be living with her daughter as she has no other children.

Among the old residents, only one female respondent is found to be illiterate, five have studied in primary schools, eight in high schools, four to the undergraduate level and no female respondent is found to have completed their graduation or post graduation. The level of education among the males of the old residents is again found to be higher than their female counterparts. No male respondent from this category have been found in the first three categories, i.e. illiterate, primary school or high school level. Two male respondents have studied to the undergraduate level and the remaining nine fall in the fifth category i.e. of graduate and post graduate.

Thus, it is seen that the level of education among the females is much lower than the males. It is basically because the elderly belong to an age when women education is not given much importance.

After discussing the various aspects like age, sex distribution, marital status, living arrangement, means of subsistence, education level, etc of the sample it is observed that certain aspects show male female difference. In case of martial status, the number of widows is found to be more than widowed men. Similarly, mostly women are found to be economically and financially dependent on their spouses and children. The level of education is lower among women than among men. Among the Bengali speaking community the level of education, especially among the women, is found to be the highest. Thus, it is seen that they have a better planning for their future and are able to

cope much better in the old age. The level of education is found to be least among the women of the Hindi speaking community. They are mostly dependent and have remained confined to their homes for the greater part of their life.

In case of living arrangement, among the Hindi speaking community joint family appears to be the rule. One of the reasons is that these residents have been living in the area for more than one generation. However, among the new residents and the Bengali speaking community nuclear families are found to be predominant. Another important feature to be noted between these two categories is that here we find families where only the husband and wife are co-residents and in some cases they have their unmarried children staying with them. This normally is the picture because of the fewer number of children among the couples and they have moved to different places of their work. However, this has not been found among the old residents and the Hindi speaking community.

When the means of subsistence is taken into account, it is seen female respondents are generally dependent financially. However, in case of the Bengali speaking community a few financially independent female respondents has been found. The level of education among the Bengali ladies being generally high, some of them are found to be involved in economically gainful activities. Some of the male respondents from the Hindi speaking community and new residents are found to be involved in economically gainful activities. Another feature of the new residents is that they have made provisions to let out their property on rent. In case of the old residents, some of them have let out a part of their property on rent as they no longer require the space because of the decline in family size and moreover it is a source of income.

Thus, it is seen that there are certain variations among the four categories mainly because of the differences in the cultural setting of the communities.

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Chapter V

NATURE OF PROBLEMS FACED BY THE ELDERLY

The previous chapter dealt with the socio - demographic profile of the respondents. Against this background this chapter deals with the nature of problems faced by the elderly and also attempts to see whether the discussed socio-demographic condition has any influence on the problems.

It is generally felt that life in Guwahati has changed over the years and specially in the last decade or so the change has been dramatic. The advent of television, expansion of education, communication revolution providing easy access to worldwide events and changes have influenced the life of the people. The people on the whole have now become very individualistic, materialistic and competitive. It is seen that people work very hard to achieve a certain standard of life and as a result of which they are left with very little time. Attitudes towards old cultural traditions and values are also undergoing rapid changes. A number of respondents feel that in the process the section of people who is suffering most is the elderly section of the society. They are unable to change as rapidly as the changes that are occurring and so they are facing adjustment problems. Moreover, they also have to fend for themselves, as the younger generation does not have much time in their hands to spend with the elderly.

The nature of problems as stated by the respondents during the study is presented in tabular form. Here it is found that the total number exceeds the actual number of respondents because most of the respondents have mentioned more than one problem. Moreover, no significant difference has been observed among the four categories of the population with regard to the stated problems. Hence no separate analysis is being undertaken category wise. The most common problem appears to be declining health. A total 77 respondents - both male and female - are found to be suffering from some health problem or the other. Such problems are found to be acute among the female respondents. The male female ratio of the respondents having health problems are 40 : 60. Incidentally this problem is equally distributed among the age groups. In similar studies among elderly population failing health has been cited as a major problem for this section of the society. Mention may be made of S. Sundari and N. Geetha (1999), Mohanty (1989), Desai and Naik (1983).

Table VI: Distribution of the respondents on the basis of the nature of problems

	60 - 64		65 - 69		70 – 74		75 - 79		80 – 84		85+		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Health	4	19	11	13	1	3	7	6	6	2	2	3	77
	(3.3)	(15.8)	(9.2)	(10.8)	(0.8)	(2.5)	(5.8)	(5)	(5)	(1.6)	(1.6)	(2.5)	(64.2)
Utilisation of time	2	6	4	3	4	2	2	1	1	2	1		28
	(1.6)	(5)	(3.3)	(2.5)	(3.3)	(1.6)	(1.6)	(0.8)	(0.8)	(1.6)	(0.8)		(23.3)
Problem of movement	1	11		4	1	3	3	5		1			29
	(0.8)	(9.2)		(3.3)	(0.8)	(2.5)	(2.5)	(4.1)		(0.8)			(24.2)
Lack of companionship	1	6		7	2	3	4	3	2	2	1	2	33
	(0.8)	(5)		(5.8)	(1.6)	(2.5)	(3.3)	(2.5)	(1.6)	(1.6)	(0.8)	(1.6)	(27.5)
Financial	1	2	4	2			1						10
	(0.8)	(1.6)	(3.3)	(1.6)			(0.8)						(8.3)
Social Obligation	6	2	9	5	1		1						24
	(5)	(1.6)	(7.5)	(4.1)	(0.8)		(0.8)						(20)
None	1	1	5	1	2		1						11
	(0.8)	(0.8)	(4.1)	(0.8)	(1.6)		(0.8)						(9.1)
Total	16	47	33	35	11	11	19	15	9	7	4	5	212
	(13.3)	(39.2)	(27.5)	(29.2)	(9.2)	(9.2)	(15.8)	(12.5)	(7.5)	(5.8)	(3.3)	(4.1)	

The next most important problem found to be prevalent among the respondents is that of companionship. Here *companionship* refers to people of a similar age group who get together occasionally to exchange and share there views and experiences. More female respondents are found to be suffering from lack of companionship than men, except among the Bengali community. This may be because most of the Bengali respondents are members of same socio-cultural organisation through which contact with the community is maintained. It is generally seen that women stay indoor and with advancing age and declining health women are more prone to be confined to their homes. They depend an some one, either their children or grand children, to accompany them to wherever they want to go. The male female ratio of the respondents lacking in companionship is 30:70.

The third most prominent problem prevalent among the elderly is the problem of movement. The elderly face difficulty in moving out of their homes because of the bad condition of roads, improper lighting of the streets, large number of vehicles on the roads etc. In Guwahati, this has become a general problem because over the last five years or so the number of vehicles on the roads have increased dramatically, there has been no significant improvement of the roads to meet this change. So, among the elderly it is seen in most of the cases they do not have any other place other than their own compound to go for a little walk, here again the number of female sufferers is found to be more than males. However, with advanced age this gender variation is found to be negligent. The male female ratio of respondents from all the age groups is found to be 17 : 83.

The next and one of the most important problems that the elderly are found to be facing is that of how to faithfully utilise their time. After the age of 60 it is generally seen that people no longer lead a very active life. Those who are engaged in jobs in the

organised sector are by then retired from their services and even the active housewives tend to take it easy after their children grow up and take responsibilities. As a result they are left with more spare time which they are unable to utilise gainfully. The male female ratio of 50:50 of the respondents facing this problem speaks about its importance. Utilization of time by the elderly has been found to be a major problem even in the studies made by Mahanty ((1989) and Bhatia (1983) among retired Government servants.

20 % of the respondents of the total sample are found to be still having some obligation or the other to fulfill. Social obligations are mainly in the form of marriage of children or having to support their children, as the latter are still dependent on the elderly. Male respondents from the young old category (age 60-69 years) are found to have some social obligation or the other. They are 14% of the total while only 1.6% of respondents having social responsibility are from the higher age groups. One notable feature is that 5.8% of the female respondents who have reported to have social responsibility of their wards are widows. These responsibilities are passed on from their husbands with the death of the latter.

9.1 % of the respondents state not to have any problem at present. Incidentally all the respondents are male. These respondents are still in their professions. Two female respondents (1.6%) state that they do not have any problem. Both of them are found to be in good health and are actively involved in social service.

The sample of the study are mainly from the middle income group and as such financial constraints are not very prominent, However, 8.3 % complain of financial problems and they are mainly from the Hindi speaking community. Various social factors are responsible for this, analysis of which is not undertaken at this juncture.

A decline in the functioning of the various organs of the body gradually surfaces as people advance in age. This manifests itself in the form of various diseases. Declining health appears to be the most prominent problem among the respondents. Thus, a look into the different ailments that are prevalent becomes necessary; another important feature that cannot be ignored is that 40% of the respondents are suffering from more than one ailment. However, 11% of the respondents are found to be not having any health problem. They are in good health and they belong to the young old age group.

The most prominent problem that has been found to be affecting the respondents is pain in various forms mostly associated with ageing. Different kinds of pain like arthritic, rheumatic, gout. etc have been clubbed together under a single heading. The incidence of pain is much higher in females. The medical explanation for this is that after menopause women are particularly prone to the development of osteo- arthritis, a painful degenerative joint disease.

Table VII: Distribution of the respondents having health problem according to their prevailing ailment

	60-64		65-69		70-74		75-79		80-84		85+		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	
HIGH BLOOD PRESSURE	4 (3.3)	12 (10)	7 (5.8)	8 (6.7)	2 (1.6)	1 (0.8)	3 (2.5)	1 (0.8)	1 (0.8)	2 (1.6)	2 (1.6)		43 (35.8)
DIABETES	2 (1.6)	1 (0.8)	5 (4.1)	1 (0.8)	2 (1.6)	1 (0.8)		2 (1.6)	1 (0.8)				15 (12.5)
PAIN		16 (13.3)	4 (3.3)	11 (9.2)	1 (0.8)	1 (0.8)	1 (0.8)	3 (2.5)	1 (0.8)	2 (1.6)		1 (0.8)	44 (36.7)
CHRONIC STOMACH AILMENT	1 (0.8)	5 (4.1)	1 (0.8)	3 (2.5)	1 (0.8)	1 (0.8)	4 (3.3)	1 (0.8)	3 (2.5)	2 (1.6)		2 (1.6)	24 (20)
HEART PROBLEM	2 (1.6)	2 (1.6)	1 (0.8)	2 (1.6)				1 (0.8)	3 (2.5)				11 (9.1)
LUNG AILMENT		1 (0.8)	2 (1.6)			1 (0.8)	3 (2.5)		1 (0.8)				8 (6.7)
UROLOGICAL PROBLEM		2 (1.6)					2 (1.6)	1 (0.8)					5 (4.1)
VISION PROBLEM				1 (0.8)		1 (0.8)	1 (0.8)		1 (0.8)		1 (0.8)		5 (4.1)
COMPLETELY BED RIDDEN				1 (0.8)				1 (0.8)		1 (0.8)		2 (1.6)	5 (4.1)
OTHERS		2 (1.6)	4 (3.3)										6 (5)
TOTAL	9 (7.5)	41 (34.2)	24 (20)	27 (22.5)	6 (5)	6 (5)	14 (11.7)	10 (8.3)	11 (9.1)	7 (5.8)	3 (2.5)	5 (4.1)	

[Others include (i) nerve problem (ii) phylaria (iii) ear problem (iv) dental problem (v) cancer]
(Figures in bracket indicate percentage.)

High blood pressure closely follows pain. It is now called a life style disease arising from living under the pressures of a modern urban life style. Another major ailment that has been found to be common among the elderly is stomach ailment. Here again the number of women sufferers is much higher. Diabetes is the next most prominent problem and here the number of male respondents having this ailment is higher than females. Heart problem is found to be prevalent among 9 % of the respondents. Respiratory ailment, which has been put under the heading of lung ailment, is another significant cause of morbidity. Here again more male respondents are found to be suffering from lung ailments and this is primarily the result of previous smoking habits or unhygienic working conditions. Another 4 % of the respondents reported to suffering from urological problem. In considering vision problems, general decline of vision with age has not been taken into account as this is a universal factor. Only problems like retina defect or ailment requiring cataract operation is included. This has been found mostly in the higher age groups. In some of the cases the elderly are no longer found to be willing to undergo an operation to correct their vision.

Table VIII: Distribution of the respondents on the basis of their having no health problem, single ailment or multiple ailments

	60-64		65-69		70-74		75-79		80-84		85+		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	
NO HEALTH PROBLEM	2 (1.6)	2 (1.6)	2 (1.6)	2 (1.6)	3 (2.5)	1 (0.8)		1 (0.8)					13 (10.8)
SINGLE AILMENT	6 (5)	18 (15)	12 (10)	5 (4.1)	3 (2.5)	2 (1.6)	5 (4.1)	4 (3.3)	2 (1.6)		1 (0.8)		58 (48.3)
MULTIPLE AILMENT	1 (0.8)	9 (7.5)	6 (5)	10 (8.3)	1 (0.8)	2 (1.6)	5 (4.1)	4 (3.3)	4 (3.3)	3 (2.5)	1 (0.8)	3 (2.5)	49 (40.8)
TOTAL	9 (7.5)	29 (24.2)	20 (16.7)	17 (14.2)	7 (5.8)	5 (4.1)	10 (8.3)	5 (4.1)	6 (5)	3 (2.5)	2 (1.6)	3 (2.5)	120

5 female respondents are found to be completely bedridden. One of them is a 90 year old lady. She does not have any other disease but with advanced age she no longer has any control over her bowel movements and needs clearing every hour or so. She is being taken care of by her daughter as her sons stay outside Assam and the lady is not fit enough to undertake the required journey. Another lady who is 86 years old is paralysed from her hip downwards. Another 80+ plus lady not having any other problem is found to be unable to move about on her own because of her age. The only movement she makes is to the toilet about 4 times a day with assistance from some one in the family. Moreover, all her meals are in liquid form. Her food has to be made into a pulp and she drinks it from a glass. A rare form of disorder resulting from a loss of control of the nerves has been found to be afflicting a lady. The said lady is unable to move even a finger by herself. Rarely she is able to lift her hand but with big effort. Her means of communication is by some muffled response or by moving her head to say yes or no. Another lady is found to be confined to bed as she has failed to recover adequately from a hip fracture she had a few years back.

Thus, it is seen that the elderly are afflicted by various ailments and disabilities. Disability of sight and hearing deficiencies occur gradually with age, but in some cases, as we have discussed in the earlier paragraph, locomotor disabilities also occur. As such the elderly become dependent on others for their day to day needs . This dependence also becomes greater with advanced age. Purohit and Sharma (1972) in their study on old age dependency in a group of villages in Rajasthan have found that the level of dependence is high in the higher age groups. The main reasons for this dependence are mainly incapacitation and disability.

To look into how much the elderly are dependent on others in their activities of daily living, two aspects have been taken into consideration. First is the personal care

activities of daily living which include bathing, using toilet, moving in and out of bed or chairs, eating etc. The other is the household task activities of daily living which include activities like shopping groceries or clothes, using transportation to places out of walking distance, preparing meals, doing housework etc.

Table IX: Distribution of respondents on the basis of their need for assistance in activities of daily living

		60-64		65-69		70-74		75-79		80-84		85+		TOTA
		M	F	M	F	M	F	M	F	M	F	M	F	
PERSONAL CARE ADL	No	9 (7.5)	29 (24.2)	19 (15.8)	16 (13.3)	7 (5.8)	5 (4.2)	10 (8.3)	8 (6.7)	6 (5)	2 (1.6)	1 (0.8)		112 (93.3
	Yes			1 (0.8)	1 (0.8)				1 (0.8)		1 (0.8)	1 (0.8)	3 (2.5)	8 (6.7)
	TOTAL	9 (7.5)	29 (24.2)	20 (16.7)	17 (14.2)	7 (5.8)	5 (4.2)	10 (8.3)	9 (7.5)	6 (5)	3 (2.5)	2 (1.6)	3 (2.5)	120
HOUSEHOLD TASK ADL	No	8 (6.7)	13 (10.8)	19 (15.8)	12 (10)	6 (5)	1 (0.8)	8 (6.7)	4 (3.3)	3 (2.5)				74 (61.7
	Yes	1 (0.8)	16 (13.3)	1 (0.8)	5 (4.2)	1 (0.8)	4 (3.3)	2 (1.6)	5 (4.2)	3 (2.5)	3 (2.5)	2 (1.6)	3 (2.5)	46 (38.3
	TOTAL	9 (7.5)	29 (24.2)	20 (16.7)	17 (14.2)	7 (5.8)	5 (4.2)	10 (8.3)	9 (7.5)	6 (5)	3 (2.5)	2 (1.6)	3 (2.5)	120

*ADL - *Activities of Daily Living.*

As far as the household task activities of daily living are concerned, it has been generally observed that the male elderly, though are capable of undertaking household work or preparing meals, express an unwillingness or lethargy towards such activities. It is mainly because throughout life they have been performing these tasks only when it is extremely necessary. Therefore, those respondents who are capable of actually doing these tasks but preferred not respond to the relevant query have been taken as not requiring help in household task activities of daily living. In case of the female respondents, it has been found that though they are capable of going out on their own they preferably do not go out alone.

In considering personal care activities of daily living 112 respondents, both male and female, have stated that they do not require any assistance. 8 respondents i.e.6.7 % of the total sample require assistance in their personal care ADL and they are mostly in the higher age categories. One male respondent in the age group of 65-69 requires assistance and he is reportedly suffering from a rare form of carcinoma. The female respondent of this age group requiring assistance has not been able to recover properly after a hip fracture. Every morning she is transferred from her bed to a stool by two male servants and carried to the bathroom where with the assistance of one of her daughters -in- law she attends to her personal hygienic needs.

As far as the household task ADL are concerned, it has been observed that the elderly become more dependent in the higher age categories. Moreover, the female respondents are found to be more dependent than the male ones. It is, however, seen that in the higher age groups even the male members become dependent.

When both the spouses are surviving it is seen that with increase in age they become mutually dependent. The respondents state that they receive assistance from their spouses in case of a surviving spouse, and also from their siblings. The siblings provided assistance whenever their time permits. In a single case it has been found that the daughter-in-law provides all the necessary care whereas the son does not have any time for his elderly mother who is bed ridden. Total dependence on paid help has not been found. However, the elderly in some cases have stated that the other family members do not have much time for them. They normally have to find ways to keep themselves occupied.

When the problems faced by the elderly are observed against their socio-economic background, as discussed in the previous Chapter, it is seen that these factors only influence the elderly partially. When both the spouses are surviving they tend to take care and also rely an each other. On the other hand, in case of death of one of the spouses, the elderly become dependent on the siblings. Here sometimes a conflict situation arises, as the children and the elderly are not able to spend as much time as required in each other's company.

Declining health is one of the problems which have a unidirectional co-relation with ageing and is not much affected by other social conditions. In some cases, however, it is affected by the financial condition of the family, specially when the elderly person is dependent on his pension alone and has to support his family as well.

One of the most difficult tasks for the elderly is how to utilise their time creatively. The male respondents after spending a significant part of their life in busy service now have much time and no means to gainfully utilise it. Some elderly however are found to be involved in literary or social work, and then a difference is noticed in their situation. It is unfortunately a very small number of people who can do such work because for this both willingness and ability are required. As for the female elderly, they no longer have to run the household alone but have the support of a daughter- in -law, and as a result, more time is left in their hands. In case of a working daughter-in-law, the elderly have to look after their grandchildren. But, for most part of the day they are left with not

much to do. Moreover, the elderly face problems in moving out of their homes alone because of the bad condition of the roads and traffic in the city. As such the elderly are confined to their homes, as there is no such place like parks and community centres where they can go and spend some time among people of a similar age group. For the people who have moved to city accompanying their children after spending a considerable part of their life in a rural setting, this is a significant problem. Here they do not have a circle of friends with whom they can share their feelings nor are they familiar with the roads. As a result of which they are sometimes unable to visit someone with whom he / she would like to spend some time. In the city, another aspect is that people from different family and social backgrounds may be living within an area thus leaving very little scope to form a common platform.

In course of the study an attempt has already been made to find out what according to the elderly are the serious problems for the people of their age group. For this purpose a list of problems has been formulated which the elderly are asked to rate. The list includes eight problems and they are : (i) lack of enough money, (ii) poor health, (iii) loneliness, (iv) poor housing, (v) fear of crime, (vi) lack of enough opportunity for gainful employment (vii) lack of enough education and (viii) absence of proper medical care. It may be mentioned at this point that the study has revealed that elderly face problems in moving out of their houses because of bad road and traffic conditions.

Table No.10, depicts the result of the responses received from the respondents. A look at the table points out that the first three problems of the table i.e. not having enough money, poor health and loneliness have received priority as serious problems and aspects like poor housing, education & medical care are not considered as very serious. Education does not influence their condition much after a certain age, it determines the level of attainment up to certain age only. Fear of crime and not enough opportunity for gainful employment occupies a middle ranking.

4.2 % of the respondents have rated not having enough money as the most serious problem, and 30% rank it at second position. 34% at number three & 25.8 at number four.2.5% and 3.3% at five and six respectively. The most notable feature is that 70% of the respondents have ranked poor health as the most serious problem while 22.5% have rated it second 5.8% at third position. Only 1.6% have ranked it at fourth position. 22.5% have ranked loneliness as the number one problem. 40.8% have rated it second and 17.5% at third. At fourth and fifth position 9.2% each have been rated and only 0.8% have rated it sixth. Poor housing is not considered a very serious problem as has been found from the table, 34% have rated it as the least serious problem. 40% have rated in seventh and 18.3% sixth. Only 5.8 % have rated it at position number five and 0.8% at four. It has been rated at the second position by only 0.8%. As far as fear of crime is concerned only 0.8% has rated it as the most serious problem to be followed by 3.3% at third, 13.3% at fourth, 41.6% at fifth, 34.1% at sixth, 5% at seventh and 1.6% at the eight positions. Another problem, which has received considerable importance, is lack of enough opportunity for gainful employment.

Table X: Distribution of the respondents as per their rating a list of given problems

GIVEN PROBLEMS	RATINGS							
	I	II	III	IV	V	VI	VII	VIII
(i) LACK OF ENOUGH MONEY	5 (4.2)	36 (30)	41 (34.1)	31 (25.8)	3 (2.5)	4 (3.3)		
(ii) POOR HEALTH	84 (70)	27 (22.5)	7 (5.8)	2 (1.6)				
(iii) LONELINESS	27 (22.5)	49 (40.8)	21 (17.5)	11 (9.2)	11 (9.2)	1 (0.8)		
(iv) POOR HOUSING		1 (0.8)		1 (0.8)	7 (5.8)	22 (18.3)	48 (40)	41 (34.1)
(v) FEAR OF CRIME	1 (0.8)		4 (3.3)	16 (13.3)	50 (41.6)	41 (34.1)	6 (5)	2 (1.6)
(vi) LACK OF ENOUGH OPPORTUNITY FOR GAINPUL EMPLOYMENT	2 (1.6)	8 (6.7)	38 (31.6)	24 (20)	7 (5.8)	18 (15)	21 (17.5)	2 (1.6)
(vii) LACK OF ENOUGH EDUCATION					1 (0.8)	7 (5.8)	33 (27.5)	79 (65.8)
(viii) ABSENCE OF PROPER MEDICAL CARE			11 (9.2)	34 (28.3)	40 (33.3)	33 (27.5)	2 (1.6)	

1.6% of the respondents have rated it as the most serious problem. 6.7% have rated it at second position, 31.6% at third, 20% at fourth, 5.8% at fifth 15% at sixth, 17.5 at seventh and 1.6% at the eight position. This problem is given consideration by all respondents as every elderly is faced with more time and not much activity to undertake. Education incidentally has not been given much importance by the elderly. Only 0.8% have rated at fifth position, 5.8% at sixth, 27.5 at seventh, while the remaining 65.8% have rated it at eight position. Poor health has been ranked as the most serious problem by the maximum number or respondents. On the contrary, 9.2 % have rated lack of proper medical care as the third most serious problem, 28.3% as the fourth, 33.3% as the fifth and 27.5% as the sixth and only 1.6% as the seventh serious problem.

The above discussions reveal much about the problems of the elderly as perceived by themselves. Even though they may not be facing all these problems, these are the serious problems in their perception.

Chapter V

SUMMARY & CONCLUSION

Gerontology is the scientific study of the process of growing old. There are mainly two aspects of ageing : medical or biological aspect and social aspect. Ageing is not a physiological or chronological but a social or cultural phenomenon. The social and cultural environment influences the biological aspects of ageing. The definition of chronological age of the aged varies from society to society and in different periods of development in a given society. Chronological age is linked with life expectancy. The census of India places a person above 55 years in the aged category.

Ageing in considered as a social problem mainly for two reasons. First, ageing is a direct problem to that segment of the population which is in the aged category and secondly because the presence of the old people and their problems have a profound effect upon the structure and functions of the society.

There are several theories and approaches to the study of the processes of ageing. The processes of growing old are biological, physiological, psychological, socio-cultural, spiritual and political in nature. However, there is a necessity to have an integrated approach to the problems of ageing and the aged.

Studies in gerontology are of comparatively recent origin in India. Various aspects like socio-cultural aspect, economic aspect, status of the aged in the family, old age security and utility of children, inter-generational support, living arrangement have been studied in different parts of India. However, studies in gerontology are yet to begin in North-Eastern part of India. Like other states, the elderly still form an integral part of the family with the traditional value system still found to bind the elderly and young together. But with the changing socio- economic condition, cultural values, urbanization and rapid industrialization, the picture is gradually changing making the elderly a vulnerable constituent of the society.

The aim of the present study is to understand and identify the nature of the problems of the elderly in Guwahati and co-relate them with socio-demographic background of the respondents. The sample of the study consists of 120 respondents selected from different areas of the city. The sample consists of four categories : (i) original dwellers in the city, (ii) elderly people who have settled in Guwahati comparatively recently, (iii) the Hindi speaking community and (iv) The Bengali speaking people who have settled here. The study also attempts to see whether there is any difference in the nature of the problems of the elderly among the respondents from the four categories. However, in course of the study, it has been found that there is no significant difference among the elderly from the different categories. Therefore, no separate analysis is undertaken.

The main problems that have been generally found among the elderly are poor health, lack of scope for utilisation of time in gainful activities, problem of movement due to bad condition of roads and traffic, lack of companionship of people from a similar age group, financial problems and social obligation of the elderly towards their children. 9.1% of the respondents have reported to having no problem and these respondents are found to be still involved in their respective professions. It implies that the over whelming majority do have problems of various kinds.

Declining health has been found to be the number one problem. The main causes of morbidity are pain, high blood pressure, diabetes, chronic stomach problem, heart problem, urological problem, lung ailment and vision impairment. The elderly with advancing age and declining health tend to become dependent on others for their activities of daily living. The activities of daily living have been put under two headings, personal care activities of daily living (ADL) and household task activities of daily living (A D L). Respondents who are completely bed ridden or are suffering from some serious disease are found be dependent even for their personal care ADL. In case of household task ADL, the women are found to be more dependent than the men. Male dependency is found in the higher age categories. Assistance in case of dependency is mostly found to be provided by family members, along with aid of a paid helper. Total dependence on paid help has not been found, which means that the elderly still continue to be part of the family.

The problems have been found to be only partially influenced by their socio-demographic condition. Declining health has been found to be the most prominent problem. The second most prevalent problem is how to creatively and gainfully utilise time. They are also found to be lacking in companionship of people from a similar age group. Added to all this is their inability to move but of their homes for some exercise due to various reasons.

When the elderly are asked to rate a list of given problems, it is seen that health has been voted as the number are problem followed by loneliness and financial insecurity, security of life and property is also reported to be an important aspect.

Ageing is associated with a gradual decline in resources of the human body and its various organs. This mainly manifests itself in the form of various ailments. The sufferings from these ailments can be reduced or controlled with the help of medication. However, the most important aspect ailing the elderly is how to creatively utilise their time. The elderly on their part can plan and learn to utilise their time in gainful activities. In case of the elderly living in joint families, problems of the elderly should be solved by integrating them into the family. They should be entrusted with some regular household tasks or hobbies to occupy their time. Moreover, the other members of the family should try to understand their needs and should take time out of their schedule to spend with the elderly. Lack of companionship can make life very miserable and by giving them a little more time we can make their life more worthwhile. One thing that we should always keep in kind is that the elderly are not a class apart but you and me a few years hence.

Now, I proceed to give a few suggestions for making the lives of the elderly in Guwahati a little happier.

1. Improving the conditions of our streets and roads for easy mobility.
2. Setting up parks and community centres where the elderly can spend some time.
3. Establishment of day care centres where the elderly who do not have any one to look after them during the day could come and spend the daytime with people of a similar age group.
4. Encouragement to non- governmental organisations to provide care for the elderly who do not have any one to look after their day-to-day needs.
5. Health awareness programmes should be undertaken to enable all individuals to lead a healthy life even at the prime age so that they remain active and healthy, both mentally and physically, as they become old.

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