

CHAPTER- 9

CONCLUDING REFLECTIONS AND SUGGESTIONS

Introduction

Gujarat still harbours some of the traditional culture like joint family system which has proved to be a boon to the ageing individuals. Joint families provide social, economic and psychological support therefore helping the elderly lead a secure life. But the changing social and economic scenario is also bringing forth changes in family structure and living conditions and style. Today's economic sectors are paving way to more and more dependent elderly population as most of them have worked in unorganized sectors which had provided minimum wages and no security after retirement.

The study found very few respondents who have some kind of social security, thus showing that most of the elderly lead a dependent, undignified existence where they are not able to meet their health care needs as required. Abandonment and avoidance of aged elderly by their children and relatives in Old-age homes has become very common. The Old-age homes are just organizations that provide lodging and food, with no specific age friendly criteria or regulation from the government. The organizations function in a way that the elderly leads unhappy and undignified life in these places. There is also definite lag in age friendly infrastructure and access to health care facility throughout the state.

After an extensive and in-depth analysis and interpretations of various parameters and variables the researcher has come to the following conclusions:

9.1 Socio-Cultural Theory- Socio-Economic Aspects

The various socio-economic parameters in the study has been analysed and interpreted using the socio-cultural paradigm to get a clear understanding of the various issues of elderly.

9.1.i Marital status and health and illness

- The study found that elderly couples enjoyed mutual social support in case of health as well as illness.
- The elderly who were single or with no partner felt isolated and had no particular purpose in life making them lethargic and were anxious as they were depended on others for help in case of illness.
- In families most of the elderly couples run their families and are active participants in household activities thus giving them a sense of fulfilment and satisfaction and they were well looked after by their children and other family members in case of any illnesses as they enjoyed a better status and authority.
- In Old-age homes the couples though have each other for support and company they still feel bored, depressed and objective less as they feel unwanted and dejected thus making them more vulnerable to illness and weakness. These couples become major support to each other in time of illness.
- The elderly who are single or widowed/widower living with their families are found to have a better social support in time of illness from their family members, extended families or even neighbours. But in Old-age homes these elderly are left at the mercy of their roommates or the authorities in case of illness or disability.
- There has been no evident difference in the condition or status of elderly in relation to marital status and health and illness in any of the five districts which was studied.

9.1.ii Education and Health and illness

- Most of the respondents were educated only up to the primary level and some of these respondents were found to have poor awareness on hygiene, believed in house remedies and natural healers and had certain myths about hospitals and doctors.
- It was found that educated elderly were more hygienic, had better awareness on health and accessed medical health facilities whenever needed.

- Education of the elderly in the family played a key role in determining the occupation, standard of living, health status and initiative to access medical facilities of all the family members.
- In Old-age homes the few educated elderly were found to have had good occupation which provided them with a steady income that helped them to access better health facilities.
- Every district showed a similar pattern of educational level and health aspects related to it.

9.1.iii Economic Status and Health and Illness

- The study found that income of a person was the basis for selection of the type and time of health care.
- In families the elderly males received timely medication and care as they enjoyed a better status while the women tend to avoid taking medical help unless it is very serious.
- In Old-age homes the elderly with a regular income accessed better health care and took medicines regularly while others are depended on charity for consultation as well as medicines.
- In every district the respondents of urban locations had better access to health care irrespective of their economic status.

9.1.iv Family Structure and Health and Illness

- The elderly staying in joint families with more than one child and their families or extended families were well looked after in case of any illness and enjoyed a good social relation and support.
- The health and other needs of elderly in families are fulfilled by their family members whereas the needs of elderly in Old-age homes are mostly left unattended and uncared for.
- In Kachchh district the occurrence of nuclear families in rural and urban is rampant either due to migration of children or social change due to post-earthquake reconstruction scheme which has left the elderly lonely and vulnerable in case of illnesses.

9.1.v Migration and Health and Illness

- Migration of children to other countries leaves the elderly lonely and vulnerable in case of health issues.
- The parents of migrated children staying in houses are attended by house maids and helped by neighbours in case of health emergencies.
- The parents of most of the migrated children are supported financially by their children which helps them to take care of their stay and health needs.
- Anand and Kachchh districts have the maximum number of respondents who are either staying in family or Old-age home and whose children have migrated to other countries.

9.1.vi Basic Facilities and Health and illness

- Majority of the respondents have basic facilities such as brick houses and electricity in the house.
- Most of the respondents stay in brick laid *pucca* houses that gives shelter from extreme weathers, but a few also stay in shanties which the respondents say creates problem during monsoon season and winter and exposes them to illnesses.
- All the Old-age homes have *pucca* buildings and electricity and other basic amenities necessary.
- The study found one respondent each in Panchmahal and Anand rural locations who lived in utter poverty and did not have even electricity in the house. These two respondents did not have any means to fulfil even their basic necessities like food and clothing which made the access and consideration of health care out of question.

9.1.vii Ownership of House and Possession of Property

- Ownership of property gives a sense of security and authority to the elderly and also a role in decision making.
- In families where the elderly possess ownership of property and house have been found to be enjoying authority and better status. Such elderly were found to be well cared for in case of health or illness by their children and family.

- Most of the elderly in Old-age homes are homeless and do not possess any property so are not much cared for by their children or family in illness or health.
- In all the districts more elderly in rural locations than urban locations were found to possess ownership of property and house. The elderly in rural are revered, respected and cared by their children.

9.1.viii Care Received by the Elderly and Health and Illness

- Most of the elderly were found to be independent in taking care of their daily basic needs. And in case of illnesses there is dyadic relationship in which the care is given either by the spouse or daughters-in-law.
- In families care is given by daughters-in-law or the spouse in case of illnesses.
- In Old-age homes the care during illnesses in most cases are given by roommates or they are left in some government hospitals till their families take over.
- In all the study locations the data showed similar characteristics irrespective of the region.

9.1.ix Economic Dependency and Health and Illness

- The study found that economic independence and care received is interdependent. The elderly with regular income attained better personal health care.
- The elderly who do not have a regular income and staying in nuclear families have experienced avoidance, neglect and lack of care compared to income less elderly in joint families.
- Most of the elderly in Old-age homes have very less income or no income therefore they compromise on their health needs as they do not want to pose greater burden on their children on whom they are depended for paying the fees of the organization.
- There is no evident variation in the economic dependency characteristic feature of the study areas.

The various social aspects like family structure, care received, basic facilities available, economic background and support available to an individual ascertain the circumstances and surroundings of individuals and how it influences their behaviour and health pattern. The perspective contemplates that individualism and collectivism are two commonly used constructs used to capture the cultural differences and similarities in relation to health and illness. This study has found that the Gujarat society supports collectivism but is slowly moving towards individualism due to the social, cultural and economic changes in society. Joint families and kinship bonding are slowly breaking up due to migration and intergenerational conflicts. The culture where the elderly were revered and protected is slowly giving way to neglect, avoidance and abandonment in Old-age homes. According to the Socio-cultural perspective, lifestyle, customs and traditions, beliefs and practices, vocation and profession have serious consequences on the health of an individual.

9.2 Socio-Psychological Perspective- Physical-Psychological Aspects

Socio-Psychological Perspective has been applied to the various aspects related to physical as well as psychological attributes of the respondents. This has given a better understanding to the problems related to these aspects of the elderly.

9.2.i Satisfaction in Living Arrangement and Health and Illness

- Most of the respondents are satisfied or has just adjusted to the living arrangement they are in as they understand that it is the best available option to them.
- The elderly in families are happy that they are around their children and grandchildren as it gives lots of psychological well-being.
- The elderly in Old-age homes would like to stay with their children but has opted the organization and adjusted to it as it gives peace of mind and relief from neglect and abuse.

9.2.ii Relation with Friends, Sharing of worries and Health and Illness

- Most of the elderly are found by not maintaining relations with their friends as they isolate themselves from social relations and confines their activities to their homes or organizations thus leading a boring and monotonous life.

- The elderly in rural families are found to maintain their relations with their friends and community as it is a closed circle as a result they lead a stress free and relaxed life but the elderly in urban families spend their time in their home and with family members which makes their life stressful as there is no outlet to their feelings and emotions.
- The elderly in Old-age homes maintain minimum relations as they feel embarrassed about their stay in an organization and think that it would put their family and them in poor light. Most of these elderly lead a depressed life.
- The study found not much variation in the situation in any of the study regions.

9.2.iii Relation with Children and Health and Illness

- The study found that elderly who have a good relationship with their children lead happy and contented life and they are well looked after in case of health or illness.
- The elderly who are staying in joint families are found to maintain a good relationship with their children thus helping them to lead a happy and contented life. The daughters-in-law in the house are found to be the primary care takers of the elderly in case of illnesses in such situations.
- Most of the elderly in Old-age homes were found to have a strained relationship with their children who psychologically weaken the parents thus leaving them to lead a depressed and dejected life.

9.2.iv Recreational Activities and Health and Illness

- Most of the elderly do not engage in any kind of recreational activities other than religious activities.
- In urban families visiting religious places, reading religious books and watching television among the elderly women are some of the activities they engage in. But in rural families, religious functions, marriages etc are the only recreation the elderly engage in as they lead a very active life and do not have much free time.

- In Old-age homes the only recreation available to the elderly is the television if it is in working condition therefore they lead a very inactive and boring life.

9.2.v Abuse and Health and Illness

- The study found more men compared to women have faced abuse in one form or the other. This can also be because more men opened up and talked about the abuse they experienced. Most of the respondents who admitted of abuse also were found to have suffered from extreme stress.
- Very few abuses have been reported in families as most of the elderly dissuaded answering questions on abuse but admitted that sometimes there are conflicts between family members. The chances of abuse are more in small families where parents live with one of the sons.
- Most of the reported abuses were of respondents staying in Old-age homes. These respondents suffered from depression and lack of confidence and have a fear of more incidence of abuse.
- The study cannot make any conclusion based on the region as the residents of Old-age homes are not locals and most of the residents belong to neighbouring districts.

9.2.vi Depression and Health and Illness

- More women than men were found have experienced depression. And most of them are widows.
- The incidence of depression is found to be less in families as there are activities that would keep them busy which would make them feel wanted.
- The study found that most of the respondents with incidence of depression are residents of Old-age homes and they have some kind of conflict with their children or family.
- More incidence of depression among the respondents has been found in Anand district.

9.2.vii Conflicts and Health and Illness

- Majority of the respondents are found not to have any serious conflict with anybody. Conflicts in family lead to stress generated illnesses.

- Most of the elderly in families do not have any serious conflict with family members, some of them admitted of having minor conflicts once in a while. But in a few urban families there were subtle behaviour patterns between mothers-in-law and daughters-in-law that pointed towards inter-generational conflicts.
- Most of the elderly in Old-age homes have conflict with sons and daughters-in-law thus leading to mental stress, strain and sleeplessness.

9.2.viii Diet and Health and Illness

- Many elderly suffered from low haemoglobin and weakness.
- The elderly in rural are frail and weak as they gave least importance to a balanced diet compared to the elderly in urban locations.
- All the Old-age homes gave two full meals to their residents. But the residents in one of the Old-age homes complained of weakness and tiredness.
- The diet pattern was found to be same throughout the state.

9.2.ix Addictions and Habits and Health and Illness

- Chikni and Beedi are the two commonly found addictions throughout the state. Though these are considered to cause long term effect on the individual, some of the respondents have been using it since childhood and no apparent illness related to it could be found.
- In families chikni is more common among the women and beedi among the men and a few women, all of these respondents are addicted to it as they get withdrawal symptoms if they do not take it regularly.
- In Old-age homes the residents are restricted from using any addictive substances including chikni and beedi but the study found that most of the users are elderly in the organizations.
- The study found maximum number of users of addictive substances in Banaskantha district.

9.2.x Access of health care and Health and Illness

- Most of the elderly access health care, but the pattern of access is different in rural and urban locations. While the elderly in rural take medical help only in

case of serious illnesses the elderly in urban areas are found to take medical help even in minor ailments like fever.

- The elderly men in families are found to have better access to health care than women. The women mostly resort to home remedies.
- In Old-age homes the elderly ignore most of the ailments and access the health care centres that run on charity in case of unavoidable situations.
- The pattern of access has been found to be similar in all study areas.

The Psycho-Social Perspective of Health and Illness conceptualizes stress at three major areas that is life events, chronic strain and daily existence. The study has tried to understand the relationships of elderly respondents with their friends, family and children and tried to ascertain whether there are any chronic strains that affect health of these individuals. The study found that the elderly with weak interpersonal relationships suffered from various illnesses. The life events such as abuse, conflict which can lead to psychological distress and depression have also been dealt and the study concluded that these events created stress in these elderly. The socio-environmental situations like poor access to health care due to poverty or cultural biasness can prove challenging to the individual. According to Elstad the perspective is based on three core assumptions that is psychological stress causes health inequalities, it is socially produced and distributed and is a product of interpersonal relationship, and interpersonal relationships are mediated by inequality.

9.3 Neo-Liberalism Theory- Organizational Role and Governmental Intervention

The paradigm has been applied in interpreting the aspects on organizational role of hospitals, NGOs and Old-age homes in the life of elderly. The various parameters related to governmental interventions and its role in policy making and implementation of programmes and schemes for the elderly have been understood and interpreted by applying the Neo-Liberalist perspectives.

9.3.i Types of Old-age homes and health and illness

- Throughout the state most of the Old-age homes are run and maintained by different charitable trusts and most function on a similar agenda where health and care taking is not a priority.

- Most of the Old-age homes are payable and charges deposit and monthly rentals which give unwanted stress to the residents as most of these residents are depended on family or children for the rents.
- All the Old-age homes provide only basic facilities which do not include recreation, age friendly atmosphere, health care and care taking.
- Most of the Old-age homes receive large donations and charities in the form of money as well as goods but there is no evident effort to improve the facilities or capacity of the organization.

9.3.ii Role of hospitals and Health and Illness

- The study found visible lag in the facilities, equipments, medical supplies and manpower in government hospitals.
- The private hospitals were found to be more organized though at a cost affordable to the income earning people.
- The trust run hospitals were found to be much cheaper than the private hospitals with some charging only nominal fees and these hospitals were also found to be providing good and specialized health care.
- None of the hospitals were found to have geriatric specialist, geriatric ward or geriatric trained nurses.

9.3.iii Role of NGOs and Health and Illness

- The study couldn't identify any NGOs working in elderly sector in any of the study locations.
- HelpAge Gujarat which is an international NGO working on elderly issues was not found active in any of the study locations.

9.3.iv Governmental Intervention and Health and Illness

- The government has been found to be providing water and electricity supply throughout Gujarat.
- The sanitary facilities like flush toilets have been found to be a luxury in rural localities and some of the urban areas of habitat. In rural as a result elderly controlled their diet to avoid unwanted visits to open areas and in

urban open defecation created health challenges to them as well as the general public.

- Issuance of BPL cards was manipulated by the authorities in some of the study areas excluding eligible people from the fray of various entitlements of the category.
- The Old-age Pension Scheme was found to be poorly implemented and the amount was found to be very less. The study found that most of the elderly had no income and was depended on others for their sustenance as result health needs of these elderly were found to be given least priority.

The Neo-Liberalism theory denotes the political-economic governance that promotes and gives a free hand to the market. The present government structure has promoted market and industry with limited attention to welfare programs and issues like elderly health, pension schemes, care etc. The institutions like Old-age home have no monitoring system that would drive them to conform to a set standard. As a result the organizations function as a income generating body with minimum focus on comforts and dignity of the elderly residents. Some theorists argue that Neo-liberal strategies in health, welfare agencies encourage people to see themselves as individualized and active subjects responsible for enhancing their own well-being. But in the context of the study locations these arguments are not effective as the group under study is uneducated, unaware, with little or no income therefore making them a weak opponent to stand for themselves against the market oriented society and welfare agencies like hospitals. The present economic structure has also undermined the role of NGOs which might play a key role in bringing about changes and development in the area of study.

9.4 Suggestions

- The societies and governments should promote community health caring structure for the elderly.
- The universal pension scheme should be implemented with a decent amount so that the elderly lead a dignified and independent life.
- The Kaiser Model of health care management should be introduced for better access to health care and better management and follow-up of elderly throughout the state. The model aims at integrating and bringing a

partnership between different actors in health sector. It aims to provide health care by classifying the population into different categories according to their needs and risk factor. More emphasis would be paid on patient's awareness and integrated proactive management.

- The government should layout strict guidelines for organizations catering to the aged sections of the society.
- The officials of the Panchayat and Municipalities should be sensitized towards issues of the elderly so that they carry out their work with good earnest and commitment and provide the elderly with needed help and information.
- The public places and offices should be made geriatric friendly.
- NGOs should be promoted and encouraged to work and combat different issues related to elderly.
- Nutritional supplements to the aged especially for those in the rural sector and below poverty line should be provided by the government through special schemes and programmes.
- Self-help groups for the aged should be mobilised to engage the elderly and also to make them self- supportive.
- There should be community centres, parks, clubs etc for the elderly in towns and cities.
- More awareness on 'Maintenance and Welfare of Parents and Senior Citizens Act, 2007' and various pension schemes should be created among the general public and elderly through mass media.

Conclusions

Every elderly during his/her journey of life has worked relentlessly to provide support to his/her family as well as to the society. Whether it is development, technology, comforts, innovations they are the gifts of these weak and frail elderly who have put in their knowledge, skill and effort to bring forth a better life and environment for the generations to come. But are we doing enough to take care of these old men and women? Do they lead a dignified and comfortable life? The study has explored these questions in the hope of bringing forth an action that would create a better environment for the elderly who deserve it much more than anyone else.