

Sponsor a Grand Parent

A Baseline Report of
Three Projects in Orissa



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 HelpAge India

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PREFACE

Due to changes in the wake of socio-economic and demographic transition the problem of the senior citizens is taking a serious turn and requires concerted attention. Aging as a major social problem can be viewed from two perspectives. First, aging is a direct problem for that segment of population which is in the aged category. The elderly suffer all the consequences and indignation resulting from alienation – both physical and emotional, loss of status and authority, shifting loyalty of their children from family of orientation to family of procreation. Second, aging is a social problem for society as a whole because the presence of old people and their problems have a profound impact upon structure and function of the society.

In view of these emerging issues and problems, it is necessary to review the existing policies and develop suitable programmes for the elderly so that they can be considered as a human resource rather than a burden for long term social and economic development. It is high time that a blueprint is brought out for the scientific management of the elderly population in our country and the rights of the elderly such as right to assistance, accommodation, food, clothing, physical and mental health, recreation, and to live with one's family with dignity and respect, should be safeguarded through suitable legislation and efforts of voluntary agencies.

Given this concern, this report attempts to present a comprehensive account of the elderly life under the Sponsor a Granny Programme (SAGP) programme run by three different agencies in Orissa in collaboration with HelpAge India. The available demographic literature is limited to numeric assessment of the grannies whereas sociological literature has addressed differential qualities of elderly life with the changing times of social order. However, the emerging demographic scene with its various socio-economic characteristics cannot be interpreted in isolation. With a base-line survey this report moves perhaps just one step ahead towards designing programmes and policies for the elderly.

Given the short period and small sample size, the study is preliminary in nature. In future, more in-depth research is necessary in many of the core issues and to seek answers to questions which have been brought out by the study.

I am extremely thankful to all my respondents. I will be failing in my duty if I don't thank the staff of People's Forum, Young Men's Christian Association (YMCA), and PECUC for their timely help. I am very much thankful to Mr. Sanjeeb K Jena and Dr. Saswat Ch. Pujari who have helped me in data analysis and photography. Finally, I thank Dr. Shashi S. Narayana, for going through the draft report and giving me very useful feedback. I am also thankful to Ms Susmita Ghose and Rashmi and the whole of the HelpAge India team for supporting this study.

EXECUTIVE SUMMARY

The present study tries to understand the socio-economic situation of 155 sample respondents of the three projects under SAGP in Orissa. The base survey was conducted through regular field visits and close interaction with the 47 beneficiaries of Peoples Forum, 58 beneficiaries of YMCA, and 50 beneficiaries of PECUC. Application of scientific tools and techniques are imperative for the accuracy of findings in any study which is designed to be carried out in an empirical way; so observation and case study methods were used and data collected with the help of a questionnaire.

The problems of the beneficiaries were varied and complex. All the 155 sample respondents for the present study were selected purposively as the universe of study and they consisted of various income groups and various age groups. Some variables were taken for proper appraisal of the problem. They were divided into two groups (1), Independent variables and (2), Dependent variables. In this particular study, the independent variables are the factors upon which the family life, civic and community life, emotional and economic security depend. The dependent variables are the psycho-social and economic problems which the elderly face which includes, with whom they live, who provides financial help during their need (health care), adjustment problems at home, emotional support and old age peculiarities.

The methodology adopted here to study the complex problems of the beneficiaries has no doubt certain limitations; particularly the sample size and the time factor was a constraint for a detailed and comprehensive study of their problems. The entire study has been divided into seven chapters. The first chapter introduces the problem, the second chapter talks about the setting or the area of study, the third chapter analyses in detail the socio-economic life of the sample respondents, the fourth chapter deals with their life style and health, The fifth chapter makes an attempt to understand the various policies and programmes and the life preparatory measures, and the sixth chapter makes some suggestions and recommendations. Finally the seventh chapter is the conclusion.

For a long time it has been a common practice among the agencies to identify a granny and distribute among them the essential items for survival. In this context a need assessment study was done in Gondia block of Dhenkanal district. It was found that the agencies were manipulating and all the benefit was not reaching the senior citizens. The report of the need assessment study concluded that the aged still were looking for an earning opportunity to meet their daily needs. The study was the main trigger for taking up this baseline survey of 155

grannies of the three agencies in and around the district of Khurda and Cuttack in association with HelpAge.

The study indicates something of the real life situation of those grannies who are for many years under the SAGP. The research work was undertaken single handedly by the author; the scattered locations had to be covered for one to one in-depth interviews. A questionnaire was administered but for qualitative data it was necessary to interact with them. The aged people love to talk and share their feelings but they could not be given much time individually as all the 155 grannies were covered in a period of 15 days.

All the three agencies that this study covered were made to understand that the effort would result in the betterment of the aged. This helped to elicit their cooperation as initially they were reluctant to give some information about the grannies. But in due course the organizations provided all the information on the area to which the grannies belonged, their organizational partnership with HelpAge and their future strategies to care for the aged.

The effort to involve the aged in livelihood promotion activities while not visible in case of YMCA and Peoples Forum, was quite noticeable in case of PECUC. The volunteers have tried to bring them into micro finance activities and have also supported them for small enterprises.

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STATEMENT OF THE PROBLEM

Most problems in India deal with numbers. Geriatrics is no exception. It is currently estimated that adults over 60 years make up 8 per cent of India's population and by 2021 that number will be 137 million. India now has the second largest aged population in the world. The small-family norm means that fewer working, younger individuals are called upon to care for an increasing number of elderly persons. If you consider work participation among the elderly as an index of poverty (if you work when you are old, you only do so because you need to), then in India approximately 60 per cent continue to work beyond 60 years belonging to the young-old category whereas in some developed nations only 2 per cent over 65 are part of the labour force. In India, even in the above-80 in the old-old age group, about 20 per cent are forced to work outside as wage earners and other manual jobs. It is not that the elders who do not participate in the workforce do not contribute to the economy – only it is not taken into account. They contribute by bringing up grandchildren, doing voluntary service, caring for the sick, and often counsel and resolve conflict by virtue of their position in the family or neighborhood. In many cases they are also repositories of knowledge, experience, culture and religious heritage.

The needs of the elderly are unique and distinctive as they are vulnerable. Health, economic and psychological needs are most important. Among the medical problems, vision (cataract) and degenerative joint disease top the list, followed by neurological, cardiovascular and urinary diseases. Malignant diseases account for a sizeable extent of morbidity. Other problems of concern are malnutrition, frequent falls and cognitive dysfunction. To compound this, the aged often have to cope with more than one illness.

The country lacks clear guidelines for hospice care and what to offer the terminally ill. Life and death decisions cannot be left to doctors alone; the wishes of patients and their relatives have to be sought. None of this happens in India in the absence of clear guidelines. For an elderly person belonging to the lower strata of society, an illness can be a calamity. He or she cannot go to the hospital alone and it is difficult for a family member, often a daily wage earner, to accompany the patient. The treatment can be at times unaffordable. Thus, treatment rarely happens in such cases, as the family has not only to forego its income but also pay for the treatment. Even if they do go to a government hospital there is often no doctor there. So, most elderly people with a variety of ailments, especially in the rural areas, go untreated.

Till 1980s, the developing world shared the aged in equal proportion, but currently, the developing world's share of the global elderly is on a rise to the extent that Asia alone is expected to share 50 percent of the world's elderly by the turn of the century. Obviously India being one of the largest nations in Asia will have a significant share of world's elderly. This precipitates the need for policies and programmes being directed towards not only managing a large population size but also a larger elderly population in India in the coming future.

Given this concern, this report attempts to present a comprehensive account of the elderly life under the SAGP programme run by three agencies in Orissa in collaboration with HelpAge India. However, the emerging demographic scene with its various socio-economic characteristics cannot be read in isolation. With a base-line survey this report is one important step towards contributing to future programmes and policies for the elderly on the lines of their perceptions about elderly life.

THE SETTING

People's Forum:

This charitable organization was established on 2nd October of 1988 with a resolution to serve the common and vulnerable people. Currently, the organization is highly focused on development and health programmes and is working in five different districts of Orissa namely, Khurda, Nayagarh, Bolangir, Jagatsinghpur and Malkangiri. It introduced the Adopt a Granny programme now known as Sponsor a Grand Parent in its area of operation with support from HelpAge in the year 1999.

47 beneficiaries; 45 old grannies 2 new grannies

60-75 21

76-90 22

91+ 04

31 female 16 male

All below poverty line

The beneficiaries are spread over 11 villages in a scattered way. The villages are as follows:

Kaipadar, Saanta, Dadhimacha Gadia, Jagannathpur, Ramachandi, Kaimatia, Tapanga, Jhinkijari, Bajapur, Rairang, Khurda

Young Men's Christian Association (YMCA):

YMCA was established in 1893 by Utkal Gourav Madhusudan Das. Over the years it has grown manifold both in terms of geographical spread and fields of intervention. The organization has promptly responded with appropriate interventions at the time of acute need like natural calamity or disaster. It launched the programme of Adopt A Granny in its area of operation with support from Help Age India.

58 Beneficiaries

60-75 40

76-90 18

91+ 00

45 Female 13 Male

All below poverty line

The beneficiaries are from the following locations in Cuttack:

Satichoura, Gandarpur, Chhatrabazar, Cuttack Chandi, Gopabandhu Sai, Jagannath Colony, Pithapur Pana Sai, Sidheswar Sai, Dolamundai Bauri Sai, Mangalabagh Ghasiasai, Ranihat Sagadia Sai, Muradkhan Patna, Kajidiha, Peyton Sahi, Makarbag, Khadbin Sai, Malgodwn, Sutahat, Sutahat Christian Sai, Stewart Patna, Bidanasi, Tulsipur Christian Sahi, Tulashipur, Kesharpur, Nari Sewa Sadan, Buxi Bazar, Mission Road, Dewan Bazar, Tantisahi, Mangalabag, Oriya Bazar, Nima Sahi, Khannagar

PECUC:

People's Cultural Centre(PECUC) was set up by few like-minded youth engaged in different professions in the year 1987. Presently it is operating in Khurda, Balasore, Deogarh, Bolangir, Cuttack and Keonjhar districts of Orissa for grass roots interventions and for advocacy throughout the state of Orissa and in some neighboring states.

50 Beneficiaries

60-75 49

76-90 01

91+ 00

38 female and 12 male

All the beneficiaries are below poverty line.

The following are the villages in which the beneficiaries live;

- Bhimapur,
- Kunditarapatna
- Johal
- Nuapatna
- Banguari
- Jaypur
- Gohala
- Pahal

SOCIO-ECONOMIC PROFILE OF THE SAMPLE RESPONDENTS

Besides demographic assessment, it is also pertinent to understand the social and economic characteristics of the beneficiaries. The well being of the elderly is intimately linked to their education, economy, living condition etc. This provides them a stable and smoother adaptability to the socio-economic transition in the society.

There are more older females than males because of higher life expectancy at birth after 60 years. Marital status analysis of the elderly gains prominence from the consensus that the married fare better than the single on a number of parameters, e.g., economic, social, emotional and care given during the progression through older life. A major concern in this regard is the increasing proportion of women in general and widowed in particular. Much lower proportion of men is widowed compared to women in old age. Two prominent reasons cited for such a great gender disparity in widowhood are the longer life of women compared to men and the universal practice for women to marry men older than themselves. Also widowed men are much more likely to remarry. Though the relationship between elderly well being and their marital status can not be spelt out accurately, any change in the marital status of the elderly in future needs special attention. The data clearly reflects the prominence of widowhood among the beneficiaries.

The traditional Indian family structure used to provide the required environment for a comfortable life of the elderly. The extended family usually consisted of two generations living together wherein the elderly used to have a different status in the household. But with a rising number of nuclear families, the elderly have been deprived of certain needs. For instance, the development imperative has taken the female out of home and transformed the family structure to be nuclear which results in deprivation of care for the needy at home. In these circumstances, another dimension of the elderly that attracted attention of researchers is the living arrangements among the elderly. Usually the living arrangement is understood in terms of the family type in which the elderly live, the headship of households elderly enjoy, the place they stay and the people with whom they stay, the kind of relationship they keep with their kith and kin and on the whole, the extent to which they adjust to the changing environment. The focused group discussion with the beneficiaries of all the three agencies had the common opinion that their relatives and children take better care of them after they were provided with the benefits from the agency. Prior to this the relationship was not as good for these people were dependent on them. Mostly the elderly were considered as an economic burden but after the introduction of

the SAGP programme they are considered as an asset rather than a liability and an opportunity rather than a burden.

Along with demographic assessment, some studies have indicated the implication of the ageing phenomenon through its conventional dependency ratio. Though some crude understanding of its economic implication could be made in terms of the demographic measures like age dependency ratios, the exact extent of economic dependence was assessed with the help of small-scale survey information. Given in following paragraphs is a picture of the socio-economic life of 155 sample respondents in tabular form.

As per the difference in age of the sample beneficiaries we distributed them into three age categories. On this basis, 110 respondents belong to the first category that is 60-75 years of age while 41 belong to the second category that is 76-90 years and only 04 were above the age of 91 years (Table I).

TABLE – I

Age Group Wise Distribution of the Sample Respondents

Name of the Agency	Age Group			Total
	60-75	76-90	91+	
People’s Forum	21(19.09%)	22 (53.65%)	04 (100%)	47 (30.32%)
YMCA	40(36.36%)	18 (43.90%)	00	58 (37.41%)
PECUC	49 (44.54%)	01 (2.43%)	00	50 (32.35%)
Total	110 (100%)	41 (100%)	04 (100%)	155 (100%)

The male/female ratio of the beneficiaries brings out the fact that there are female beneficiaries than made in the area of operation of all the three agencies. Out of the 155 respondents, 41 were male while 114 were female (Table II).

Table – II

Male-Female Ratio of Sample Respondents

Name of the Agency	Male	Female	Total
People’s Forum	16 (39.02%)	31(27.19%)	47 (30.32%)
YMCA	13 (31.70%)	45 (39.47%)	58 (37.41%)
PECUC	12 (29.26%)	38 (33.33%)	50 (32.35%)
Total	41 (100%)	114 (100%)	155 (100%)

A close observation of the children of the sample respondents shows that the male married children were 120 while female married children were 116 of the sample respondents. The number of married children exceeds the number of (Table III).

Table – III

No of Children of the Respondents

Children / Age Group	Male		Female		Total	
	Married	Unmarried	Married	Unmarried	Married	Unmarried
0- 14 years	00	16	5	12	5	28
15- 35Years	57	6	56	3	113	9
35 yrs. & above	63	2	55	0	118	2
Total	120	24	116	15	236	39

While discussing about their stay with family, 100 respondents that is 65% of them were living with their families but 55 that is 35% were not staying with their families (Table IV).

Table – IV

Respondents Living with Family

Living with family	No of Respondents	% of Respondents
Yes	100	65%
No	55	35%
Total	155	100%

Staying with or without a family is not that much important as in certain situations staying with the family gives the aged no support but creates embittered relationships. The field work in this instance showed that with the increase in the number of children the proportion of elderly found in work also increase. This is probably due to two reasons; more children mean more dependents or more children means more neglect. During the field work it was

seen that one Halimun a widow with five living children had more problems than Kuma a widow with one living daughter. The informal discussion with some of the children indicated that no children would like to take sole care of a dependent mother and were criticizing each other on neglecting the mother.

It was very difficult to assess the kind of support provided by the family in the form of money, food, place to live, clothes, medical and health and in the form of taking personal care, emotional support etc. Still it was observed that in terms of food and place to live all the persons living in the family had no objection in providing the aged with these necessities. But during discussion about the support in terms of medical care, clothes and other support system most of the beneficiaries were not satisfied with their family situation (Table V).

Table – V

Family Support

Type of Support	Always	Sometimes	Never	Total
Money	12	35	53	100
Food	100	00	00	100
Place to Live	100	00	00	100
Clothes	30	51	19	100
Medical & health	28	60	12	100
Any Other	10	42	48	100

While discussing about the support i.e. looking after their grand parents, helping the grand parents in daily chores etc. from their grand children it was the observation of our respondents that in every sphere the grand daughter was more attached to the grand parents in giving them the support and care. (Table VI).

Table – VI

No of Grandchildren and their Support

Support of the grandchildren	Grandchildren		Total
	Male	Female	
Look after the respondents	35	56	91
Help in daily chores	46	65	111
Respondents to look after them	18	24	42
Do not help at all	32	45	77
Total	131	190	321

Among the beneficiaries living with their family, some had dependents within the family. The dependents were from different age category, and varied from their aged parents and in-laws to children and grand children. In total our respondents had 47 direct dependents for food and care out of which 18 were male and 29 were female (Table VII).

Table – VII

Dependents on the respondents

Age group / Status of Dependency	Male	Female	Total
Below 10 years	10	14	24
10 – 20 years	3	8	11
Above 20 years	5	7	12
Total	18	29	47

Apart from low quality of physical and economic condition the respondents also experience some socio psychological problems. One such problem is their decreasing influence upon the family members. The respondents admitted that they were now less influential and authoritarian as compared to their young age. The women respondents have no say and share in any of the major decisions relating to their family.

At the community level, some of the respondents do play some significant role and they receive invitation from their community members to attend various social ceremonies and rituals. Those who are physically fit, do attend various social ceremonies.

In terms of keeping in touch with relatives and frequency of visiting relatives we find most of them are not availing these opportunities for some or the other reason. For some their physical condition matters while for others their economic condition matters and for some both. As per their opinion 88 (56.77%) of the beneficiaries very rarely visit their blood relations while 35 (22.58%) very frequently visit relatives. Like wise in terms of visiting close relatives, far relatives and friends also we find most of them very rarely get the chance. But this is related to their visit to other villages or towns but within the village they are always in touch with their fellow people to share their emotions, pleasure and pain (Table VIII).

Table – VIII

Regularity of touch with the respondents by the friends and relatives

Relatives/ Frequency of visit	Very Frequently	Frequently	Rarely	Total
Blood relations	35 (22.58%)	32 (20.64%)	88 (56.77%)	155 (100%)
Close relatives	24 (15.48%)	42 (27.09%)	89 (57.41%)	155 (100%)
Far relatives	10 (6.45%)	8 (5.16%)	137 (88.38%)	155 (100%)
Friends	35 (22.58%)	48 (30.96%)	72 (46.45%)	155 (100%)

Though 21% of the beneficiaries have received a home under Indira Awas Yojana, still their living condition and type of dwelling reflects that there is a combination of kuchha and pucca house for every one. Still it was observed that 74% of them live in hut with thatched roof, 11% have a hut with cemented tiles, 8% have a totally kuchcha house and only 2% have cemented house. Others refers to a house with no roof, those who stay in a temple or any others house i.e. relatives, daughter etc. (Table IX). About the ownership of the house those respondents, who are staying in their own house are the legal owner of the house but those who are staying with their relatives have no ownership over the house.

Table – IX

Types of dwelling

Types of House	Number	%age
Hut with thatched roof	115	74%
Hut with cement tiles	17	11%
Kuchcha (Mud) house	12	8%
Cemented house	3	2%
Other	8	5%

Regarding the ownership the data was not very clear as all the male respondents were of the opinion that they were the owner of their house. But in case of female respondents, they were not interested in matters pertaining to ownership as they thought that it was the prerogative of the male members. If at all, they talked of ownership they were not able to show any authentic proof regarding their ownership. So, authentic data could not be collected on this matter.

Cooking food is a matter of responsibility for the women in the house; male members give them support when situation needs, but in some cases where the male is all alone he himself does the job. In this regard the findings are interesting in term of food cooked by themselves, spouse, children, neighbors or relatives and other members in the family and outside the family. It was found that most of the women beneficiaries are still directly or indirectly involved in the work of food preparation in the family. So as per the opinion of the sample respondents 37.41% take meals prepared by others while 22.58% still cook their daily meal (Table X).

Table – X

Respondent's preparation of food

Meals prepared by	Numbers of Respondents	%age of Respondents
Self	35	22.58%
Spouse	35	22.58%
Children	27	17.41%
Neighbours/Relatives & Others	58	37.41%
Total	155	100%

Food intake of the respondents also varies as per the data. The data reveals that 14% of the beneficiaries take a single meal per day while 68% take a meal twice a day and only 18% take three times meal (Table XI). The SAG Programme has brought some change in their intake of food as now more people are able to take two meals a day.

Table – XI

No of meals in a day

Meals per day	Numbers of Respondents	%age of Respondents
Single	22	14%
Twice	106	68%
Thrice	27	18%

Economic Condition:

In a rural setting the survival of the family is largely dependent upon its immediate economic security. Therefore, the family always expects from its members irrespective of age, some economic contribution either in cash or in kind. Even aged women are expected to toil hard to help make both ends meet. They do it not out of choice but because of the demanding situation. Because of this situation most of the aged try their best to keep themselves economically productive through wage earning, agricultural labour, petty business and jobs in the informal sector as long as possible in order to lead a dignified living within the family and society. Thus the economic contribution of the beneficiaries is one of the crucial factors in determining the nature of their treatment.

As far as basic services are concerned most of the services are available but in some places availability potable water and health services was a problem.

Regarding their occupational status at young age and at present it was found that 90 of the beneficiaries at present are with no remunerative work but at the same time it was found that 91 of them were in unskilled job during their young age (Table XII).

Table – XII

Occupation Status

Occupation	At young age	At present age
Skilled Jobs	62	23
Unskilled Jobs	91	42
No Jobs	02	90

The income level of all the beneficiaries shows that they are not in a position to earn the minimum required amount to meet their own needs and of their family members.

LIFE STYLE AND HEALTH

The increase in the aged population has brought several problems to the surface. The problems are not only a source of destabilization to the aged but also to their families and to the society at large. The consequent physical, economic and psychological problems often incapacitate the old. Unkind remarks are often thrown at them. They are regarded as 'Surplus Population'. There is a tendency to discount, devalue, dump and discard this section of the population like one does to all surplus commodities. During interaction with the respondents this author came across a seventy year old widow Suka who said; "I can not live in my sons house and play second fiddle to my daughter's-in-law at this stage of my life". She further continued vehemently, "I prefer to live independently in my own house and die in it." The consequence is that the old develop a negative attitude towards life and face uncomfortable situations in the family and in the society. Diminution of their importance in matters of decision making in the family and in the society deflates their ego, which in turn compounds their negative attitude to life.

While it is true that one ages from the moment of conception to the moment of death, we do not normally talk of an ageing child. Ageing, for most of us carries some connotation of decline or deterioration of health and vitality. But physical old age in the sense that it is generally understood does not begin always at 60 years of age as was proven by a member of respondents. A good number of them in the age group 60 – 70 are able to go out without assistance and are able to do certain tasks without the help of others. Nevertheless, as age advances, changes do occur. In the age group 70 – 80, a moderate decline is found in mobility, health and ability to perform personal and domestic tasks. In other things, there is a much sharper decline, as for instance, in social contacts outside the home and in interests. And among those who are 80 or above, virtually all these declining trends are accentuated.

All human beings are subject to the process of ageing. Process of ageing slowly but surely decreases the individual's ability to cope with his environment.

Due to old age, different age-related changes are found in human physiology and the beneficiaries studied were also not free from this. Some of these are:-

1. Visual acuity diminishes.
2. Loss of teeth, and hearing capacity.
3. Skin changes in appearance becoming darker. It loses its elasticity.

4. Joint stiffens and the bone structure becomes less firm and it causes loss of height and erect posture and loss of muscle power. Breathing and urination are also affected.
5. Heart muscle loses strength and flow of blood becomes difficult.
6. Respiratory, nervous and gastro-intestinal systems become less efficient.
7. Kidney, filtration system shows a decline
8. Sense of touch, taste and smell deteriorates.

Without exception, all the 155 respondents who participated in this case study did complain about their physical problems. Problems related with vision and loss of hearing was the most common physical problem of which they complained. Apart from that they were affected with diseases like; arthritis, osteoporosis, heart problems, Parkinson disease, insomnia, dementia, loss of memory, paralysis, leprosy etc. It was found that in certain cases the respondents were suffering from multiple diseases.

The sample respondents had been experiencing in varying degree the above-mentioned age related physiological changes. Each of this change ultimately turns into a physical problem for them. But when we talked of access to the medical aid both PHC and aid provided by agency, only 45 of the respondents gave their opinion of availing the same out of whom 11 were dissatisfied because of distance and irregularity. Only 14 gave their opinion about seeking help of private hospitals of whom 10 were satisfied with the kind of treatment given to them. But at the same time, 30 were satisfied with the household and local kind of treatment. It was interesting to note that some were not interested in seeking any type of treatment (Table XIII).

Table – XIII

Access to medical aid

Place of medical Help	No of Respondent		No of respondents
	Satisfied	Dissatisfied	
Govt. hospital	34	11	45
Private Hospital	10	04	14
RMP	23	12	35
Local treatment/household remedy	30	19	49
Other	1	5	6
No treatment	1	6	6

The beneficiaries again face the problem of generation gap to a considerable extent. They reported that on many events their opinions differed from that of their younger generation family members. Having a traditional outlook and approach, they find it relatively difficult to adjust to the new changing social milieu. While they cling to their old and cherished values, their children and grand children learn to take for granted the changing social environment and hence it creates a more pronounced generation gap between these respondents and their family members from the younger generation.

POLICIES AND PROGRAMMES AND LIFE PREPARATORY MEASURES

There are a number of schemes implemented through Government for the benefit of the aged people i.e. Old Age Pension, Annapurna Scheme, Antodaya Scheme, Indira Awas Yojana, Widow Pension, Medical /Health Policy Services. But it was interesting to note that only 72% of the sample respondents were aware of the government schemes for them though not all schemes. At the same time, 28% had no idea of such schemes and programmes (Table XIV).

Table XIV

Awareness about various Government Schemes for older people

Awareness about various Government Schemes	No of respondents	%age of respondents
Aware	112	72%
Not aware	43	28%

In recent years, the concern for social security is deeply influencing the social and economic policy of the developed as well as the developing countries. The concept of social security is that the state should make itself responsible for ensuring a minimum standard of material welfare for all its citizens. The basic social security system aims to help individuals in times of dependency, such as childhood, old age, sickness, accident and unemployment. Thus an ideal system of social security is meant for helping people in need. Old age is the time when an adult needs the help of external sources temporarily or sometimes permanently. Such spells are called contingencies. They may arise from biological causes or may be the result of economic forces. Apart from purely biological contingencies, there are contingencies of bio-economic origin. Old age is one such contingency the problems of which can be avoided by careful planning or life preparatory measures.

There are several ways to look after the aged. Discussion groups and physical fitness regimes with both young and old members have also proven effective to maintain agility of the mind and body. Schools could introduce an "adopt a granny" scheme to support people who are too old, ill or immobilized. The government could consider job-sharing agreements for the aged, so that two or three persons might be able to do a single person's full-time job between them,

allowing individuals to age with dignity and to lead productive lives for as long as they are able.

In India, where about 90 per cent of the total workforce is employed in the informal sector, the social security offered by the National Old Age Pension scheme is available only to the 10 per cent retiring from the organized sector which is insufficient by any standard. Even when offering pensions, the economic needs of an elderly person must be taken into account and pension should not be fixed merely as a percentage of the last drawn pay. It is also imperative to train doctors, especially those working in the rural areas, to handle specific illnesses associated with ageing.

CONCLUSION & RECOMMENDATIONS

Innovative methods and research on approaches best suited for India are cardinal in providing adequate and cost-effective care for the aged. In order to capture the nuances of the project and the lives of the beneficiaries, the sample size needs to be big enough and more in-depth research is required.

Though the sample size was small but most of the beneficiaries were of the opinion that their past experience of life is a valuable asset. They possess all the qualities for improving the social functioning of society necessary for all types of progress. If status of the aged and consequently their participation is improved, it likely has a positive impact on social development.

One interesting finding in this study is that most of the elderly beneficiaries are highly valued for their roles as advisers, counselors, arbitrators, and repositories of knowledge about traditions, customs, and oral history. Younger people as well as the elderly themselves still consider this role of the elderly within the family and community to be very important.

Creating facilities for recreation for the old should be given as much importance as that for the other age groups. The value that is still attached to the care of the elderly by the children and the social pressure that continues to be exercised on persons who fail to discharge this responsibility has kept the situation from worsening. However, the problems of adjustment by the beneficiaries have been felt in different spheres within the family and in the society as a whole. It is therefore, desirable to build on the social value and to strengthen the capacity of the family to cope with the problems of elder case; specially, when there are so many competitive demands on the financial, manpower, and other resources of the family. Simultaneously, governmental and voluntary efforts should be made to identify problems that are likely to confront the elderly under the changing situation and to come forward with purposeful planning.

On the health front, the large network of primary and community health centers may be revamped with additional facilities to provide basic health services to the needy - especially to the aged. This however requires a change in public perception with attempts to include a few geriatric provision as part of the basic health care.

Though the agencies are providing the basic needs to the target population, it is not being provided to them in the right manner. At a time three months of ration is difficult for an old person to store. Thus either it is consumed by other family members or sold in the near by shop at a lesser price. There is thus a need to

think a fresh about the approach to distribution system for benefits. The linkage with other developmental schemes is totally missing, though there is the effort from the side of the respondents as in one case a lady had taken the initiative herself and is receiving old age pension. A lot can be done for the grannies because the enthusiasm is there, we cannot make them wait for what we give but help them to help them selves.

- To strengthen family care of the aged by mobilizing additional support from the community based organizations particularly the NGOs, CBOs and PRIs.
- To provide short term training facilities for paramedical, social and community workers of various categories to meet the health needs of the aged in particular.
- To link various schemes of social security for the elderly.
- To consider the elderly as an asset and promote the utilization of the potential for community development in organizing themselves.
- To develop appropriate models of elderly care at the community level for implementation, monitoring and evaluation.
- To link the aged in livelihood promotional activities that is age friendly and health friendly.

There is a need to introduce alternative, gainful and sustainable part time work (re-employment) for elderly who are fit for work and economic security should be provided for the old who are unable to work. As female grannies appear to be more, all the developmental activities for the aged should adequately take care of the special problems of women.

RECOMMENDATIONS:

From the discussion above, the following suggestions emerge

- To strengthen family care of the aged by mobilizing additional support from the community based organizations particularly the NGOs, CBOs and PRIs.
- To provide short term training facilities for paramedical, social and community workers of various categories to meet the health needs of the aged in particular.

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There is a need to introduce alternative, gainful and sustainable part time work (re-employment) for elderly who are fit for work and economic security should be provided for the old who are unable to work.

As female grannies appear to be more, all the developmental activities for the aged should adequately take care of the special problems of women.

Complete reliance on families to provide care for the older persons may not work because of serious poverty issues and unemployment. However, attempts may be made to strengthen the family system by allowing rebate in personal taxations to those supporting the aged. This issue draws greater significance in the light of increasing disintegration of joint family system during the recent past. Creating an assured and stable savings instruments for the old age income security - especially for self-employed or people engaged in unorganized informal economic activities will benefit the elderly to a great extent.
