

CHAPTER –VIII**SUMMARY OF THE FINDINGS, CONCLUSION, AND SUGGESTIONS**

8.1: Summary of the Findings, Conclusion, and Suggestions:

An individual has to face different kinds of problems in old age. In present-day society, the problem of old age has started emerging as a social problem with the rapid growth of industrialization, modernization, and urbanization. Two main factors are responsible for the emergence of this social problem- (i) rising proportion of the aged people in the demographic structure, (ii) declining roles and status of the elderly in the family as well as in the society. In the changing structure of our society, the aged is deprived of a comfortable, respectful, creative, and socially useful life. The aged are not given opportunities to satisfy their needs. In this study, the problems of the aged are divided into four broad categories- (a) problems in the maintenance of the good family and social relation, (b) economic problems of the elderly, (c) health-related problems of the elderly, and (d) problems related to good adjustment in old age. Problems in old age are a crucial social problem because it has brought many deteriorative changes in the personal and social life of the elderly. These changes come suddenly in the lifestyle of the aged (after 60 yrs.). This chapter presents the main findings of the study in a summarized form

Regarding ‘age’ wise distribution of the respondents, the study reveals that the majority of the respondents belonged to the age group of 60-64. Only a few percentages of the respondents belonged to the 80 and above age group. The majority of the respondents i.e.

54.5% were living in a joint family as compared to the nuclear family (45.5%). The majority of the respondents were non-professionals. A total of 87.25 percent of sample respondents were 'non- professionals' and only 12.75 percent were professionals. The majority of the respondents were married. The percentage of the widow is higher than the divorce cases. The majority of the respondents belong to the Hindu community followed by the Muslim community.

In order to govern the educational status of the respondents in the sample, the study revealed that 36.0 percent of respondents were graduates. In the rural setting, there were only 1.5 percent of the respondents were post-graduate. The majority of the respondents considered 'spouse' as their best help. 60.5 percent of respondents viewed that 'child' was the main support in old age.

Chapter IV is concerned with the problems in maintaining family and social relations in old age. The sample respondents were asked about their relationship with the family members living with them. The majority of them have evaluated their relationship as satisfactory. The data about the frequency of conflicts between the respondents and the family members reveals that a higher proportion of the respondents (55.0%) were having conflicts 'rarely' with their family members. Regarding, the main reason for conflicts most of the time, a significant proportion of elderly women (47.0%) had started their 'poor economic condition' as the main reason for conflict. In old age, one gets available leisure time and they generally feel boredom. They need the company to keep oneself free from isolation. A significant proportion of rural elderly women had a face to face interaction with their family members. The data about the attitude of the family members reveals that the majority of the elderly had received a 'respectful attitude' from their sons/daughters, spouses, and grandchild. A significant

percentage of the elderly (46.14%) had mentioned the respectful attitude of the ‘daughter/s-in – law’.

A higher proportion of the respondents had evaluated their relationship with their children staying away from home as ‘satisfactory’. A higher proportion of them meet their children living separately ‘more than once in a year’ and a small proportion meets their children ‘once in a year’. Regarding the loneliness problem, 41.5% had stated about loneliness in old age.

Again, regarding the weightage of one’s opinion about different family matters in old age, the majority of them had stated about 'unchanged weightage'. Regarding, 'participation in household activities', the majority of the respondents, have positively responded. However, a significant proportion of them had shown their ‘disinterestedness’ (51.0%) in the family matters. The majority of elderly women were not associated with voluntary organizations (77.5.0%). In many Gerontological kinds of literature, it is depicted that association with the voluntary organization and active participation in voluntary activities helps in maintaining one's socio-economic and health status in old age. But, in our situation, voluntary organizations for the aged are not available. So, our society is deprived of the services of the elderly women. After the age of 60, interaction with friends, relatives, and neighbors through mutual visits and membership in voluntary organizations is important for good adjustment in old age. Rural elderly women are able to maintain a good relationship with their friends/neighbors/relatives because they have mutual understanding and gives a frequent visit to them. The study reveals that the majority of the respondents (61.5%) were not happy with the activities of the new generation.

Thus, in this chapter, an interpretation has been made regarding the family life of the elderly women in rural society. The respondents who have stated about unsatisfactory relations, quite often conflict, loneliness problems, loss of their weightage in the family in old age were not happy in their later life. They should be provided with family care and institutional support. At any age, an individual receives the emotional, social, and economic support of the family. The ability of an aged person to cope with the changing circumstances depends on the support of his family to a large extent. This support system is based on the culture of our society. However, with the change in the value system, familial and social support enjoyed by the aged in our society is now gradually decreasing. For instance, in rural society, the cultural values emphasize that the elderly members of the family be treated with honor and respect. Eldercare in India consists of three broad types- care by 'adult married children and their families', 'care by the spouse', and 'institutional care'. Mostly, elderly parents are cared for by their adult children and their family (*Jamuna, 2005*). But those who are deprived of such family care, their condition becomes worst. Traditionally, most elderly persons live with their children or live by themselves. Because of these supports or arrangements, there has been a non-need of reasonable magnitude for the community to step in an organized home for the elderly. Only in recent times, there has been a growing tendency, however small, for elderly people to seek institutional support. In the coming years, as demand increases, it is expected that more voluntary organizations will be starting Old Age Homes for the needy elderly. It should not be forgotten that even today the proportion of the elderly seeking institutional support is well under 5.0% of the elderly population. (*Sarvekshana, 1991*). Elderly people do not want to 'disengage' themselves from society. They like to remain fully integrated into the social network and enjoy association and interaction with various groups of people. Lack of activity and social interaction is neither desired nor enjoyed by them. Therefore, when they are forced

to lead a disengaged life, initially due to their increasing age and then due to physical weakness they become frustrated and disturbed. Though in the present study the theories of successful aging have not been tested through controlled observation, still it can be said that our findings support the activity theory. Keeping in view the problems of the elderly in the family, it can be said that the government alone cannot take care of all the needs of the older people. The private sector consisting of the Voluntary Agencies and the family must have to play an important role in this regard. The Non-Governmental Organization (NGOs) sector constitutes a very important institutional mechanism to provide user-friendly, affordable services to take care of elderly persons. However, this sector in Assam is not playing any role for the elderly. The family should play the most vital role in taking the responsibility of the aged; this is in fact what the elderly person seems to want also. The Indian culture emphasizes the reverential treatment to be given to the elderly person in the family. It is, therefore, necessary that efforts must be made to strengthen family support for the family care of the elderly population. "At present, India is at a crossroads and has to decide whether to go the family care way or the institutional/community care way. For a country like India, the state cannot enter as a major player in elder care in view of its high cost to the exchequer and low national priority given to the eldercare. India needs to develop models of home and family care that may be supplemented by a variety of respite services by suitably adapting them to Indian conditions (*Jamuna, 2005*). Our findings show the lack of interest of the elderly in voluntary organizations. But those who are interested in voluntary organizations are certainly better adjusted than those who are not. The more voluntary organization should be opened and the membership to such kind of organization should be free for the aged. Membership in voluntary organizations gives a sense of belongingness and opportunities for social participation to an individual. A proper counselling

should be provided to the elderly women regarding their old age problems for good adjustment in old age.

Chapter- v is concerned with the economic problems of elderly women in rural society. The study reveals that elderly women had to face a lot of economic problems. A few numbers of elderly women were able to earn money in old age by engaging themselves in some kind of income-generating activities and they were contributing to household expenditure. 29.5% of elderly women had stated that due to the loss of economic status they had lost their status in the family. However, 70.5% of the rural elderly women had stated that their family members willingly provide them economic support.

The study reveals that the majority of the elderly were not getting employment opportunities in old age although they are in need. There is a high level of unemployment among the working-age group population. The employment of the aged is relegated to this background and fewer aged persons are able to remain in the labour force. Due to the existing retirement policies and stiff competition from the younger working-age group population, they are unable to manage a job in old age. Many Gerontological studies reveal that one's positive attitude towards aging to a large extent depends on one's occupational status and economic security in old age. But in our situation, in the absence of economic security people develop negative attitudes towards old age. In the present study, it is found that the majority of the elderly women had stated about their lost status in the family and society with the loss of occupational status with an increase in age. The study revealed that with the loss of economic status the family relationship is affected and the attitudes of the family members towards them have changed. The majority of the respondents viewed that their income is less than the

required. In a situation with no income and lack of family support, they cannot meet their daily requirement. It becomes difficult for the elderly women to maintain their physical and mental health. Though the majority of the respondents had denied that their loss of economic status had no negative effect on the family relations, during the field study it was felt by the researcher that the respondents were trying to hide the real facts.

In old age with the loss of occupational status elderly have to face serious economic problems. In rural Assam, a few elderly women want to go for income-generating activities. But due to the severe economic crisis in old age, some of them have to engage themselves in some other new occupations which do not suit their age. In the study area, elderly women were facing serious economic problems due to several reasons. Generally, in rural Assam, government service holders are also associated with agricultural activities. A large amount of their income generates from agriculture and allied activities; however, agricultural products are not for selling but for self-sufficiency. The field in which the study was conducted was very backward in terms of economic development with poor infrastructure and communication systems. The families who are surviving without any salaried job have to face a lot of problems in such a situation. The person with a salaried job had to take all the responsibilities of the family in the absence of other income-generating activities. In such a situation, for an elderly woman it is all most impossible to take the whole responsibility of the family efficiently. The pensioner retiree to some extent can adjust to the situation but for the non-pensioners, it is almost a difficult task to adjust to the abrupt change. With the loss of physical health, occupational status, in many situations, they have to depend on others. In such a situation an important question may arise- Is there any supporting system for the aged to minimize their

problems? Because the family members failed to provide a helping hand since their own financial condition is not good and they have to still depend on others.

It is our orthodox belief that with the increase in age individuals generally lost their ability to perform their assigned task efficiently. For this reason, there is a retirement policy in every state. It is believed that for the smooth running of society, the aged should be given retirement from their assigned role. Their position should be replaced by a more efficient and active individual from the younger working-age- group. The structural functionalists' approach of Sociology has considered it as a functional necessity of the society for its smooth running. But during our study, it was found that many of the elderly women after retirement also remain as active as they were before retirement. They are in such a condition that for several years they can contribute to the family, community, and society at large. But their forced disengagement from the workforce pushed them into a vulnerable condition where they are subjected to a lot of socio-economic and health problems. Forced disengagement from their previous role transforms them into a dependent category from the independent one. The study reveals that the elderly who were interested to go for a new occupation in old age to minimize their financial problem and to support their family members were deprived due to the lack of occupational opportunities for re-employment in their locality. The elderly who had a number of dependents and those who had no income after the age of 60 were in serious crisis. The loss of economic and health status in this stage naturally makes them psychologically weak, in such a situation if they have to take the responsibilities of the dependents, it may become unbearable for them. The elderly had revealed that many of them aged unemployed children. So, their children were not always in a position to help them. Though in both the settings, the elderly were in the need of economic support, the majority of them had shown their unwillingness to go

for a new occupation. The reason for this unwillingness was their poor health. Thus elderly has to face a lot of economic problems.

The government of India has launched different Policies and Programmes for the elderly. Besides the Constitutional and legislative provisions, different programmes have been taken by the government of India. For example, The Ministry of Railways, under a scheme 'Senior Citizen Concessions' extended 30 percent concession to the aged in all classes and trains. The travel concessions for the older people by Indian Airlines, Air India Airlines, spice jet Airlines vistara, and indigo Airlines up to 50 percent discount on domestic flights that have attained 65 of years in economy class. National Old Age Pension Scheme has come into effect from August 15, 1995. With the objective to provide financial assistance to older persons having little or no regular means of subsistence, to households living below the poverty line in case of the death of the primary breadwinner. The amount of old-age pension is Rs.300 per month is given by the Assam government to the elderly. A food security scheme called 'ANNAPURNA' has been initiated by the government of India in March 1999, under which free food grains up to 10 kg per month are given to such destitute older. Similarly, The National Policy on Older Person which come into existence on August 15, 1999, has emphasized financial security, health care and nutrition, shelter, education, welfare and protection, and life security of the elderly (*Rao, 2007:73-101*). 'Indian states and the Central Government have developed a limited number of retirement income programmes. As of 1997, nearly 23.8 million of India's more than 70 million elderly had some kind of pension coverage. The extent, to which these programmes are effective in providing economic security, especially for significant numbers of elderly poor, is an important issue as India becomes a rapidly aging society." (*Kumar V, 2005:46*). Different senior citizen benefits for the organized and unorganized sectors

have been launched by the government. But all these prove to be insufficient to mitigate the economic problems of the elderly.

Keeping in view the nature of the economic problems of the elderly women belonging to different categories, it is necessary to take some measures to mitigate the economic problems of the elderly.

- It is necessary to emphasize the need for the expansion of social and community services for older persons. Their poor situation and needs should be given priority.
- It must be understood that older persons are a resource. Therefore it is necessary to provide them opportunities and facilities so that they contribute as useful members of society.
- Older persons are a heterogeneous group. Therefore strategies and services need to be developed accordingly.
- It is necessary to provide opportunities to the aged to work depending on experiences, efficiency, and mental abilities rather than physical labour. Work should have status value along with financial values so that they can think themselves useful to society (Chakraborty,2008:56)
- Normally family members do not oppose the aged if their financial condition is good. But for the elderly with poor economic condition members develop negative attitudes. For those needy elderly state should take responsibility.
- With economic support only it is difficult for the aged to have a good adjustment in old age. The importance of family has been recognized. The state will encourage the children to co-reside with their parents by providing tax relief, allowing rebates for medical expenses.

Chapter-VI is concerned with the study of the physical and mental health problems of aged women. ‘Muscular -skeletal disorders’ were more prominent among elderly women. Many of the aged women were severely suffered from the ailment of this kind. Health statistics of Assam reveals that ‘Anemia’ is more profound among the females which prove true in the present study also. A significant proportion of them had stated about 'poor health'. The study reveals that many of the elderly had made an accommodation with their ailments. Poor health and aging are synonymous with them. Ignorance of the people, lack of health-care facilities, poor infrastructure rural elderly women had to face severe problems in maintaining their physical and mental health.

The study reveals that after crossing the age of sixty, a few percentages of the elderly remain physically and mentally fit. The present study has also revealed that most of the elderly women consider themselves as healthy though they have suffered from more than one ailment. The information derived from the respondents’ self-evaluation about the ‘degree of seriousness of sufferings from all ailments’ depicts that most of the aged who have physical ailments had to suffer either ‘very mildly’ or ‘mildly’. On the whole, the information about the number of ailments and seriousness of sufferings from the ailments shows that most of the respondents are enjoying satisfactory health. A larger section of the respondents has evaluated their health condition as good. This may be due to the fact that most of the respondents at the time of the interview were not very old. Physical ailments among the aged are not found to be as sever and widespread as they are generally believed to be. In spite of the various ailments found among the aged, most of the aged were found to be in fairly good physical health and leading normal lives. It is because most of the elderly take the prevalence of ailments for granted. With the advancing age, they do not consider them to be sick. For them, the presence of ailments is inevitable in old age

In rural settings, elderly women are subjected to more vulnerable problems with regard to maintaining their physical and mental health status. At the government hospitals or dispensaries, the aged are free to receive medical assistance. But the elderly are not receiving proper medical treatment due to the inadequate number of doctors, beds, and insufficient supply of medicines in the hospitals. It is a common experience that the outpatient department of every hospital or dispensary is much overcrowded. In old age, it is always difficult for an aged person to wait for hours to get his turn to be attended by the doctor. There is no separate geriatric unit for aged patients. Again the transport and communication system of the rural area under study was so poor that takes at least one hour to cover five to six kilometers. Periodical floods and irresponsibility of the government to mitigate the problem make the situation worst. It is very difficult for the rural elderly women to come to the hospitals for treatment from remote areas. The rural elderly are neglected because even though the children want to provide a secure life for their parents. They are unable to do so mainly due to their financial constraints. The migration of the new generation to the urban areas makes the condition of the aged more vulnerable. However, most of the aged women dislike going for the doctors' consultation in spite of their ability to afford the doctor. The aged take the prevalence of disease for granted. The presence of ailments in old age is natural. Our socio-cultural structure is responsible for such an attitude of the people. The Sociology of knowledge perspective has stated that there is a close relationship between 'individual consciousness' and existing 'social structure'. It is one of the reasons that rural elderly women in a rural setting are subjected to a more vulnerable health condition. Even the essential health needs of the elderly are ignored due to poor economic conditions. Thus, it is obvious that the health status of a rural elderly women is conditioned and varies according to the person's social settings, family background, economic condition, sex, etc. Keeping in view all these, it is an urgent need to take up relevant health policies that can

Encompass the rural elderly women of the different parts of the country. In this chapter, an attempt has been made to find out the correlates of good adjustment from the respondent's perspectives. Case studies had been conducted on the aged who considered being well adjusted and maintaining a happy life at the age of sixty.

Chapter VII is concerned with the pre-conditions for good adjustment in Old age. This chapter is based on case studies. Case studies had been conducted on ten nos. of aged women those who were able to maintain physical and mental health at the age of 60+ in spite of poor economic condition. In their opinion, it is revealed that walking, good and routinized food habits, keeping oneself busy with different physical activities, the habit of light exercise, keeping oneself away from bad habits such as drinking alcohol, cigarettes, etc. are necessary to maintain good health for a long time. One should develop these habits from early life. For mental health one should have belief in an almighty God and not to take too much tension. One should feel after 60 life is the best year of life because one gets enough time for the activities they were interested in. To free oneself from isolation one must busy with any activities which are creative and interested.

Ten numbers of other case studies had been conducted on the aged were, who were able to maintain good economic adjustment, in spite of lower income in their pre-retirement occupation. The case study revealed that one should develop the habit of saving and cutting down on the unnecessary expenditure from his early life and try to keep oneself busy with income-generating activities.

Again, Case studies had also been conducted on the elderly (10 nos.) women who were able to maintain a mutual family relationship with their members and have a very satisfactory relationship. Proper planning of leisure time after the age of 60 makes one happy and the plan should be made before 60 yrs. For good adjustment in the family, one should be honest and

give respect to the thinking and opinion of all the members of the family. One should not have too much expectation from the family members and this will give mental dissatisfaction and which is negatively correlated with the family relation. One's good adjustment in old age largely depends on the maintenance of good health status. Doing exercise, the habit of morning and evening walk, good eating habits, avoidance of certain bad habits prove to be the main factors to maintain good health status in old age. Good health is closely related to one's mental health. For this, it is necessary to avoid unnecessary tension. A good adjustment in old age largely depends on one's economic status and family relation. However, at many times one's status in the family largely depends on one's economic status. For the maintenance of good physical and mental health, one should be aware of one's good health from a very early life. Engagement in different activities at old age provides mental satisfaction to the elderly which helps in the maintenance of their physical health also. One should develop the habit of saving from one's very early life. Proper planning of leisure time after retirement makes one happy in old age.

- **Policy Implications:**

There are not any well-meaning and extremely relevant health policies in India specifically for the aged. "To understand any policy there must be four dimensions-'vision i.e. to achieve a healthy society, 'mission i.e. to make the population disease free (as far as possible) through prevention and treatment, 'objective' i.e. to identify pockets of illness areas of the population with special reference to disadvantage groups in society, and 'strategy' i.e. to create a medical workforce with paramedical facilities to reach every house hold of our society. The four dimensions in a sense are not working in our country." Recently due to the worldwide effort to mitigate the problems of the aged- understanding of the characteristics of India's elders increased.

In India, there are no separate health care services for the elderly. They are provided health services such as services to the entire population. Specifically for the rural people, the National Health Policy envisages the need to provide primary health care. It gives special emphasis on the rehabilitation aspect. For the fulfillment of this purpose, the Government of India has established an extensive network of Primary Health Care Centre and Sub-Centre. These centers and sub-center are then linked with secondary and tertiary health care institutions. But if we give a look to these primary health care centers in our situation, then we find the absence of minimum health care facilities in these centers. Doctors also showed their negative attitude to provide services for the village community. Though the Government has started supported Mobile Medicare, Day Care, and Old Home services for the older, it does not equally work all over the country. Health care delivery, knowledge, and skills in rural geriatric care have not been accorded due attention so far. Though urban health care is undergoing expansion, both in public and private sectors, the aged with the poor economic condition are not benefited. In India only recently Geriatric clinics have been established in selected teaching institutions. But it fails to cover all the needy elderly from all parts of the country. Long term geriatric care and rehabilitation of the elderly has also not yet developed.

Now the government began to realize that not only did destitute elderly need economic support and care but a large portion of economically secure and physically fit also required emotional and psychological security and community support for wholesome existence.

In the 1980s and 1990s, several welfare programmes were initiated, some specifically to benefit elders. Providing a minimum package of primary health care and medical services was India's first priority. It is provided through primary health care and medical services. Health-care infrastructure has been expanded. Being an integral part of the overall population, the elderly in rural and tribal areas and tribal slums have been benefited from this expansion.

Health insurance schemes, such as 'Bhavishya Arogya', and Mediclaim administered by the General Insurance Corporation of India, were established. Pensioners are among those who can purchase this insurance. But for the non-pensioners are not the benefit from such schemes.

In the area of age-based programmes, Central Government Health Scheme facilities were made available to retired Central government pensioners. But the state government employees are deprived of all these. The eighth five-year plan sought to encourage NGOs to provide old age homes and non-institutional services such as daycare centre. But in the study areas, not a single NGO was found which has dedicated their work to the welfare of the aged. The grant programmes have not been eventually distributed among India's states and union territories or various regions. The NGOs in Andhra Pradesh have been particularly active in developing programmes for elders. The majority of Government supported old age homes, daycare centers, and MMUs are found in the Southern states of Andhra Pradesh, Karnataka, Maharashtra, and Tamilnadu. In the whole state of Assam, there are very few Old Age Home are present the state. And majority of the old age home is present in Guwahati so that the rural elderly women are lack behinds to avail this kind of facilities.

During the middle and late 1990s, at both the state and national levels, Legislative activity had taken for the very poor elderly. It was accompanied by growing advocacy for a national policy for ageing. Though the State old-age pensions were liberalized, partly due to the rise in the cost of living, funds are still quite few and their distribution often problematic. Similar issues arose with the National Old Age Pension Scheme enacted in 1995 as part of the National Social Assistance programme. Designed to assist destitute aged 65 and above on a nationally uniform basis, this programme provided a monthly amount of Rs. 75, but with a ceiling limit on the number of recipients allocated to each state and union territory. Even for those who are benefited, such a small amount is not sufficient for them. Even that amount is

also not provided to the aged on regular basis. In 1999, a food security programme was enacted called 'Annapurna'. It was similar to the programme created earlier in Kerala and Tamil Nadu. Again, the restrictions on the number of recipients and problems of the elderly establishing their eligibility have made the programme less effective.

The National Policy for Older Person was adopted on 15th August 1999. The NPOP has focused an emphasis on the long term management of illness. Emphasis is given on self-care and family care materials on nutritional needs in old age, the promotion of healthy ageing, the strengthening of health education programmes by using mass and folk media, etc. Due to the lack of dedication of family, community, society, and state at large, the miserable condition of the Elderly remains the same in spite of the welfare and security measures for the Elderly. On the basis of the foregoing study, the researcher would like to provide some suggestive measures to mitigate the problems of the elderly.

- Regarding medical assistance, it can be suggested that it should be made absolutely free for all old people. In hospitals aged should be given preference in all respects, especially in the outpatient departments.
- It is generally observed that even if the children want to provide a secure life to their aged parents, they are unable to do so mainly due to financial constraints. And if they are forced by circumstances to keep their parents with them, their relationship with parents becomes unsatisfactory and conflicts take place in the family. In this situation, it can be said that if the governments or welfare agencies share the children's responsibility of looking after the aged by providing them financial and medical assistance, it will encourage them to a respectful family living with their children.

- The solution to the problem of old age will be more satisfactory for the emotional and psychological adjustment of elderly people as our traditional society has shown. It will be more economical for society also in long run and suits Indian society as it cannot afford to spend much money on the care of the aged due to its poor economy.
- Medical attention to the old or the chronic sick is given through services being paid by the National Health Insurance. Membership of a state-recognized sickness fund should be compulsory for the aged. This will assured free medical care in and outside hospital.
- Social work which is still struggling hard to prove the value of its professional service in various fields of human activity is slowly but surely asserting its usefulness in medical services. But there is, in India little psychiatric or medical social work worth the name, especially for the elderly. This is so partly, because of too few trained social workers being available and partly because of role has not been fully understood in the various branches of medicine in India. Proper attention should be given in this direction.
- Prominent among the attitudes towards the aged is the prejudice of age an indicator of disability. Another disabling concept equates old age with sickness. The reason for this is our own failure to differentiate disease from the natural ageing process. It is a negative tendency to highlight impairment but notabilities. There are some common misconceptions about older persons. Comparative studies of the different cultures can help us to understand that many of our feelings about the aged are not bound on fundamental truths of ageing process but rather on our own prejudices. So, awareness among people should be developed in this regard.

- It is necessary of setting up of Geriatric Units in hospitals in major towns, manned by medical and paramedical staff including trained social workers and psychologists to stimulate research in degenerative diseases of the ageing and to provide easy access for the aged to medical aid facilities
- Village level NGOs should be formed to teach the needy aged about health care.
- Educated members of the villages should form small groups to discuss health issues with the elderly.
- Primary Health Centre (PHC) should be asked to take an active role in health awareness.
- Formulation of policies, programme development, and implementation of health care for older persons must take into account the changing trends in socio-economic cultural scenario.
- Since both nuclear family and joint family fails to provide support for the elderly, therefore there is an urgent need for strengthening community-based services.
- The Primary Health Care (PHC system) which is the backbone of rural health services should play an increasingly important role in geriatric care.

Finally, the researcher would like to conclude that health is fundamentally connected with the issue of social development. The status level of health is an indicator of both economic and social development. Consequently one can say that higher the level of health means higher the level of socio-economic development. Health has many dimensions which affect the social development of a nation. An unhealthy population is a burden on social and economic development. Health is interlinked with the socio-economic condition, poverty, literacy, family

condition, and other relevant phenomena. So, it is up to us, to be either guilty of unjust neglect of the elderly or to be concerned with providing the proper environment and means to spend their much-earned rest in a dignified manner, free from anxiety born out of their fear for mental and physical health and economic insecurity.

8.2: Delimitation of the study

- 1) The present study is restricted only to the selected rural area of the Golaghat district.
- 2) The hesitant nature of a few respondents to provide correct information is a delimited factor.
- 3) Samplings and statistical miscalculations are not 100% error free because all the respondents may not answer all the question.
- 4) The study is based only on 200 elderly women. So the findings of the study cannot be generalized for all the elderly people.

8.3: Scope for Future Research

Problems of elderly women will increase in number with the increasing number of elderly women in India. The present study has tried to understand the living conditions and problems of elderly women of rural areas. This study will open up further scope for a comparative study between urban and rural elderly women. The present study focuses only on the problems of rural elderly women. It is difficult to cope up with the problems especially after reaching to a certain age, so there is a need to understand the different type of processes that can be adopted as a mechanism by the elderly women. A similar study can be done on a larger number of sample in different area. As my study focuses on a particular field that is related to elderly women of the rural are but there are many different dimensions on which a study can be done on elderly such as elderly widow.

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