CHAPTER IV

ANALYSIS AND INTERPRETATION

4.1 Profile of the respondent for elderly.

4.2 Socio-economic conditions and health aspects that affect psycho-social problems of elderly

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CHAPTER IV

ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of the study. In order to understand clearly, this chapter is divided into three parts according to the objectives of the study. The first part will be on socio-economic and health conditions affecting the psycho-social aspects of the elderly, the second part will be on the perceptions of the elderly and importance of family and social support system. Again, it will highlight the case studies of the few selected respondents and finally, the third part will deal on the roles of the government and non government organizations (NGOs) in providing services for the elderly. The discussions on its parts – (I), (II) and (III) will be presented hereunder in details.

PART I - THE SOCIO-ECONOMIC AND HEALTH CONDITIONS AFFECTING THE PSYCHO- SOCIAL ASPECTS OF THE ELDERLY

This sub-chapter of part I dealt with the profile of the elderly along with results and discussion of the first objectives concerning the socio-economic, health aspects and psycho-social problems under the study area. Detail discussion will be highlighted through the main inventory (Shamshad and Jasbir Old age adjustment inventory) of the study.

4.1 Profile of the respondents for the elderly under the study area:

As justified in the study and in its methodology, altogether there are 384 numbers of elderly respondents residing in the Imphal West District of Manipur state to which a person who is above the 60 year of age is considered as the elderly. The said district is chosen for the study of being the highest concentration of the elderly population in Manipur with 34342 (census, 2001). The samples are taken from four sub-divisions of the same district namely Lamphelpat, Lamshang, Patsoi and Wangoi. Interview schedules and its full inventory have been used as a tool for collecting data from the primary sources -

elderly people. The collected data have been discussed and presented through tables and charts.

4.1.1 Age group of the elderly:

The general notion of being aged is determined with the increase of age. Age is one of the important factors in determining the conditions of the elderly regarding their socio-economic, health and psycho-social aspects. Usually with the increase of age, people get retired from earning. They also face problems with their decline in physical and mental capabilities.

Table 4.1 Age in group for Elderly in relation to sex of Elderly:

Parameters		Frequency (Percentage)	Mean ± SD
Age group	60-70	215 (56.0%)	
	71-80	115 (29.9%)	
	81+	54 (14.1%)	
	Age (Yr.)		70.82±8.07
Sex	Female	190 (49.5 %)	
	Male	194 (50.5%)	
	Total	384 (100.0%)	

The table 4.1 deals with the profiles of the individuals (the elderly) who are included in the present study in terms of number of cases and percentage for categorical variable while mean and Standard Deviation (SD) for continuous variable (age only). Age is a natural process. Here, it is found that the elderly from the age group of 60-70 are 56.0percent(215) followed by the age group of 71-80 with 29.9 percent(115) and 14.1 percent(54) in the age group of 80+. Average age of elderly is found to be 70.82 years with a SD of 8.07 years. In this study, age group ranging from 60-70 is in the highest age group for the elderly in Imphal West. This shows that with the increase of age, there is decrease of life expectancy. From the table, it is seen that sex distribution of the sample is almost similar as male consists of 50.5 percent as against 49.5 percent for female. When we look into the overall life expectancy of total population of India it is 65.5 years where as 63.8 years for male and 67.3 years for female. (WHO, 2011)

4.1.2 Religion and marital status of the elderly

Religion contributes in the way people lead their life, customary practice and living style. Religiosity plays an important role to maintain a stable life style over life span of the elderly by providing to overcome the general problem face during old age (Pitamber and Varghese, 1971; McDonale, 1973; Wolf. 1959; Creen and Simons, 1977; Hanzon, 1984; Ramamurti and Jamuna, 1989). An individual life is also influenced by the marital status. The elderly who are married and their spouses are living with them found to have a better well-being than those who are either widowed, divorced, or single (Ramamurti, 1972; Jackson et al., 1977; Narayanan and Gurudas, 1989; Subramanian, 1989; Eswaramurti, 1991). The problems and the approach of life are different in each case of the individual according to their marital status and their religion.

Table 4.2 Religion and marital status of the elderly

Parameters		**Number (Percentage)**
Religion	Hindu	329 (85.7%)
	Meitei	36 (9.4%)
	Christian	17 (4.4%)
	Muslim	2 (.5%)
Marital status	Married	380 (99.0%)
	Unmarried	4 (1.0%)
If married, present status	Stay with spouse	191 (49.7%)
	Widow	143 (37.2%)
	Widower	34 (8.9%)
	Separated	12 (3.1%)
	N.A.	4 (1.1%)

Table 4.2 explains about the religion where 85.7 percent of the subjects are Hindu as the highest in number while 9.4 percent are Meiteis, followed by Christian with 4.4 percent and Muslim, the lowest number with a percentage of 0.5. It is further found that 99 percent of the elderly are married and only a meager percentage i.e., 1 percent is unmarried. Out of 99 percent of married the elderly, 49.7 percent of them stay with spouse, 37.2 percent as widow, 8.9 percent as widower, and 3.1 percent as separated.

4.1.3 Education in relation with Sex of the elderly.

Education plays an important role in the development of society. Educated people are respected and honoured within the family and in the society. Education is also an influential factor for better health of the elderly. Illiterate elderly find it hard to keep up with prescriptions and medicines. Rani (2004) and Sarasakumari (2008) found that education of the elderly who are literate have better influenced on their health than those illiterate elderly whereby showed more negligence with regard to their health.

Table 4.3 Educational status and gender of the elderly.

	Education level	Male (percentage)	Female (percentage)	Total (percentage)
Literate	Post Graduate	9 (2.4%)	2 (0.5%)	11 (2.9%)
	Graduate	40 (10.4%)	7 (1.8%)	47 (12.2%)
	Higher Secondary	18 (4.7%)	8 (2.1%)	26 (6.8%)
	Below Higher Secondary	96 (25%)	48 (12.5%)	144 (37.5%)
	Total	163 (42.4%)	65 (16.9%)	228 (59.4%)
	Illiterate	31 (8%)	125 (32.6%)	156 (40.6%)
	Grand Total	194 (50.5%)	190 (49.5%)	384 (100%)

From table 4.3, it is seen that majority of the respondents with 59.4 percent are literate and 40.6 percent of them are found to be illiterate. Educational level of the literate respondents was highest amongst the group of below higher secondary with 37.5 percent. Amongst the graduate and post graduate, female education are very less with 1.8 percent and 0.5 percent respectively compared to their male counterpart with 10.4 percent and 2.4 percent respectively. In the overall educational level, literacy levels of male respondents are higher when compared with female respondents. There has been a wider gender gap to the enrolment in higher education. The main reason of low literacy level amongst women was that they were not allowed to pursue education. There is a belief that women should not go outside the house and study. In olden days, due to cultural beliefs, women should remain within the four walls of the house and should not cross the societal expectation.

Mani (name changed) has said, "Being illiterate, I face problem in understanding the prescriptions and medicines given by the doctors as a result I

have to search for literate person here and there to get help in getting the right medicine."

4.1.4 Monthly family income for the elderly

Monthly income depicts economic status in the family of the elderly. The income makes a clear understanding of the economic condition of the respondents. Economic conditions will be the important criterion in determining the problems faced by the elderly. In general notion, the root cause for the problems faced by the elderly is the economic problem. Economic security helps the elderly in remaining better well-being. The study done by (Conkey, 1933; Landis,1942; Pressey and Simcoe, 1950; Shanas, 1950; Kutneret al., 1956; Beckman, William and Fisher, 1958; Maddox and Eisdorfer,1962; Ramamurti,1968a; Paintal, 1969; Chatfield, 1977; George,1978; Anantharaman, 1979a; Jamuna, 1984; McGhee,1984; Subramananian,1989; Joseph, 1991; Pinto and Prakesh, 1991; Dhillon and Chhabra, 1992; Mishra, 1996; Ramamurti,1996; Reddy and Ramamurti,1996; Jamuna, 1996) has found economic security plays an important role in well-being and adjustment of the elderly.

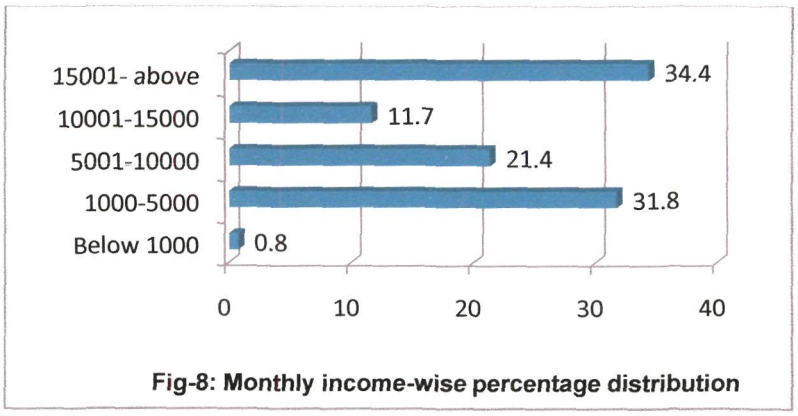


Figure 4.1 Monthly incomes

The maximum numbers of the elderly (34.4 percent) are having monthly family income of above Rs. 15, 001 followed by 31.8 percent of the elderly family having Rs. 1000-5000 monthly income; 21.4 percent of their family with Rs. 5001-10000 in a month and 11.7 percent family having Rs. 10001- 15000 respectively. There are 0.8 percent minimum numbers of the elderly family having below Rs.1000 monthly income.

The study found that monthly income for majority of the household is 15001-above (34.4 percent) which determined good income for maintaining economic security for elderly. This showed that most of them are in better income status. This does not necessarily mean that high family income provides better care and facility for the elderly. It depends upon the extent in the family that provides support for the elderly as the income is for the whole family and not necessarily the only income from the elderly. Economic insecurity is the main concerned for the elderly which gave rise to various problems among the elderly. Several studies have also indicated that economic insecurity is the root cause in developing different problems for the elderly (Nandal,et al. 1987and Shahidul, et al. 2005).

Mani (name changed) says, "Growing old means increase of health problem; I do not have any earning. I get Old Age Pension (OAPS)) but what will I do with that Old Age Pension amount of Rs 100 which is not sufficient to buy my medicines."

4.1.5 Occupation for the elderly

Occupation depicts the source of income and the economic security of the respondents. As the elderly are sixty years and above, most of them have retired from their professional occupations. Even though they are retired, most of them still continue to earn income and remain active. Majority of the elderly are in unorganized sector where there is no regular income. The present occupation will also help in understanding how the elderly have spent their time.

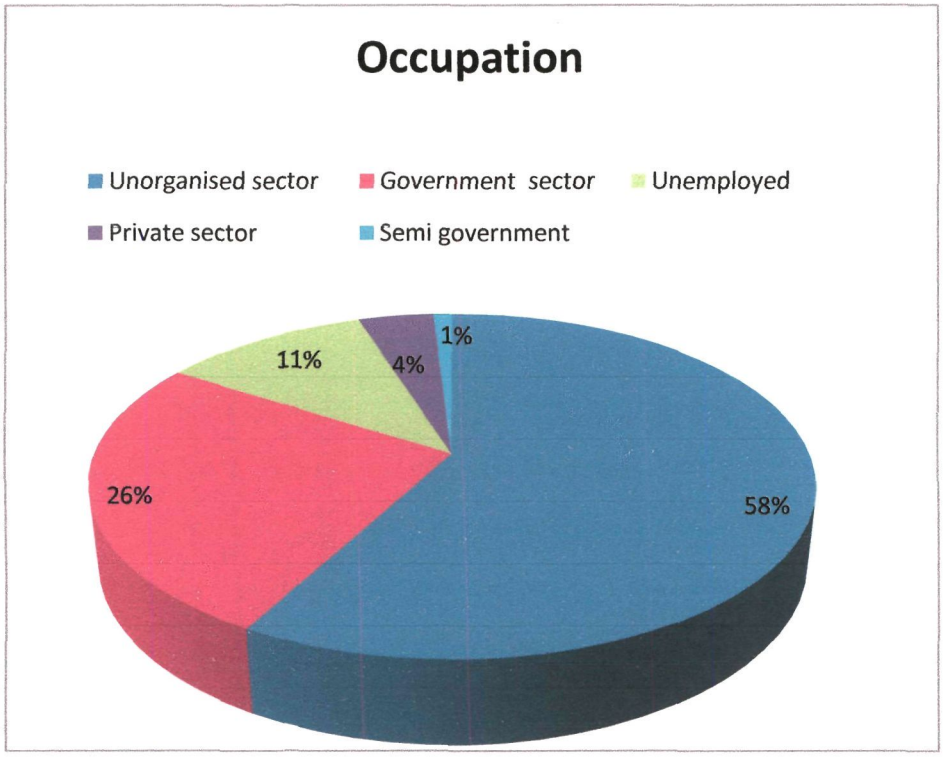


Figure 4.2 Occupation of the elderly

The main occupations for majority of the elderly are in unorganized sector. It is found that 58 percent of the respondents are from unorganized sector that followed by Government employee with 26 percent, private sector employee with 4 percent and semi Government employee with 1 percent respectively. There are 11 percent of the elderly who remain unemployed. Majority of the respondents are in unorganized sector that reflects that the respondents are not having a secure monthly income for their livelihood. The study found that majority of them was engaged at unorganized sector such as seasonal worker, daily wage earner, small vegetable stalls, etc. Most of them are still active earner by doing self-employment and utilizing their leisure time in income generating activities. The study by Satnam, et al. (1987) showed that in spite of their advancing age, about half of the aged were still earning for the whole family.

4.2 Socio-economic and health aspects that affect psycho-social problems of the elderly:

Socio-economic and health conditions may affect the psycho-social problems of the elderly. There are different factors that affect the psycho-social problems of the elderly. To assess the impact of the factor, discriminant analysis is adopted. Detail discussion will be discussed below.

4.1.6 Discriminant analysis on Psycho-social problems of the elderly:

In the present sub-chapter, first we pooled the risk factors into certain sub-groups of 'equal construct within the domain and further tried to assess the impact of each domain on the psycho-social problems of the elderly that might give more meaningful results of the study. Accordingly, Discriminant Function Analysis is applied since the technique can discriminate or classify the sample of the elderly (384 samples) into two group viz., low psycho-social problem and high psycho-social problem based on the values of the predictors (domains, considered). Finally, one may develop association of each predictor on the psycho-social problems.

To assess psycho-social problem of elderly in the present study area, the Shamshad-Jasbir Old Age Adjustment Inventory (SJOAI) is used as study tool in the samples of 384 elderly. The inventory has 125 statements, technically known as facets and they are clubbed into domains. There are six domains/predictors with varying number of facets in each domain. They are the aspects of Health, Home, Social, Marital, Emotional and Financial. The health aspect consists of twenty-six facets, the home aspects consists of 25, the social 21, the marital 17, the emotional 21 and the financial involves of 15 facets. The main objective in this sub-chapter is whether these predictors can discriminate the psycho-social problems of elderly in Manipur through the scores earn in the inventory.

For the purpose of analysis, the psycho-social problems of the elderly is categorized into two groups viz., low and high based on the percentiles of the total score. The first group consists of those who score (total) less than 75 which is the 50th percentile and the second comprises those who score (total) more

than or equal to 75. Now, each group consists of 192 study subjects.

Table – 4.4 Group-wise distribution of mean ± SD of domain scores

Group (type of psycho-social problem)	Domain	Mean ± SD	Valid N (list wise)	
			Un weighted	Weighted
Low psycho-social problem	Health	12.36±3.16	192	192
	Home	15.53±2.49	192	192
	Social	12.00±2.29	192	192
	Marital	8.53±2.67	192	192
	Emotional	7.20±3.07	192	192
	Financial	9.47±1.94	192	192
High psycho-social problem	Health	17.52±2.95	192	192
	Home	17.14±2.11	192	192
	Social	14.20±1.94	192	192
	Marital	10.32±2.46	192	192
	Emotional	13.13±3.25	192	192
	Financial	11.09±1.53	192	192
Total	Health	14.94±4.00	384	384
	Home	16.33±2.44	384	384
	Social	13.10±2.39	384	384
	Marital	9.43±2.72	384	384
	Emotional	10.16±4.33	384	384
	Financial	10.28±1.93	384	384

Table –4.4 (a) Results of the test of equality of group means

	Wilks' Lambda	F	df1	df2	P-value
Health	.584	272.620	1	382	<.001
Home	.891	46.537	1	382	<.001
Social	.787	103.515	1	382	<.001
Marital	.891	46.602	1	382	<.001
Emotional	.532	336.649	1	382	<.001
Financial	.825	81.138	1	382	<.001

The table-4.4 deals with mean and SD of the total score for each independent variable/domain/predictor (health aspect, home aspect, social aspect, marital aspect, emotional aspect or financial aspect) in terms of types of group viz., low and high psycho-social problems and tabie-4.4 (a) shows results of the test of

equality of group means. Here, the mean health scores for high psycho-social problem of the elderly is 17.52 which is significantly higher than that of those who are having low psycho-social problem 12.36 as evident by the Wilks' Lambda for health = 0.584 with P < .001 (shown in table-4.4(a)). It further suggests that the predictor i.e., health aspect is a good discriminator towards the psycho-social problems of the elderly. In one sense, better the health aspects of the elderly, better the adjustment of their psycho-social problems is seen in the society at large and in the family in particular.

Similarly, all the predictors (domains), considered in the inventory, have significant impact on the psycho-social problems of the elderly in the study population where the higher means for all the predictors correspond to the high problem than that of the low problem. This statement is supported by the highly significant difference means between the two groups as their P-values are < 0.001. In other words, the remaining aspects like home, social, marital, emotional and financial are also good discriminators to identify psycho-social problem. The study found that emotion, health and social aspects have a greater impact on the psycho-social problem of the elderly as evident by Wilks'Lambda for emotional = 0.532, health = 0.584 and social = 0.787 with p<0.001.Followed by financial, home and marital which is evident by Wilks'Lambda for finance = 0.825, home = 0.891, marital = 0.891 with P<0.001.

Table – 4.5 Pooled within-groups matrices table

Statistic	Domain	Health	Home	Social	Marital	Emotional	Financial
Correlation	Health	1.000	-.152	-.061	-.154	.524	-.153
	Home	-.152	1.000	.327	.323	-.168	.294
	Social	-.061	.327	1.000	.181	-.042	.235
	Marital	-.154	.323	.181	1.000	-.121	.291
	Emotional	.524	-.168	-.042	-.121	1.000	-.023
	Financial	-.153	.294	.235	.291	-.023	1.000

The previous statement i.e., the six aspects explicitly health, home, social, marital, emotional and financial are found to be the good discriminators is again supported by the findings of Pooled Within-Groups Matrices as their inter-correlations are low, shown in table-4.5. None of the correlation coefficient between the pairs of predictors is significant at 5 percent probability level.

Table – 4.6 Log determinants table

Psycho-social problem	Rank	Log determinant
Low psycho-social problem	6	10.417
High psycho-social problem	6	9.250
Pooled within-groups	6	9.965

Table – 4.7 Box's M test result table

Box's M		49.983
F	Approx.	2.340
	df1	21
	df2	536708.234
	P-value	<.001

Tests null hypothesis of equal population covariance matrices.

In order to verify the basic assumption of Discriminant Analysis that is the variance-co-variance for all groups are equivalent, both Log Determinants and Box's M test are applied. Here, the log determinant of low problem is 10.4 as against 9.3 for high problem. The visible log determinants for the two groups appears to be similar but it is found statistically significant (P <0.001) by Box's M test as shown in table-4.7. However, with the large sample i.e., 384 numbers of the elderly in the present study, this significant result is not regarded as too important. Henceforth, the two groups identified as an analyzable one.

The rank shown in the table 4.6 is the row or column rank which is the maximum number of linearly independent rows or columns (number of domain considered).

Table – 4.8 Eigenvalues table

Function	Eigenvalue	% of Variance	Cumulative %	Canonical Correlation
1	1.732	100.0	100.0	.796

The table 4.8 provides information on each of the discriminate functions

(equations) produced. The maximum number of discriminant functions produced is the number of groups minus 1. In the present study we are using two groups, namely low psycho-social problem and high psycho- social problem so that only one function is being displayed.

This table 4.8 exhibits the Eigenvalues, the percentage of variance, the cumulative percentage, and canonical correlations for each canonical variable (or canonical discriminant function).The Eigenvalue is the ratio of the between-groups sum of squares to the within-groups sum of squares. The largest Eigen value corresponds to the eigenvector in the direction of the maximum spread of the group means. The second largest Eigenvalue corresponds to the eigenvector in the direction that has the next largest spread, and so on. The square root of each Eigenvalue provides an indication of the length of the corresponding eigenvector.

The canonical correlation measures the association between the discriminant scores and the groups. In other words, it is the multiple correlation coefficients between the predictors and the discriminant function. With only one function it provides an index of overall model fit which is interpreted as being the proportion of variance explained (R2). In the present study, a canonical correlation of 0.796 suggests that the model so developed may explain 63.36 percent (= 0.7962) of the variation in the grouping variable, i.e., whether an individual belongs to either low psycho-social problem or high psycho-social problem by the six predictors.

Table – 4.9Wilks' Lambda table

Test of Function	Wilks' Lambda	Chi-square	Df	P-value
1	0.366	380.970	6	<.001

Table 4.9 Wilks' Lambda indicates the significance of the Discriminant function ($P < 0.001$) and provides the proportion of total variability not explained by the predictors' considered. In contrast, it is the converse of the R2 and so 36.6 percent of the total variation can't be explained by the model.

Table – 4.10Standardized canonical Discriminant function coefficients

Domain	**Function**
	1
Health	.477
Home	.191
Social	.287
Marital	.218
Emotional	.539
Financial	.248

Table-4.10 offers an index of the important of each predictor like the standard regression coefficients "ßs" did in multiple regression. The sign indicates the direction of the relationship. Henceforth, emotional is the strongest predictor which is followed by the aspect like health, social, financial, marital and the lowest predictor pertained to home. The predictors namely, emotional, health, social and financial strongly predict the allocation to the low psycho-social problem or high psycho-social problem groups as they have large coefficients. On the contrary, marital and home attitude scores are less as predictors since they have less coefficient value.

Table – 4.11Structure matrix table

	Function
Domain	**1**
Emotional	.713
Health	.642
Social	.395
Financial	.350
Marital	.265
Home	.265

Table 4.11 shows the structure matrix table provides another way of highlighting the relative importance of the predictors and it may be observed the same pattern that exists in Standardized Canonical Discriminant Function Coefficients table. Sometimes, structure matrix is treated as more effective than Standardized Canonical Discriminant Function Coefficients. In fact, the structure matrix table

shows the correlation of each variable with each discriminate function. In one sense, these Pearson correlation coefficients are the structure coefficients or discriminant loadings. They serve like factor loadings in factor analysis. Commonly, just like factor loadings, 0.30 is taken as cut off between important and less important predictors. Here, marital and home are the weakest predictors (their values are less than 0.30) and suggest that marital relation of the elders and their home related matters are not associated with psycho-social problems that attribute to them.

Table – 4.12 Canonical Discriminant function coefficients (Unstandardized coefficients)

	Function
Domain	**1**
Health	.156
Home	.082
Social	.135
Marital	.085
Emotional	.170
Financial	.141
(Constant)	-9.435

Table 4.12,The coefficients (unstandardized) "ßs" displayed in this table is the coefficients of the canonical variable. The coefficients are used to create the discriminant function (equation). In this case, we have

D = -9.435 + (.156 X Health) + (.082 X Home) + (.135 X Social) + (.085 X Marital) + (.170 X Emotional) + (.141 X Financial)

In order to compute the canonical variable score for each specific subject, first calculate canonical variable score and then substitute the values of health, Home, Social, Marital, Emotional and Financial for a specific case to the model i.e., D = -9.435 + (0.156 X health) + (0.082 X Home) +(0.135 X Social) +(0.085 X Marital) +(0.170 X Emotional) +(0.141 X financial).

Further, it may be concluded from the table-4.12 that emotional has highest contribution (17 percent) to the discriminant function which is followed by health (15.6 percent), financial (14.1 percent), social (13.5 percent), marital (8.5 percent) and home, the lowest with 8.2 percent.

A discriminant analysis is conducted to predict whether an elderly has psycho-social problems or not. Here, the problem is classified into two - low psycho-social problem and high psycho-social problem. The predictors are taken as health, home, social, marital, emotional, and financial aspects (as the domains considered in the SJOAI). There are significant mean differences for all predictors on the dependent variable (between the groups). While the log determinants are quite similar, Box's M reveals that assumption of equality of covariance matrices is violated. Nevertheless, in the present large sample, this problem is not treated as serious.

The discriminate function reveals the predictors significantly can be classified into two groups. It may be either low psycho-social problem or high psycho-social problem with the strength of 63.36 percent between the group variability. In other words, the six predictors considered can explain the psycho-social problems of the elderly by 63.36 percent, it is still quite high. However, the closer analysis of the structure matrix suggests that only four significant variables i.e., emotional, health, social and financial are the good predictors while two viz., marital and home are treated as weak predictors.

The researcher further discussed in detail the important six domains that affected psycho-social problems of elderly under the study area through charts, tables, etc

4.2.2 Health domain:

"Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity." (World Health Organization, 1948).

Health is the first and foremost topic of concern when we talk about the elderly. The elderly with the advancing age face many challenges especially

their health. If their health conditions are not good they will face problems in performing their daily activities. Aging poses a major challenge towards the support, care and treatment of the elderly. Thus, the discussion (below) highlighted the different health related concerns and problems of the elderly and their accessibility towards the available health care services.

(a) Performance of the elderly on daily activities

Daily activities of the elderly will determine their abilities whether they take assistance from others. As a matter of fact, works will determine their dependency towards family members.

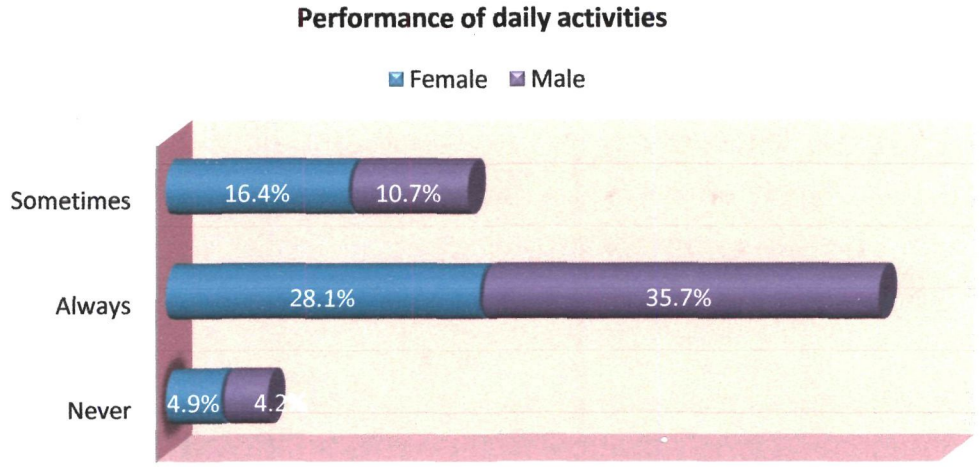


Figure 4.3 The Ability of the elderly in performing their daily activities in accordance with sex of the elderly.

It is seen from the figure 4.3 that majority of the respondents with 63.8 percent expressed that they are always able to perform their daily activities without any helping hand. Out of 63.8 percent of the respondents, 35.7 percent male respondents expressed that they are physical fit and are able to perform their daily activities in compared to 28.1 percent of the female respondents. Out of 27.1 percent of respondents, 16.4 percent of female respondents expressed that sometimes they are able to do their daily activities in compared to 10.7 percent of male respondents. There were only 9.1 percent respondents expressed their inability to perform their activities without help.

From the above figure 4.3, it is highlighted that women have more health problems in comparison with men that may lead to inability in performing of their daily activities. With the advancing age, the inability level of their work performance is on the increase which ultimately leads to dependency towards family members. This finding is in line with (G.K.Medhi and J.Mahanta, 2010) that limitation in daily activity is the highest amongst 80+ years of age group that is 82 percent and the lowest amongst 60-69 years of age group that is 27 percent. The study by Purohit and Sharma(1972) also found that incapacity and disability had made dependency of the aged elderly. As a result, the elderly become more dependent towards family members.

(b)Requirement of Assistance by the elderly

Growing old had made the elderly dependent on family members. Thus, most of the time, the elderly depend on others in fulfilling their requirements. Physically weakness had made them unable to perform their day to day activities. Thus, it makes them dependent on family members.

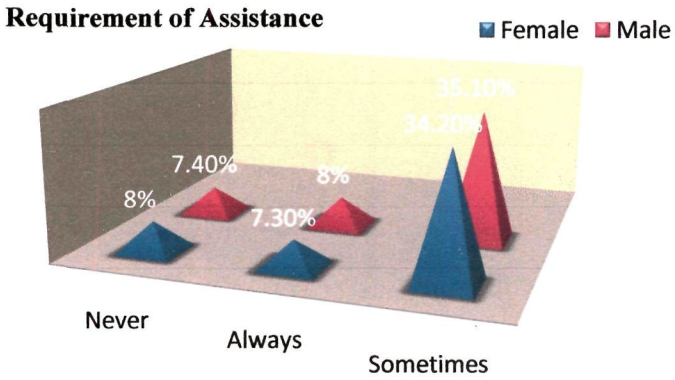


Figure 4.4 Need of assistance in performing their daily activities in relation to gender of the elderly

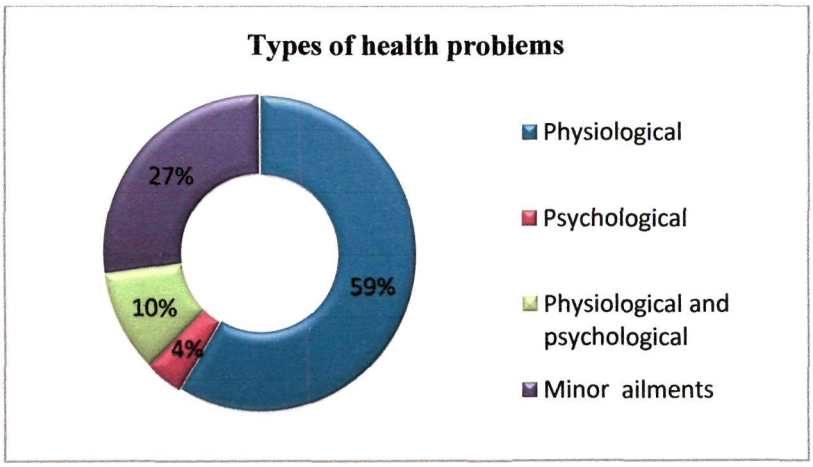
From the figure 4.4, it highlights the requirement of assistance by respondents in performing their daily activities in relation with sex. Majority with 69.3 percent respondents expressed that sometimes they require assistants in their daily activities, in which 35.1 percent of male respondents require assistance while performing their daily activities in compared to 34.2 percent of

female respondents. Most of the respondents, 15.4 percent expressed that they do not require assistance in performing their daily activities in which 8 percent female do not require assistance in performing their daily activities in compare to 7.4 percent of male respondents. There are few, 15.3 percent of the respondents of both males and females who have never required assistance in performing their daily activities.

The study found that there has not been much difference between the male and female respondents in depending on family members. Majority of the respondents with 84.7 percent depend on family members for their assistance in daily activities. It is also interesting to note that male respondents were more dependent on their spouses who were also in the same age group. Being the weaker section of the society, female respondents, even though they required assistances, didn't get supports due to cultural and traditional norms in Manipuri society rather they felt that it was their duties to look after the family members and household works. This reflects that Manipuri women are still inferior to their male counterparts throughout their life.

(c) Health problems faced by the elderly

Health problems are another important factor that triggers the psycho-social problems of the elderly. Health is one of the areas which determine the well-being of the elderly. The elderly due to their deterioration of health have faced problems in their day to day life. The health problems faced by the elderly will depict the health conditions. Health conditions may probably increase the dependency of the elderly to their family members.



Doughnut Chart: 4.5: Health problems faced by the elderly.

The above chart: 4.5 categories the health problems mainly into physiological, psychological combination of physiological/psychological and minor ailments. The physiological problems that faced by the elderly include cardiovascular, musculoskeletal, ophthalmological, respiratory, gastrointestinal, genitourinary, nervous system, endocrine, accident and psychomotor related problems. Likewise, the psychological problems include insomnia, depression, forgetfulness and anxiety, etc. The chart shows that majority of the respondents with 59 percent faced only physiological health problems followed by 4 percent of only psychological problems and 10 percent with combination of physiological and psychological problems. Only 27 percent of the respondents expressed of having minor ailments (seasonal health problems). From the chart, it is seen that majority of the respondents of elderly with 73 percent have major health problems of both physiological and psychological problems. This leads to dependence on family members financially and physically. Few of the elderly further reflected that they suffer from the psychological problems due to the current situations of law and order problems in the state. They find themselves insecure, fear, and anxious in most of the time. They often worry about their family members that anything can happen at any time at any situation. This makes them difficult to attend and participate in social gathering and social activities.

(d) Health concerns of the elderly

Health concerns are the discomfort symptoms which the elderly experience due to their physiological and psychological deterioration. Health concerns are problems which affect daily activities of the elderly. The elderly well-being depends on their health conditions.

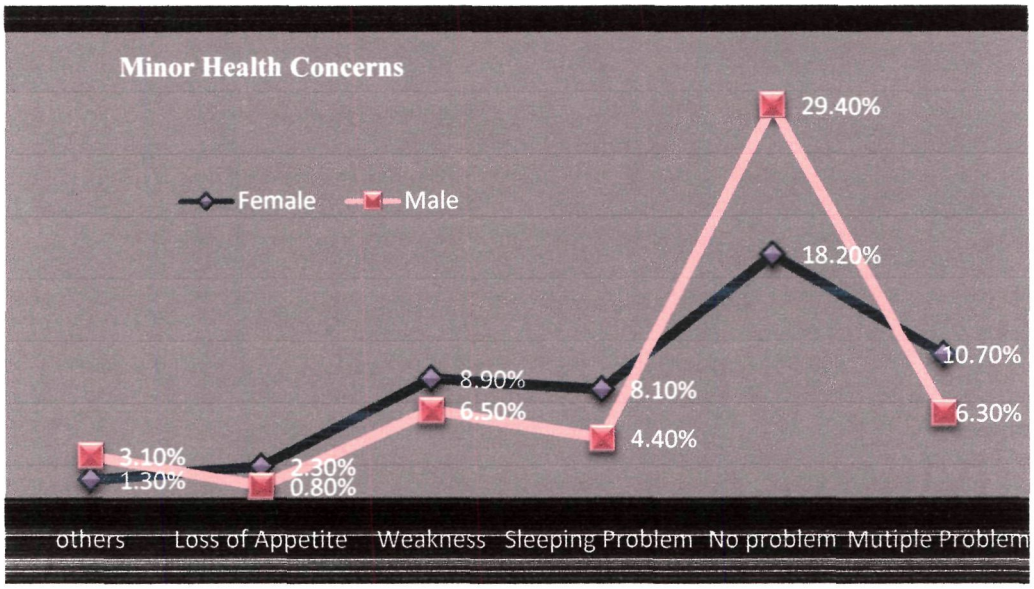


Figure 4.6 the minor health concerns that affect daily activities of the elderly.

Figure 4.6 (above) highlights the minor health concerns that affect daily activities of the elderly. Only 47.6 percent of respondents of both male and female didn't have problems where 52.4 percent of the elderly were found to be suffering from minor health problems that include weakness, loss of appetite, sleeping problems, multiple problems, etc. This showed that elderly suffered from one or the other minor health concern which affect their daily activities. The minor health conditions may probably lead to a major health concern of the elderly. There is a need to look into the minor problems to understand their extents which hamper the daily activities of the elderly.

(e) Types of Bad Habits Affecting the Health of the elderly.

Bad food habits influence the health conditions of the elderly. Bad food habits affect directly or indirectly the health of the elderly which may lead to serious illness.

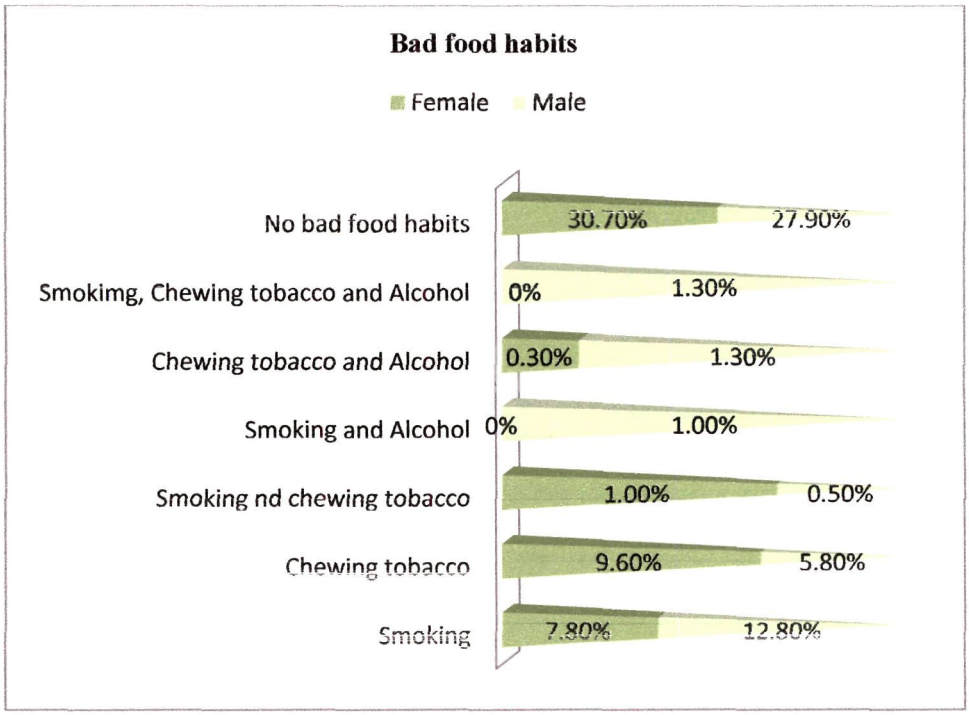


Figure 4.7 Type of habits that affect directly or indirectly on health of the Elderly:

The figure 4.7 highlights the types of bad habits that affected directly or indirectly on the health of the elderly. The study found that 58.6 percent of the elderly were not using bad habits. This shows that most of the elderly are concerned about their health. But it was also found that there were 41.4 percent of both male and female elderly who have the habits of smoking, chewing tobacco, combination of chewing tobacco and alcohol, combination of smoking, chewing tobacco and alcohol, etc. It shows that most of the elderly have indulged in bad habits at some point of time which may alter in their health.

(f) Health problems faced by the elderly in last one year

When health conditions of the elderly persisted from long time, there is a fair chance for prevalence of chronic illness. This will further add more health problems for the elderly. So the time period of illness will determine the gravity of the health problems faced by the elderly.

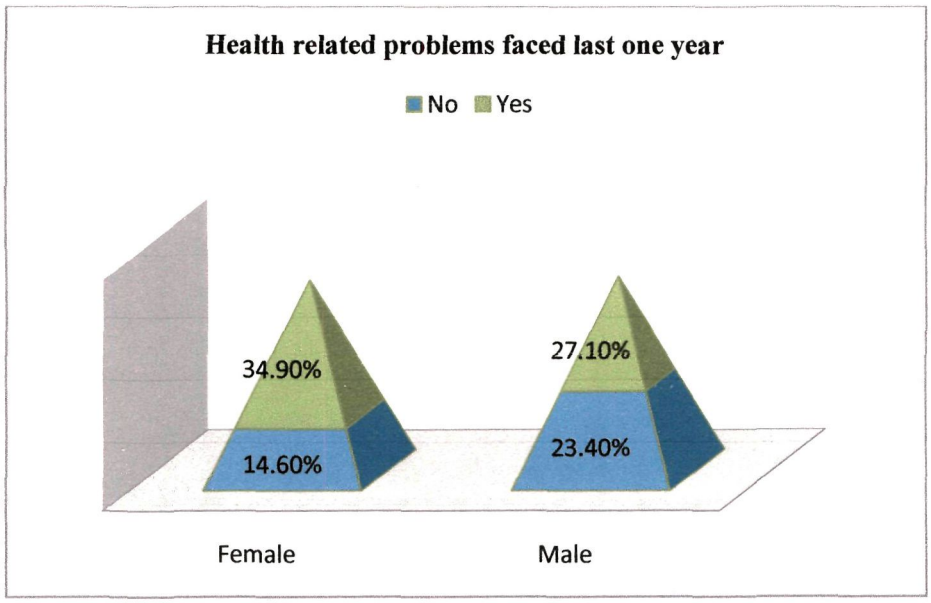


Figure 4.8 Health related problems faced by Elderly in the last one year

The figure 4.8 shows that nearly about 62.0 percent of elderly respondents had suffered from health related problems in the last one year. Only 38.0 percent responded that they didn't suffer from major health related problems in the last one year but they were suffering with some minor seasonal problems. This shows that as age increases there is gradual increasing of health related problems. 34.9 percent of female respondents responded that they suffered from health related problems in compared to 27.1 percent of male respondents. Again it is seen that in comparison with 14.6 percent of female, 23.4 percent of male respondents responded that they didn't suffer from health related problems. The study found that female elderly faced more of health related problems in compared to their male counterparts. This may be due to their engagements in household works and they do not get time to give attention to their own health but it can lead to chronic illness if it is not treated on time.

(g) Treatment and services availed by the elderly

The availability of treatment and services will help in understanding the health service facilities and awareness level of the elderly. The preference of treatment by the elderly can be understood through availability and utilization of services. The utilization of health services is an indirect determinant of their current state of health.

The table 4.13 Types of health services availed by the elderly

Treatment availed from	Sex		Total (percentage)
	Female (percentage)	Male (percentage)	
Government hospital	121 (31.6%)	117 (30.4%)	238 (62%)
Home Treatment/ Local medicine	39 (10.1%)	55 (14.3%)	94 (24.4%)
Private	10 (2.6%)	11 (3%)	21 (5.6%)
Quake	20 (5.2%)	11 (2.8%)	31 (8.0%)
Total	**190 (49.5%)**	**194 (50.5%)**	**384 (100%)**

The table 4.13 highlights the types of treatment preferred by the elderly. Majority of the respondents with 62 percent(31.6 percent are female and 30.4 percent are male) preferred and availed services from the government and private hospitals for the treatments of their health problems. 24.4 Percent respondents preferred and availed home treatments and local medicine whereas 14.3 percent are male and 10.1 percent female. There are still few respondents with 8.0 percent (5.2 percent are female and 2.8 percent male) preferred quacks. Very few respondents with 5.6 percent (3 percent are male and 2.6 percent female) preferred private hospitals and clinics. This may be due to the advancement of science and awareness of better health care systems among the elderly people. Most of the respondents preferred services of government and private hospitals, clinics, etc. Majority of the respondents had gone to government hospitals for treatment as it is affordable for the treatment.

(h) <u>Precautionary measures taken by the elderly</u>

Precautionary measure is required to maintain a healthy living. It is said that maintaining healthy living will help the elderly to remain a healthy active life. Precautionary measures that are taken by the elderly will help in exploring the proactive arrangement for their healthy living.

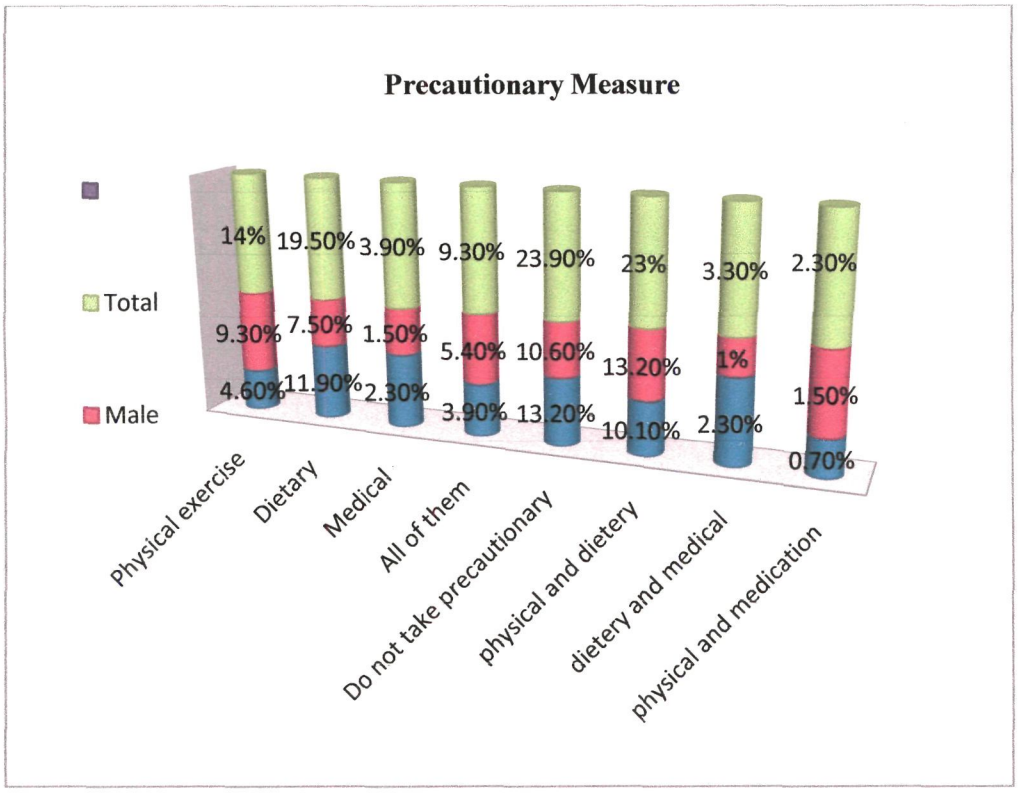


Figure 4.9 Precautionary measure

The table 4.9 shows the precautionary measures that are taken up by respondents. Majority of respondents with 24 percent expressed that they didn't take precautionary measure. 23.4 percent of the respondents expressed that they had taken both physical exercise and dietary as a precautionary measures followed by 19.5 percent of the respondents with only dietary as a precautionary measures and 9.4 percent with dietary and medication as a precautionary measures. The study found that majority of the elderly had taken precautionary measures for their healthy living. This shows that the elderly had taken care of their health.

(i) <u>Association of bad habits, health problems, and treatment patterns on the adjustment of psycho-social problem of the elderly.</u>

The bad habits, health problems, treatment patterns may have an influence on the adjustment in psycho-social problems of the elderly. The following discussion will brief its associations.

Table – 4.14 Distribution of mean & SD of total score with respect to bad habit & health problem

Parameters		No. of case	Mean	SD	t or F	P-value
Bad habit	Smoking	79	75.11	11.21	.906	.490
	Chewing tobacco	59	76.25	11.21		
	Smoking & chewing	6	77.33	7.20		
	Smoking & alcohol	4	72.50	10.66		
	Chewing & alcohol	6	78.33	12.65		
	All of them	5	69.40	10.28		
	Nothing	225	73.40	12.07		
Health problems during last one year	No	146	73.36	11.07	1.423	.234
	Yes	238	74.82	12.03		
Type of treatment	Local medicine	10	82.40	9.85	1.970	.118
	Allopathic	242	74.40	11.85		
	Local medicine and allopathic	7	71.14	17.96		
	N.A	125	73.53	10.93		
How often for treatment	Occasionally	67	75.46	13.52	1.089	.366
	Rarely	26	71.38	10.63		
	According to requirement	155	74.23	11.54		
	According to doctor advice	27	75.11	11.37		
	N.A (Not Available)	80	75.23	10.44		
	Do not go	29	70.86	12.18		
Problems for availing health service	No problem	300	73.80	12.02	1.059	.383
	Transportation problem	7	82.42	7.16		
	Difficult to get doctor appointment	3	79.00	12.00		
	Financial difficulty	4	77.25	12.20		
	N.A (Not Available)	55	74.65	10.13		
	Do not go	15	76.60	11.32		
Precautionary measures taken for health	Physical exercise	54	71.53	12.01	1.892	.070
	Dietary	75	72.13	11.40		
	Medical	15	77.53	7.67		
	All of them	36	76.77	12.26		
	Do not take precautionary measure	92	76.27	10.08		
	Physical and dietary	90	73.54	13.51		
	Dietary and medical	13	74.61	9.25		
	Physical and medication	9	79.33	8.70		

Table-4.14 provides association of bad habits, health problem, and treatment pattern on the adjustment of psycho-social problem of the elderly. For the former predictor, there are seven groups resembling as smoking, chewing

tobacco, smoking & chewing, smoking & alcohol, chewing & alcohol, all of them, and nothing for investigation purposes. But these variables don't have any meaningfully influence on the psycho-social problems adjustment of the elderly since P-value is greater than 0.05. Nonetheless, those elderly people who used both of chewing tobacco and alcohol had the highest mean score as against the lowest mean of those used all of them (smoking, chewing tobacco and alcohol).

The means of health problems during last one year and those who do not have health problems during same year are almost similar as the former has 74.82 while the later, 73.36; and subsequently established insignificant (P = 0.234). On the contrary, the adjustment of psycho-social problems is quite associated with the place of treatment as shown in the table-4.14 with a very highly significant P = 0.001. Here, the highest mean total score is found to exist under the place of treatment "quack and local medication" and lowest to "home treatment". No concrete evidence is established between the type of treatment and the psycho-social problems adjustment as evident by P = 0.118. However, local medicine treatment has shown better adjustment and the least adjustment is noticed by the treatment of local medicine and allopathic.

The frequency of treatment also does not have any role towards the adjustment of problem. This conclusion is reinforced by P = 0.366 which is insignificant even at 5 percent probability level. Besides, occasional treatment has better adjustment afterward witnesses N.A., according to doctor's advice, according to requirement, rarely, and do not go respectively. Again, when the study is made on the problems for availing health services, it is found that this factor has no link with the adjustment problem (P = 0.383). But one may look at on the pattern; it may perceive the highest score in connection with transportation problem and lowest with no problem.

Precautionary measures taken for health is also not significantly associated with the adjustment of the problem but its amount of contribution is just below the significant level (P = 0.070). All scores over the categories are found above 70, and physical and medication showing the highest and physical exercise, the lowest.

4.2.3 Financial domain

"A big part of financial freedom is having your heart and mind free from worry about the what- ifs of life". SuzeOrman

Financial security is the most important concerns for life. These have been broadly divided in two categories of the elderly in the survey conducted by the researcher. Those elderly who have retired from active service are in receipt of pensions and other benefits. They don't generally suffer from financial hardships. They are mainly in need of emotional and psychological supports. The other category of the elderly comprises those who did not work for the government. They continue to work as long as they are physically capable and retire when the achieving age has its full grip on them. A sense of insecurity and helplessness persists throughout the remaining days of their lives. A brief analysis on the nature of financial dependency on the elderly has been given below:

(a) <u>Financial dependency</u>

Means for the elderly in the subsistence is mainly from children with whom they are residing with. In reality, they do not want to depend financially on their children but due to their inability and insufficient income, they have to depend on children for better care. There are elderly people who suffered and do not get adequate care and facilities due to their limited income.

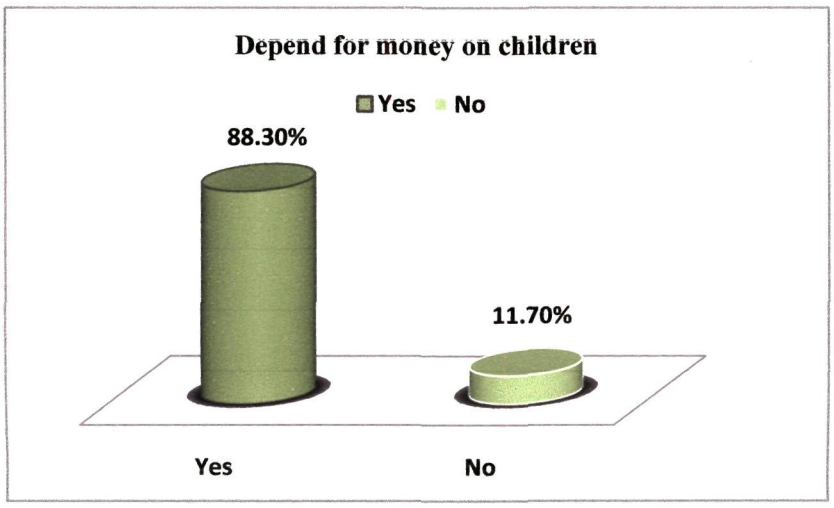


Figure 4.10 Financial dependent of the elderly on family

From the figure 4.10, it is seen that 88.3 percent of respondents had agreed that they were dependent on family members whenever they were in need of financial help whereas only 11.7 percent of respondents were not dependent on their family members' income. The study found that majority of the elderly were dependent on children/family members for financial assistance and very few were able for financial contribution to the family. It further reflected that majority of the elderly were in unorganized sector so they didn't get good amount of income and only few elderly who were in organized sector could avail pension schemes so that they were financially secured.

(b) Post retirement feelings and experience for economic independence

The elderly do not want to be financially dependent on children as much as possible. They usually depend on children as they do not have other options. They still want to earn and work as an active earner if their health permits them.

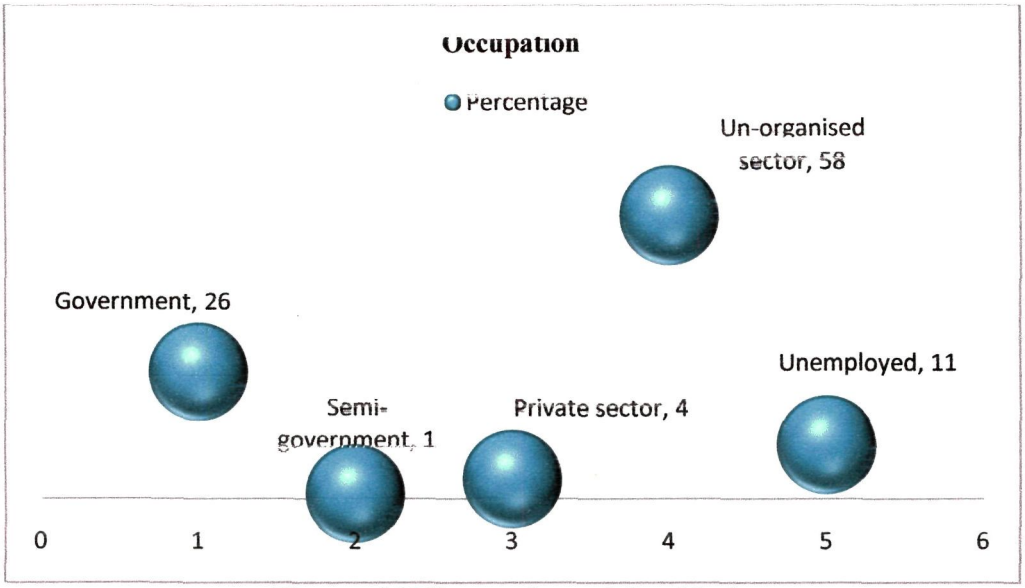


Figure: 4.11Occupations of the elderly

From the figure 4.11, it has been observed that only 31 percent including government, semi- government and private sectors were engaged in organized sectors and worked as an active worker. Majority of the elderly with 58 percent are engaged with unorganized sector and worked in petty jobs. They are still strongly involved in own business of marketing like shops, vegetable vender;

agriculture, art and craft and other petty work for just to stay economically independent.

(c) Active earner after retirement

Retirement and decrease income had made the elderly to be an active earner. Their responsibility towards the family increased with their advancing age. They were interested to earn income if possible but their health problems gave hindrance to be an active earner.

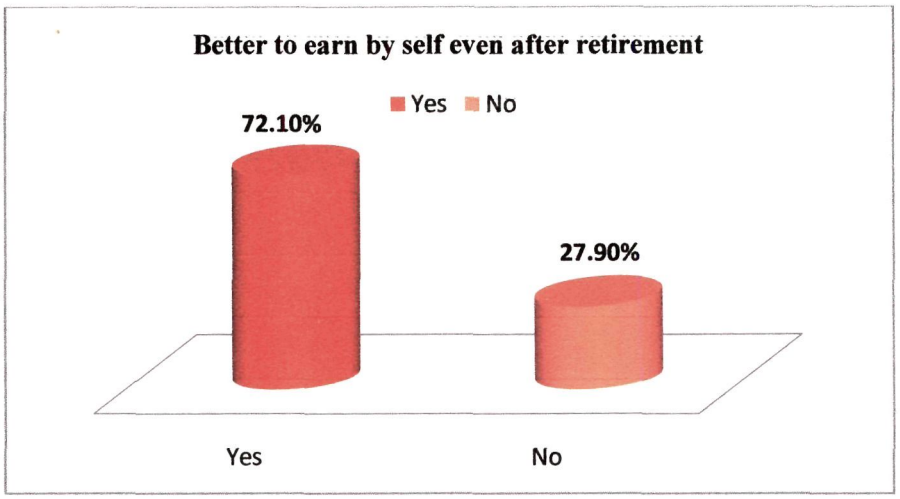


Figure 4.12 Wanted to remain as an active earner after retirement

From the figure 4.12 shows that out of the total 31 percent of the elderly who were being engaged in organized sector, 72.1 percent of respondents wanted to be an active earner even after retirement from their respective jobs as they wanted to be economically independent whereas 27.9 percent of respondents felt that they did not want to work anymore as they had acquired of what they had wanted so, they wanted to remain at home and to take retirement from work.

(d) Responsibilities of the elderly after retirement

The responsibilities of the elderly persons increased with the increase of age. Even after retirement most of the elderly were active in earning and they even look after their family members. In comparison to those non-earning elderly, those elderly who were earning members of the household even after the retirement enjoyed the power and status within family and in society.

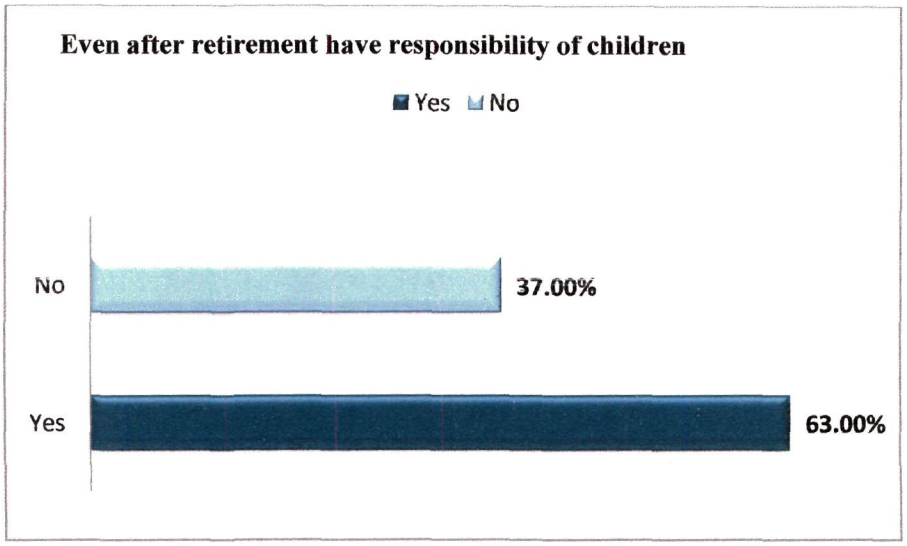


Figure 4.13 Responsibility of family even after retirement

From the figure 4.13, it is seen that 63 percent of the respondents had been taking responsibilities of looking after the family even after their retirement. One of the reasons was that some of their elderly had been looking after their children as they had not finished their education and not getting settled. 37 percent of the elderly expressed that they were not taking responsibilities in looking after their families due to health related problems, and few elderly responded that their children had been earning and thus they were not being allowed to work further.

(e) Independent income is a social prestige

The elderly who were engaged in government sector and also had their own independent income had better social status in the society than those elderly who were economically dependent on family. They were also being respected and remained a social prestige in the society.

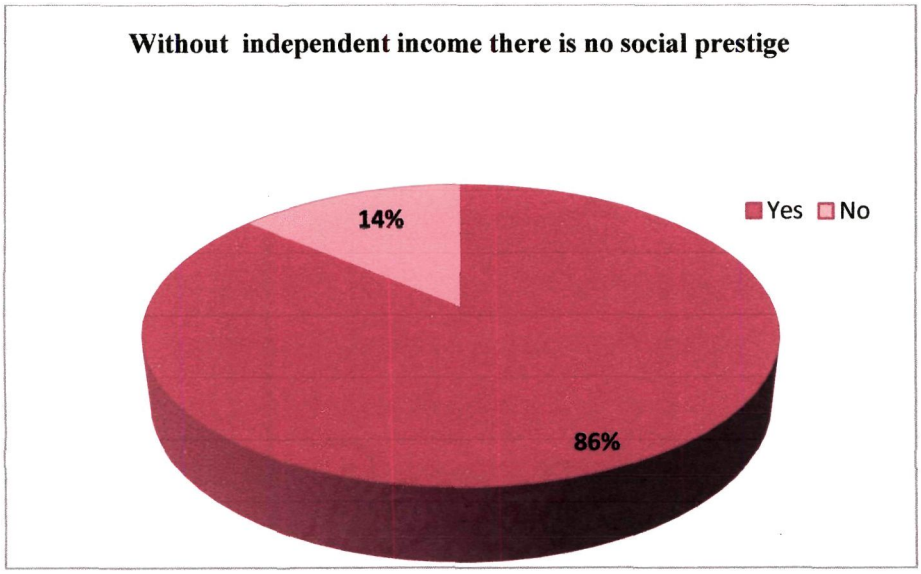


Figure 4.14 Social prestige vs independent income

The figure 4.14 presents social prestige vs independent income. It was seen that 86 percent of respondents felt that without independent income there was no social prestige and 14 percent of respondents were not at all bother about it.

The study found that majority of the elderly felt that there was no social prestige for them because of not having independent income. This showed that most of the elderly wanted to have independent income and didn't want financially dependent on others.

Ebemhal (name changed) said, "I feel sad as I am unable to earn and help my children. I have psychomotor problem, lot of money have been spent for my treatment. I feel that I have become burden to my children. I don't mean that they do not look after me. I feel bad that lots of money have been spent for treatment which they can put it for maintenance and development of household".

(f) <u>The habits of saving</u>

The elderly had developed the habits of saving after retirement. Huge amount of money had been utilized for health care which ultimately made the elderly not able to do saving for future requirements.

Table 4.15.Habits of saving

Sex	Habits of saving		
	No (Percentage)	Yes (Percentage)	Total (Percentage)
Female	43 (11.2 %)	147 (38.3%)	190 (49.5%)
Male	41 (10.7%)	153 (39.8%)	194 (50.5%)
Total	84 (21.9%)	300 (78.1%)	384 (100.0%)

The table 4.15 highlights that 78.1 percent of the respondents agreed to have habits of savings. 39.8 percent of male respondents revealed to have habits of saving in compared to 38.3 percent of female respondents. This shows that income security is an important necessity of the elderly to have a secure life which they make it through saving. Further, the elderly also expressed that they could not save money is due to their limited income and increase in expenditures.

Enaobi (name changed) expressed, "I am a house wife: I do not have earning so I depend on children so there is no saving even though I want to save".

Tomba (name changed) tells, "All the earnings are spent in fulfilling the requirement of household budget. As a result, there is no money for saving".

(g) Less expenditure for daily activities

Those elderly who have less earning but complains of more health problems have made to spend less in household expenditures. They spend less amount of money as they need to save money for unforeseen event in their life.

Table 4.16 Spend less in spite of having money

Sex	Spend less due to aging in spite of having money		
	No (Percentage)	Yes (Percentage)	Total (Percentage)
Female	17 (4.4%)	173 (45.1%)	190 (49.5%)
Male	15 (3.9%)	179 (46.6%)	194 (50.5%
Total	32 (8.3%)	352 (91.7%)	384 (100.0%)

The table 4.16 provides that 91.7 percent of respondents revealed that they need to spend less in spite of having money. The decrease in income level has made them spend less and save money for unforeseen events. This may be due to their needs to help family at the time of financial crisis and also to reduce their dependency to certain extent towards the family.

(h) Elderly perception towards children in fulfilling their requirements

The elderly expressed that when they were younger parents they had struggled to bring up their children. As a result their children were expected to support them when they became old. In India, traditionally children need to look after the elderly. It is believed that looking after the elderly is the sole responsibility of their children.

Table 4.17 Perception of the elderly towards children in fulfilling their requirements

Sex	Elderly requirements are not necessarily to fulfil by children		
	No (Percentage)	Yes (Percentage)	Total (Percentage)
Female	19 (5%)	171 (44.5%)	190 (49.5%)
Male	16 (4.1%)	178 (46.4%)	194 (50.5%)
Total	35 (9.1%)	349 (90.9%)	384 (100.0%)

The table 4.17 (above) presents that 90.9 percent of respondents mentioned that their requirements were not necessarily needed to be fulfilled by their family members. In compare to 44.5 percent of female respondents, 46.4 percent of male counterparts agreed that requirements of the elderly were not necessarily needed to be fulfilled by children alone. The study highlighted that children should not be the sole

responsibility to take care of the elderly. This may be due to strain and overloads faced by the children who had more responsibility within this purview. Thus, even community and society also need to assess the family of the elderly.

(i) Limited personal income has made the elderly to lessen their expenditures

The elderly due to their diminish energy and strength are not able to utilize their personal income. The increase insecurity has made them unable to spend their money. The limited income is a main concern at the time of illnesses.

Table 4.18 Limited personal income

Sex	Limited personal income		
	No (Percentage)	Yes (Percentage)	Total (Percentage)
Female	44 (11.5%)	146 (38.0%)	190 (49.5%)
Male	56 (14.6%)	138 (35.9%)	194 (50.5%)
Total	100 (26.1%)	284 (73.9%)	384 (100.0%)

The table 4.18 shows that 73.9 percent of respondents responded that due to limited income, their hands were tied and unable to spend money extravagantly. This shows that due to limited income, the elderly tend to spend less and thus unable to fulfil all their requirements. The study found that 38 percent of female elderly were more concerned about spending less due to limited income in compare to their male counterparts with 35.9 percent. This may be due to the better experiences of female elderly in managing household expenditures than male elderly.

(j) Want to take up part time job for fulfilling the requirements

The elderly have become active earners. It is due to limited income that has made them active earners by taking up petty jobs or small business to fulfil their requirements. The elderly passed their time by doing small business that help them in getting extra income apart. The elderly are even ready to join any part time job to increase their economic security.

Table 4.19 Part time job to have earning

Sex	Part time job to have earning		
	No (Percentage)	Yes (Percentage)	Total (Percentage)
Female	54 (14.0%)	136 (35.5%)	190 (49.5%)
Male	53 (13.8%)	141 (36.7%)	194 (50.5%)
Total	107 (27.8%)	277 (72.2%)	384 (100.0%)

The table 4.19 highlights that 72.2 percent of respondents want to have part time job to have additional earnings. There is not much difference between male with 36.7 percent and 35.5 percent female in showing their interest in doing small business for their additional earning. The study further shows that elderly were interested in pursuing any part time job for earning income to fulfil their requirements and also for utilization of their leisure time in productive way.

(k) Economic security of the elderly have control over children's behavior

Economic security is considered to be the main concerns of the elderly. The elderly who are economically prosperous have better facilities in compare to elderly who are in poor economic conditions. Economic prosperity may have influenced behaviours of children. However, it cannot be necessarily concluded that economic prosperity will make children to remain under control of the elderly.

Table 4.20 If economically prosperous, children will remain under control

Sex	If economically prosperous, children will remain under control		
	No (Percentage)	Yes (Percentage)	Total (Percentage)
Female	45 (11.8%)	145 (37.7%)	190 (49.5 %)
Male	52 (13.5%)	142 (37.0%)	194 (50 5%)
Total	97 (25.3%)	287 (74.7%)	384 (100%)

In the table 4.20 it shows that 74.7 percent of respondents where 37.7 percent female and 37 percent male think that children will remain under their

control when they were economically prosperous. This may be due to the economic hardships faced by the elderly as they further revealed that economic problem is the main cause of different problems in their families. The study has observed that even if those elderly who are in economically better condition have has to face problems as it depends on how their family members support them. This is in same line with the finding by Streib (1976) that higher income group seems to be experiencing more emotional problems than middle or low-income group.

(iii) Social domain

"The creative individual has the capacity to free himself from the web of social pressures in which the rest of us are caught. He is capable of questioning the assumptions that the rest of us accept." John W. Gardner

The primary support of the elderly has been the informal care received from caretaker in the family. The formal care support is given through government and non-governmental organization. Social support system is required for the growth of individual. In olden days, society has provided better room for elderly. Now-a-days, the status of elderly in the society is diminishing. The fast pace living standard has made people predominantly in secondary level of communication through mobile, phone and internet. Primary means of communication that is face to face communication remain in family only. Even, this has been replaced through phone and internet in these days. This may be one of the reasons for having wide generation gap. The community and society also plays an important role in giving support to the elderly. The societal norms and culture makes the elderly to have a special status in social gathering and social function. In case of Manipur, the elderly have a special place in each and every function of locality. The elderly with the increased age and their experience of life has made them an important contributor to the community and society. At present, there is a need to understand the changes taking place due to modernization within the family, community and society. Thus, need to have clear understanding of the changes and problems which result to the need of formal support. The government and NGOs started dealing for the welfare of

the elderly. The informal and formal support is required by the elderly for overall assistance in facing challenges of aging.

(a)Respect for being aged

The elderly felt that society should respect them of being aged. The elderly should be the treasure house of wisdom and knowledge for younger generations. Traditionally in olden days, the elderly were given respect irrespective of literate or illiterate, status and power, etc. People listen to the elderly and thus the elderly manage to solve petty cases which turn up in the community but such importance towards the elderly are no more seen in today's society. There is wave of change taken place and slowly wiping out all the customs and traditional ways of looking towards the elderly and their status quo.

Table 4.21 Society respect Elderly of being aged

Sex	Society respect elderly of being aged		
	No (Percentage)	Yes (Percentage)	Total (Percentage)
Female	57 (14.8%)	133 (34.7%)	190 (49.5%)
Male	56 (14.6%)	138 (35.9%)	194 (50.5%)
Total	113 (29.4%)	271 (70.6%)	384 (100.0%)

In the table 4.21, it describes on the experiences of elderly of being ageing. They viewed that they still hold the respect in the society. Majority of 70.6 percent respondents felt that even though they have become old, they are still being respect in the society. Out of 70.6 percent there is not much difference between the responses of 35.9 percent of male in compare to 34.7 percent of female respondents. Usually in Indian society, no matters of age, women remain subordinate. Though there is no difference in the context of Manipur but still the elderly women plays an important role in the society in bringing a social change. Thus the data further reflected that in the study area women also played important role in driving off anti-social activities in the community as a result women are respected. Only 29.4 percent felt that because of aging they were not shown respect in society because they remain isolated from other activities in the society due to their health problems.

(b) **Decrease in social circle being aged**

The elderly, as they grow old, experienced decrease of social circle. They, being old, lead to increase of health problems, ultimately bind them to remain at home. In contrast to their health, they play special roles in cultural activities, festivals and functions. Thus, they experienced well and had known about societal norms which made them to be the persons who passed down customs and practices from generation to generations.

Table 4.22 Decrease in social circle

Sex	Aging made elderly to decrease in social circle		
	No (Percentage)	Yes Percentage	Total Percentage
Female	43 (11.2%)	147 (38.3%)	190 (49.5%)
Male	65 (16.9%)	129 (33.6%)	194 (50.5%)
Total	108 (28.1%)	276 (71.9%)	384 (100.0%)

From the table 4.22, it is found that with the increase of their age, 71.9 percent of the respondents had experienced of declining from social circle whereas 28.1 percent didn't experience. There is not much difference between male and female respondents express that as age increases their social circle decreases. Out of 71.9 percent respondents, 38.3 percent of female and 33.6 percent of male expressed the same view. They further revealed that even though their social circle decreases due to aging; their responsibility towards their family and society remain the same.

Ebethoibi (name changed) expresses, "As age increases, the health problems are also increased. Due to my health related problems I am unable to visit my relatives and neighbours. When my sister expired and the gaining of my age, I, am unable to visit to her family thereby definitely my social circle has been decreased "

(c) **Social recognition of the elderly**

The elderly who has power and status in the society usually enjoy social recognition. Other contributing factors to gain recognition from the elderly are knowledge, experience and contribution to the society. Society expects the

elderly to provide ideas about their experiences. Sharing of ideas with the elders is influenced by education, status and position of them in the society. Even though the elderly want to contribute exemplary work for society, they are unable to do so. Most of them expressed their views that financial security is not there and financial back-up is also needed to do exemplary work for society.

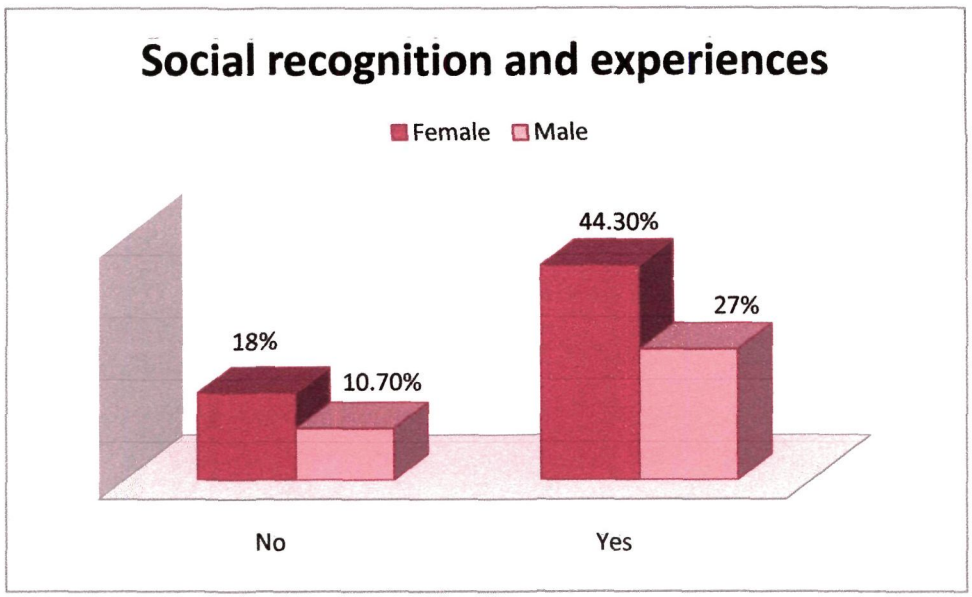


Figure 4.15 Social recognition and experiences of the elderly in society

Figure 4.15 presents that educated and experienced elderly people who are contributing their ideas and experiences had been given social recognition in the society. Majority of the respondents with 71.3 percent of the elderly expressed that people expected them to share their ideas, experiences and give social recognition while 28.7 percent of respondents expressed that they didn't receive social recognition. Out of 71.3 percent of the respondents, in compared to 27percent of their male counterparts, there were 44.3 percent of females who felt that they got social recognition. This may be due to women's movement in Manipur to which they (womenfolk) form organization called 'Meirapaibi, the women vigilante groups,' that plays an important role in fighting against the social evils in the society. They take active participation in social activities.

(d)Interest in persons decreased after retirement

Aging has made the elderly to remain at home. After retirement from active work, elderly persons have reduced their interaction with society and even with family members as the entire family members are busy with their day to day activities. After retirement and ill health related problems, interactions of the elderly with others are on the decrease so they remain alone at home in most of the time. It is further noted that not only the retirement from their active activities but also the increase of health problems has made most of the elderly confine at home and are unable to go outside for attending the social gatherings. When someone comes at home they feel good and happy as they have someone to interact with and share their happiness and sorrows. In some cases, family member do not let the elderly interact with guest as they feel that the elderly often talk unnecessary things and make embarrassed.

Table 4.23 Interest in persons decreased after retirement

Sex	Interest in persons decreased after retirement		
	No (Percentage)	Yes (Percentage)	Total (Percentage)
Female	98 (25.5%)	92 (24.0%)	190 (49.5%)
Male	114 (29.7%)	80 (20.8%)	194 (50.5%)
Total	212 (55.2%)	172 (44.8%)	384 (100.0%)

The table 4.23 observes that 55.2 percent of respondents expressed that they have not experienced of decreasing their interest in taking up activities even after their retirements from active life. 29.7 percent of male respondents do agree to the above views in compare to 25.5 percent of female. The study further revealed that elderly preferred to be in the social groups and gathering so that they could avoid their loneliness at home.

(e)Pass time playing with family children

As elderly remain at home, they have got time to spend with their grand children and they enjoy doing so. Spending time with their grand children is a kind of leisure activity for them as it has helped them to pass their time. Most of the elderly gave moral teaching to younger generations as they had gathered lots

of knowledge, experiences and ideas. Such experiences and knowledge may pass from time to time and from one generation to another generation.

Table 4.24 Elderly like to pass time playing with family children

Sex	Like to pass time playing with family children		
	No (Percentage)	Yes (Percentage)	Total (Percentage)
Female	41 (10.7%)	149 (38.8%)	190 (49.5%)
Male	38 (9.9%)	156 (40.6%)	194 (50.5%)
Total	79 (20.6%)	305 (79.4%)	384 (100.0%)

The above table 4.24 provides that 79.4 percent of respondents like to spend their time playing with family children. The study found that in comparison to female elderly, male were happier to spend time with family children at home as they got enough time to be with the family after their retirement. The finding has raised contradictions to the findings of (Bhat, 1974; Ramamurti, 1978; Subramanian, 1989) their males experiences more problems at home than their female counterparts.

(iv) Emotional domain

"When dealing with people, remember you are not dealing with creatures of logic, but creatures of emotion". Dale Carnegie

Emotional problems of the elderly will lead to psychological problem. Physical health of individuals is closely related to the psychological health of an individual. There is a need to develop a congenial environment for the elderly to stay happy.

(a) Elderly came across emotional turmoil of being aged

The elderly have suffered from emotional turmoil as they become weak and powerless. They are not able to express their emotions to others thinking that it will be a burden to others so they keep within themselves. They do not want their family member feel hurt due to their negative feelings and emotions.

Thus, they do not want to disclose their worries and create conflicts in the family.

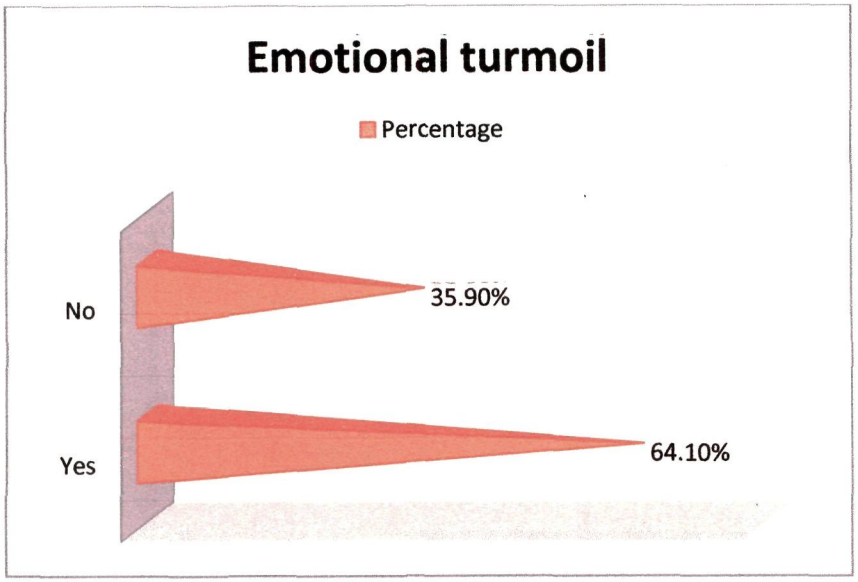


Figure 4.16. Emotional turmoil

From the figure 4.16, it is highlighted that 64.1percent of respondents faced emotional turmoil while 35.9percent of respondents did not face such turmoil. The study found that most of the elderly had faced emotional turmoil as they were unable to fulfil their roles and responsibilities due to their increasing health problems that lead to decrease their physical strength.

(b) <u>Health deterioration of the elderly lead to psychological health problems</u>

Health conditions affect the psychological health of the elderly. Health problems raise isolation of individual from social gathering. This also makes a person self critical.

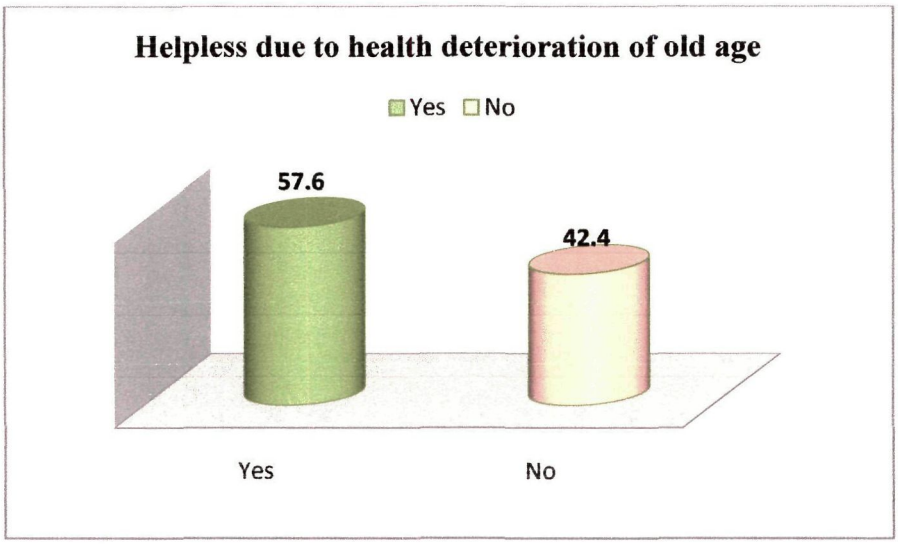


Figure 4.17. Health deterioration

The figure 4.17 shows that 57.6 percent of the elderly agreed of helplessness because of health deterioration while 42.4 percent of respondent were against the statement. The study found that health deterioration in old age affects the state of mind for the elderly.

(c) Getting anger on one self

Growing old has made the elderly weaken their well-being. The elderly faced various problems which ultimately led to self pity. The elderly due to aging had to face many changes which made them frustrated to understand the present societal values and norms. Sometimes, when the elderly tend to compare their life with others they get frustrated towards life and get angry upon themselves.

Table 4.25 The elderly getting anger on one self

Sex	Getting anger on one self		
	No (Percentage)	Yes (Percentage)	Total (Percentage)
Female	41 (10.7%)	149 (38.8%)	190 (49.5%)
Male	55 (14.3%)	139 (36.2%)	194 (50.5%)
Total	96 (25.0%)	288 (75.0%)	384 (100.0%)

The table 4.25 (above) shows that 75.0 percent of respondents agreed of getting angry upon self to which 38.8 percent of female respondents agreed the

same statement in compared to 36.2 percent of male respondents. This may be due to the reason that female respondents were more emotional than male respondents. This finding is in contrary to finding of (Dhillon and D'souza, 1992) that females had better emotional adjustment than males.

(d) Fear of accidents due to growing old

Decrease physical strength has made the elderly to be fearful about falling down and meeting accidents. Due to physical weakness they are prone to accidents. They are not able to carry out their daily activities properly.

Table 4.26 Fear of accidents due to growing old

Sex	Fear of falling down due to growing old		
	No (Percentage)	Yes (Percentage)	Total (Percentage)
Female	54 (14.1%)	136 (35.4%)	190 (49.5%)
Male	91 (23.7%)	103 (26.8%)	194 (50.5%)
Total	145 (37.8%)	239 (62.2%)	384 (100.0%)

It is seen from the table 4.26 that 62.2 percent of respondents expressed their fear of meeting accidents due to aging. 35.4 percent of female respondents expressed their experienced of meeting small accidents in compared to 26.8 percent of male respondents. It is also seen that women often engaged in household works; they remained tired and became weak as compared to men.

(v) Home domain

"Where we love is home – home that our feet may leave, but not our hearts" Oliver Wendell Holmes

"Owning a home is a keystone of wealth – both financial affluence and emotional security." SuzeOrman

Home is the integral part in the life of the elderly. Family member is the primary importance of the elderly. Family member plays important roles as a primary caregiver of the elderly. There is a need to understand the living conditions and atmosphere of elderly. Thus, the researcher focused on home as an immediate environment for the elderly and their adjustment and adaptation with family members under the study area.

(a) Status of Elderly in family

The status of the elderly in family played an important role in their life. The status given by family members towards elderly have shaped the mindsets, behavours and attitudes of others in treating the elderly. The culture and norms of the society are also playing an important role for giving the respect and honour towards the elderly.

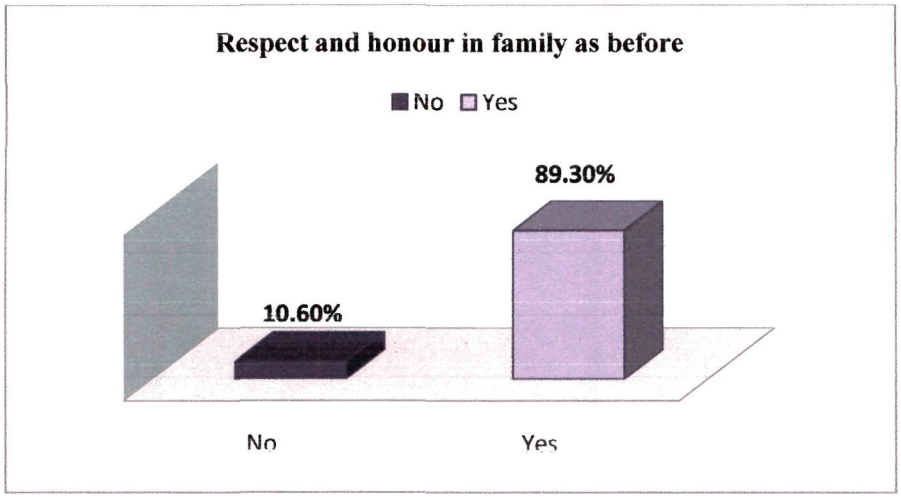


Figure 4.18 Respect and honour towards Elderly within family

From the Figure 4.18, it is seen that only 10.6 percent of respondents expressed that they lack of respects from family members while majority with 89.3 percent of respondents felt that they were shown respect by family members even when they became old. They revealed that family members had still given respect and regards to the elderly and considered them in decision making of family related matters. The figure further revealed that in Manipur, culture plays an important role whereby the elderly are being respected and given importance within family and society at large.

(b) Elderly shared problems with family members

The immediate environment of the elderly is home where they stay together with family members. The elderly needed to share problems with family members. Those elderly who had spouses were better adjusted in compared to widow or unmarried elderly.

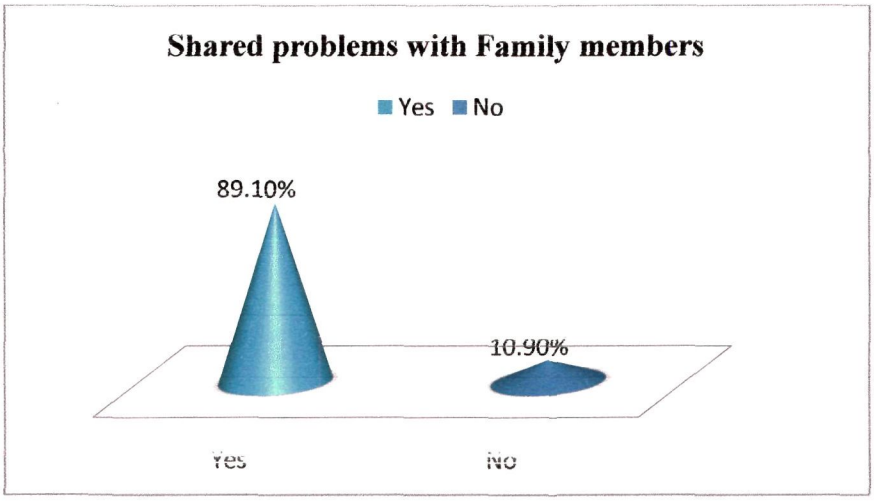


Figure 4.19 Sharing of problem with family members by Elderly

From the Figure 4.19, it is highlighted that 89.1 percent of the respondents expressed that they shared their problems with family members while a meager 10.9 percent of respondents didn't share problems with the family members. It further revealed that majority of the elderly felt secured within family as their problems were being listened and considered. It reflected a good support and care from family members towards the elderly. The study by Faucher (1979) also indicated that the person in her own home was more socio-economically advantaged, better health, transportation and more socially active (both formally and informally) than the person in a care center.

Tomba (name changed) expressed, "I think that no one from outside the family will help me at the time of emergency. When problems arise within the family and at times of difficulties, other than the family members, no one will be there to help me in my needs. Needless to say that there is no other than family who will look after me."

(c) Problem solving of family problems.

The elderly are well experienced as they faced challenges in life. They are always there to help family members in solvingfamily problems. They help in giving wisdom and guidance to younger generation for facing the challenges in life.

Table 4.27 Problem solving of family members

Sex	Problem solving of family members		
	No (Percentage)	Yes (Percentage)	Total (Percentage)
Female	16 (4.2%)	174 (45.3%)	190 (49.5%)
Male	9 (2.3%)	185 (48.2%)	194 (50.5%)
Total	25 (6.5%)	359 (93.5%)	384 (100.0%)

The table 4.27 (above) highlights that 93.5 percent of the elderly expressed that they were involved in family problem solving where 48.2 percent of male respondents were keener in solving the problems in compared to 45.3 percent of women respondents. In India, generally, male gender enjoys power status in the family than female. This may be due to the patriarchal nature of Indian society. In case of Manipur, there is not much difference between male and female role in family problem solving.

(d) Spend time joyfully at home

The only place where the elderly enjoy is their own houses. The elderly have deep attachment with their homes and its surrounding. They grow up in that environment thus they feel secured and joyful at house.

Table 4.28 Elderly are able to spend time joyfully at home

Sex	Able to spend time joyfully at home		
	No (Percentage)	Yes (Percentage)	Total (Percentage)
Female	22 (5.7 %)	168 (43.8%)	190 (49.5%)
Male	12 (3.2 %)	182 (47.3%)	194 (50.5%)
Total	34 (8.9%)	350 (91.1%)	384 (100.0%)

The table 4.28 reveals that 91.1 percent respondents have expressed that they enjoy at their respective homes. Though there was not much difference between male and female elderly but male member were seen to get more leisure time and enjoyed with family members in compared to female respondents. Female respondents usually didn't have leisure time as they were busy with their engagement in day to day household chores.

(vi) Marital domain

"Men marry women with the hope they will never change. Women marry men with the hope they will change. Invariably they are both disappointed" Albert Einstein

Marriage plays a pivotal role in the life of an individual. Those elderly who were married were better in adjustment when compared to those who were unmarried. The elderly most often shared happiness and sorrow to their spouses. While elderly who were unmarried remain to suffer loneliness as no one was there to share with.

(a) Life is incomplete without spouse

Life of the elderly has faced many challenges due to their decrease in abilities of performing their usual daily activities. Thus, they need emotional supports from their spouses in meeting the difficulties and challenges of changing phase from middle age to old age. They sometimes need to assist each other during this phase of life.

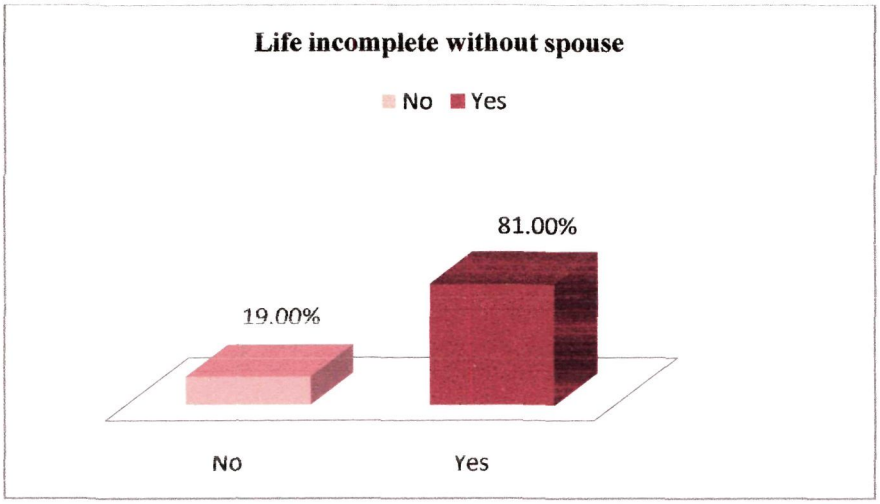


Figure: 4.20 Elderly feel that life is incomplete without spouse.

From the figure 4.20, it is seen, 81 percent of respondents agreed that life is incomplete without spouse while 19 percent of respondents do not feel incomplete without spouses. The data revealed that those elderly who had lost their spouses felt lonely and difficult to share their feelings and emotions.

Unfortunately, after becoming widow and widowers, they didn't have any other who could understand them and support them. Such kinds of feelings were not seen amongst the elderly who were still living with their respective spouses.

The studies done by (Kutneret al., 1956; Ramamurti's, 1968a; Ramamurti, 1972; Jackson et al., 1977; Anantharaman, 1979a; Jamuna, 1984; Lakshimi Narayanan and Gurudas, 1989; Subramanian, 1989, Eswaramurti, 1991; Sreenivasa Rao,et al., 1996) had found that the elderly whose spouses are living had better well-being and adjustment than those who did not.

(b) <u>Aging makes dependent on spouse</u>

As age increase the elderly are not able to perform their daily activities. They are dependent on their spouses in performing their daily activities. With the increase of health related problems faced by the elderly, it is obvious that the elderly need to depend on their spouse. Studies done by (Johnson, 1983; Johnson and Catalano, 1983; Stone et al., 1987) showed that either husband or wives become primary care taker.

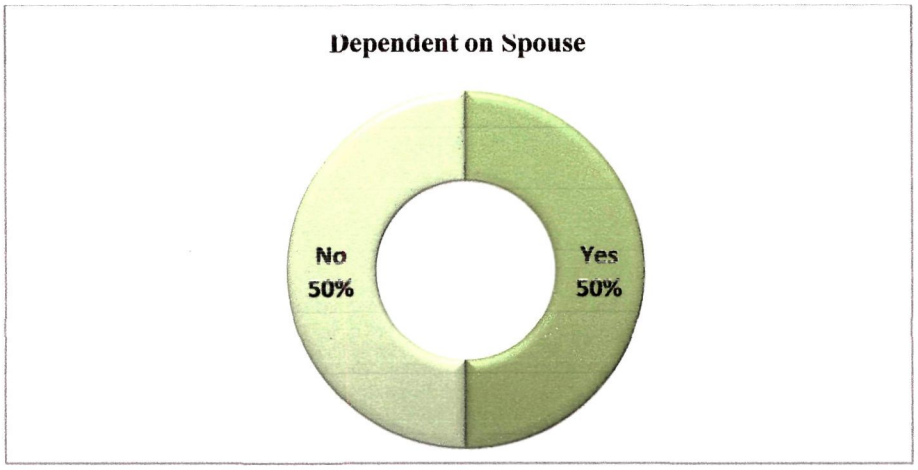


Figure: 4.21 being aged make Elderly more dependent on spouse.

The chart 4.21 highlights that 50 percent of the respondents expressed of their dependent on spouse while equal percent of respondents expressed that they were not dependent on spouse. The study found that half of the elderly agreed that they were dependent on spouses while half of the elderly expressed that they were not dependent. The probable reason was that most of the elderly

in the study belong to the young old elderly group i.e., 60-70 years of age so they were able to manage themselves by not depending on their spouses.

(c) Relationship deteriorate between spouses due to growing old

Aging might be the reason for the spouse to lose the interest of being the life partner and thus the relationship became fragile. This may also be the psychological hindrances in building a good relationship with the spouse. Emotional support of spouse was indeed needed as the elderly grew old. Growing old had made physical and mental deterioration which ultimately might trigger the emotional bond between spouses. In other way, the experience of facing problems and growing old together may also strengthen the bond between spouses.

Table 4.29 Relationship deteriorate between spouse due to growing age

Sex	Relationship deteriorate between spouse due to growing age		
	No (Percentage)	Yes (Percentage)	Total (Percentage)
Female	98 (25.5%)	92 (23.9 %)	190 (49.5%)
Male	91 (23.7%)	103 (26.8%)	194 (50.5%)
Total	189 (49.2%)	195 (50.7%)	384 (100.0%)

The above table 4.29 provides that 50.7 percent of respondents had faced relationship problem due to aging. 26.8 percent of male elderly faced relationship problem due to aging when compared to 23.9 percent of female elderly. Because of aging, they started facing various changes thereby creating problems in their coping skills.

The gender difference also may have influenced the relationship. But, it is further seen from the data that quite a good percentage, 49.2 percent respondents did not agree that their relationship had deteriorated between spouses due to aging. It reflects that there is still a good relationship among the spouses of elderly where they support each other.

In olden days, old age was not seen as a social problem as the family members looked after the elderly as their duties and responsibilities. But now-a-days, it is more seen as burdens to family members. The problems of the elderly are mainly reflected in terms of health, financial, social and emotional. Thus, time has come to look into the issues and problems of elderly seriously as their population growth has been increasing. Therefore, a proper intervention strategy is needed to tackle the problems of the elderly. There is a need to provide recreational facilities, re-employment facilities for the elderly so that they can lead a productive and active life.

The second part will deal with analysis and discussion of the second objective on perceptions of the elderly and importance of family and social support system.

PART II - THE PERCEPTIONS OF ELDERLY AND IMPORTANCE OF FAMILY AND SOCIAL SUPPORT SYSTEM.

This part is divided into two to fulfil the second objective of the study. The first part dealt on the perceptions of the elderly regarding the family and social support system. Secondly, it dealt on care takers perceptions in regard to family and social support system of the elderly.

4.3 Perceptions of the Elderly towards Family and Social Support System.

The living arrangements that include the housing conditions, situation and attitudes had determined the well-being of the elderly. It will help the elderly in solving their problems. The elderly need support within the family. "Most of the care provided for dependent people living in their own homes comes not from the state, nor from voluntary organizations, nor from commercial sources, but from family,

friends and neighbors" (Chen et al., 2001). The assistance of the family member is one of the important factors in maintaining well-being of the elderly. A high level of social support protects the person from the negative effect of emotional stress (Tohits, 1983 and Broadhead et al., 1983). The problems of the elderly had different dimensions which ultimately needed to seek help from society (government and NGOs). Family alone can't mitigate the problems of aging. Various problems cropped up within the family due to aging were difficult to handle by family alone. To handle the problem of aging there is a need for a holistic approach. Social support plays a key role for health of the elderly (Cassel, 1997; Gerrald, 1974 and Gottlieb, 1983). Perception of the elderly towards family will determine their level of adjustment and extent of family bond. The perceptions of the elderly and awareness level regarding the availability of social support will determine the utilization of available support system by the elderly. The researcher has observed that elderly and family members are still bound to the traditions and customs thereby elderly are dependent on family members and they hardly seek assistance from outside. The elderly do not mobilize the whole their social network when looking for support and they are drawing from their immediate family for specific kind of assistance (Judith et al., 2000).

4.3.1 Types of family

Family plays an important part for the elderly in their life. Family is an important factor affecting the mental health of the elderly (Reid and Zeiglar , 1977; Panek and Rush, 1979; Ramachandran et al., 1981; and Siriboon and Knodel,1994). The retired life will be shared with family members. Family is the immediate environment of the elderly where they shared their joys and sorrows. (Atchley, 1977; Scwarch, 1981; Sankardas and Kumar, 1996; and Chadha and Mongia, 1997) found that immediate family influence on the well-being of the elderly. Family type will influence the kind of family support received by the elderly. Family supports help the elderly in facing their challenges of aging and it provides a more desirable option for the elderly in obtaining social well-being (Sussman, 1976).

Table: 4.30 Types of family:

Types of family	Frequency (percentage)
Others	1 (0 .3%)
Joint	223 (58.1%)
Nuclear	98 (25.5%)
Extended	62 (16.1%)
Total	**384 (100.0%)**

From the table 4 30. it is understood that majority of the elderly with 58.1 percent of respondents belong to joint family system followed by 25.5 percent in nuclear family system, 16.1 percent in extended family Very few elderly. 0 3 percent is staying with relatives. The study found that majority of the elderly was living in joint family system. This showed that joint family system is still strong hold in the study area. Joint family provides the elderly opportunity to perform their roles and spend time with their children and grandchildren. The elderly from joint families get more role and better adjustment than non-joint family (Ramamurti, 1968a; and Ramamurti, 1972).

4.3.2 Primary care taker of Elderly

Caretakers are the one who will look after the elderly and give assistance. Dependency of the elderly will be increased due to their health problems and aging. Thus, caretaker who plays an important role in giving assistance to the elderly is the sole person who takes most of the pain in looking after the elderly.

Table 4.31 Primary caretaker of the elderly:

Primary care taker of Elderly	Frequency (percentage)
Husband	11 (2 8%)
Wife	71 (18.5%)
Sons and/or daughters	55 (14.3%)
Daughter-in-law	208 (54.2%)
With grand children	6 (1 6 %)
With relatives	3 (0 8%)
Self-care	30 (7 8%)
Total	384 (100 0%)

Referring to the table 4.31, it is revealed that amongst 384 respondents, 208 (54.2 percent) elderly were looked after by their daughter-in-laws as a primary caretaker. 71 respondents (18.5 percent) were looked after by wife as a primary caretaker. 55 respondents (14.3 percent) were looked after by sons and daughters as a primary caretaker. 30 respondents (7.8 percent) were looked after by themselves. 11 respondents (2.8 percent) were looked after by husband as a caretaker. 3 respondents (0.8 percent) were looked after by their relatives as primary caretakers. The study found that daughter-in-laws were the main caretaker of the elderly. This may be due to the customary practice of looking after the elderly by daughter-in-law under the study area. It is indeed in contrast to the findings by (Johnson, 1983; Johnson and Ctalano, 1983; Stone , 1987) that husbands and wives become primary care givers. Another study also found that family supporters were spouses followed by adult children (Shanas, 1979; Miller, 1981; Hall, 1989; Nayar, 1992).

4.3.3 Engagement of the elderly in leisure activities

Leisure time activities will help the elderly to pass their time happily. This will help the caretaker in planning a productive avenue of opportunity for the elderly to remain active and healthy. Leisure time activity will encourage the elderly to remain engage in more active and healthy life. This gives chances for the elderly to remain

intact with social life which will help in channelizing their emotions in constructive ways.

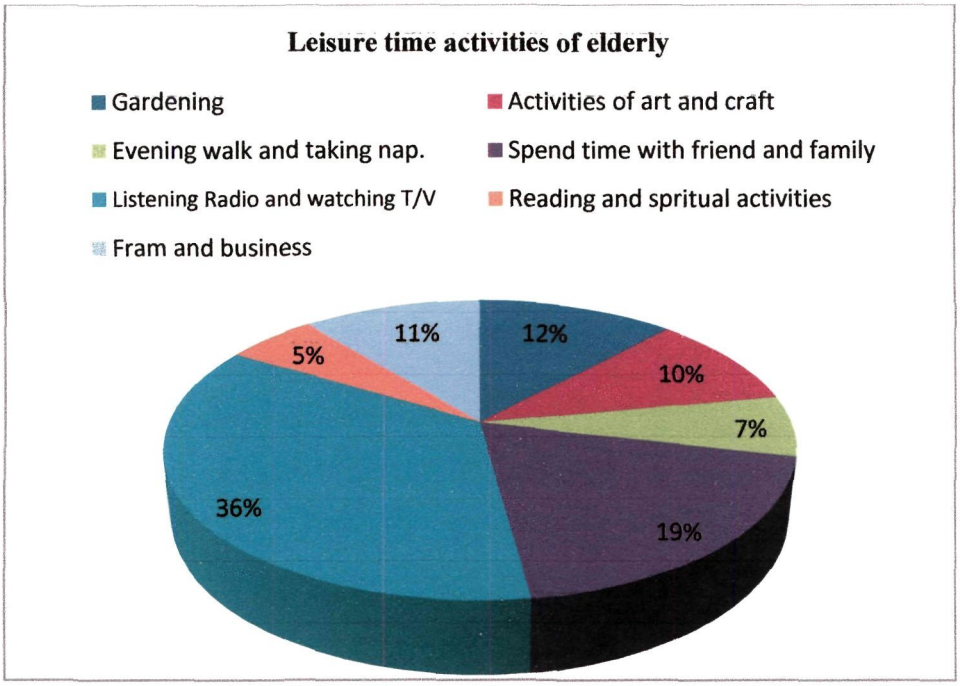


Figure 4.22 Leisure time activities of the elderly as observed by caretaker.

From the figure 4.22, it shows that majority with 36 percent of respondents preferred spending their leisure time by listening to radio and watching T.V followed by 19 percent of respondents preferred to spend time with friends and family members. It revealed that the elderly preferred mixing up with friends and remains involved in family atmosphere. This is in line with the finding that grand parenting enhances the psychological well-being of the older adults (Brubaker, 1990; Santosh, 1994; Robertson, 1995). 45 Percent of respondents preferred to spend their time at gardening, farm and business activity, art and craft, evening walk and taking nap, and reading and spiritual activities. This reflects that the elderly were engaged and concerned in spending leisure time in a productive way by concentrating on their creative side which included gardening, art and craft, farm and business, reading books.

4.3.4 Types of problem and nature of assistance received by the elderly

The perceptions of the elderly towards the family and social support system played an important role in regard with adjustment and utilization of available

services. The awareness and utilization process can be understood by analyzing the perceptions of elderly towards family and social support system.

Table – 4.32 Distribution of mean & SD of total score with respect to types of problems & nature of assistance received

Parameters		No. of case	Mean	SD	F	P-value
Primary care taker	Husband	11	73.54	14.39	.170	.985
	Wife	71	73.77	12.46		
	Sons and/or daughters	55	75.27	9.14		
	Daughter-in-laws	208	74.07	12.09		
	With grand children	6	73.66	10.80		
	With relatives	3	77.66	10.01		
	Self-care	30	75.03	11.17		
Performed daily activity	Never	35	75.17	13.53	.734	.481
	Always	245	73.72	11.33		
	Sometimes	104	75.25	11.87		
Major health problem	Loss of appetite	12	80.58	6.89	6.426	<.001
	Weakness	59	77.86	13.44		
	Sleeping problems	48	74.91	12.27		
	Multiple problems	65	78.36	9.99		
	Others	17	72.70	14.02		
	Without problem	183	71.21	10.63		
Need assistance	Never	59	71.18	11.65	2.918	.055
	Always	59	76.15	11.74		
	Sometimes	266	74.53	11.59		
If require, who	Spouse	69	74.40	11.72	1.516	.197
	Son/daughter	35	76.80	9.72		
	Relatives	4	73.50	8.02		
	Family members	217	74.67	11.95		
	N.A (Non Availability)	59	71.18	11.65		
Type of assistance provided	Self-care	12	76.00	9.77	.760	.653
	All assistances by wife	66	71.39	10.97		
	All assistances by husband	5	78.60	16.22		
	All assistances by sons	8	75.37	9.59		
	All assistances by sons and daughters	17	77.35	11.62		
	All assistances by daughter	19	75.52	15.28		
	All assistances by family member	130	74.76	11.88		
	All assistances by with in-laws	113	74.42	11.53		
	All assistances by with relatives	7	73.42	11.91		
	Others	7	72.42	8.69		

The problems of adjustment faced by the elderly are not dependent on the types of primary caretakers. In one sense, who cares for the elderly is free from the psycho-social problems of the elderly (P = .985). Further, the table indicates that the means of scores for all primary care takers are above 70. With regard to performing daily activity by own, there are three decisions viz., never, always and sometimes and they have almost similar total score coiling to around 75 which is not significant statistically.

On the contrary, the psycho-social problems of the elderly are definitely related with his/her major health problems. This statement is supported by F-value (6.426) with P-value of <.001. From the pattern of mean, it may be concluded that those elderly who have loss of appetite have better adjustment of their psycho-social problems. Next to it are multiple problems, followed by weakness, sleeping problems, others, and without problem respectively.

Whether the individuals need assistance for their daily activities, three categories have been clubbed viz., always, sometimes and never. Here, former has the highest score (76.15) and the lowest (71.18) relates to never. The difference so observed is just below significant level considered.

If assistance is required who help them and in this case the answers are grouped into fives for analysis purposes like spouse, son/daughter, relatives, family members and N.A. Those who are assisted by hi/er's son/daughter-in-laws have a better adjustment of psycho-social problem than those assisted by others. This declaration is sustained with the highest total score for those assisted by son/daughter-in-laws. Nevertheless, the observed variation of mean scores over five groups is not statistically significant (P = 0.197).

It has been noticed from the above table that the types of assistance provided by people who has also not significant impact on the pattern of psycho-social problems adjustment of the elderly as evident by insignificant P-value (0.653). However, the table further highlights that all forms of assistance by husband as well as sons and daughter-in-laws seem to have more adjustment of the problem as their scores are high. This may be due to the ability of the elderly to understand the difficulties and problems of their children in giving assistance. They are also concerned about their children and the present life style. On the contrary, all forms of assistance by wife as

well as others have less adjustment to the problem. This may be due to their too much of dependency on spouses. If the spouse is female who is looking after male than it is their duty. It is hardly to see male spouse looking after the female counterparts. Female usually gets more burdens to manage households and spouses as their health problems increase with aging. Spouse cares suffer all the social deprivations caused by old age as well as the stress of caring (Gail, 1994). Besides, it is a worthy remark that entire mean scores are found to be alike with the score of above 70.

4.3.5 Retirement and pension facility of the elderly received from government

Government provides social security programs and schemes to the elderly. The elderly who were employed in government service sector had financial security while those elderly who are in unorganized sector face lots of financial insecurity. There is no particular programs/scheme that is concerned with the elderly in unorganized sector. The government pension schemes (like Old Age Pension Scheme and Annapurna, etc.) that are availed by the elderly are meager amount which can't be incurred in day–to-day expenses because the expenditures of the elders have become very high due to high inflation in the market.

Table – 4.33 Distribution of Mean & SD of total score with respect to retirement & pension benefit

Parameters		No. of case (Percentage)	Mean	SD	F	P-value
Reasons for retirement	Health problem	51 (13.3)	76.98	10.59	3.600	.007
	Superannuation	122 (31.8)	71.81	12.96		
	Family related matters	26 (6.8)	71.80	11.76		
	Voluntary retirement	24 (6.2)	71.83	10.61		
	N.A	161 (41.9)	76.03	10.72		
Availing pension	Yes	274 (71.4)	74.65	12.15	.274	.894
	Applied for	11 (2.9)	73.27	12.88		
	Under process	4 (1.0)	72.25	5.12		
	Not applied	2 (0.5)	72.00	16.97		
	No	93 (24.4)	73.38	10.31		
If Yes, type	Retirement pension	86 (22.3)	72.91	11.56	.960	.430
	Old Age Pension	167 (43.5)	75.57	12.18		
	Salary pay	3 (0.8)	73.66	10.01		
	Others	26 (6.8)	73.11	13.49		
	N.A	102 (26.5)	73.58	10.45		
Satisfaction of pension amount	No	207 (53.9)	74.76	12.34	.478	.621
	Yes	82 (21.4)	74.04	10.99		
	N.A	95 (24.7)	73.37	10.80		
If No, reason	Insufficient	182 (47.4)	74.58	12.60	.629	.597
	Irregular	2 (0.5)	84.50	6.36		
	Difficulty of getting	2 (0.5)	73.00	22.62		
	N.A.	198 (51.6)	73.89	10.74		

Table-4.33 provides comparison of information relating to retirement on the total scores earned through the inventory used. Hence forth it is witnessed that the reasons for retirement has certainly associated with the degree of adjustment of psycho-social problems of the elderly. This conclusion is verified by P = .007 which is a very highly significant even at 1% level of significance. Harmoniously one may infer that person having health problem has better adjustment than any other reasons for retirement. This may be due to the stress triggered by health problems in the well-being of the elderly in compare to retirement as a natural process of aging.

The elderly who enjoys pension benefit has better adjustment than any other forms, for those elderly who are not enjoying pension. Moreover, there is not significance statistically (P=0.894) when looking into the groups' dissimilarity scores. This may be due to getting pension benefits and enjoying financial assistance which give security for the elderly in compare to those who don't. At the same time, types of availing pension to the elderly have nothing connotation with the adjustment pattern (P = 0.430).

Satisfaction of pension amount enjoyed by the elderly has not impact to their psycho-social problems as obvious by the insignificant P = 0.621 while maximum score goes to no and minimum to N.A. When further question has been asked about not getting satisfaction of pension amount, maximum respondents expressed of not having sufficient amount and subsequently upon the result there could not establish the relation of psycho-social problems (P = 0.597).

4.3.6Awareness of government programs and social support received from NGO by the elderly.

The government provides programs and policies for the welfare of the elderly. The available programs and policies will reach the beneficiary only when beneficiaries are aware of the available services. Here, awareness level amongst the elderly on different governmental programs and policies is crucial. Besides, NGO can act as a supporting agent for government in creating awareness in the community. NGO plays an important role in bridging the gap between government and beneficiaries. NGOs' interventions in the study area are new concept with regard to the elderly. Though the government schemes for NGO came recently through "Integrated Programs of the Elderly Persons" which was funded by government, there is still a long way to go as it is recent development.

Table – 4.34 Distribution of Mean & SD of total score with respect to awareness of Gov., & NGOs program

Parameters		No. of case (Percentage)	Mean	SD	t or F	P-value
Knowledge of government health program	No	157 (40.9)	74.82	11.55	.603	.438
	Yes	227 (59.1)	73.88	11.78		
Availing government service	No	371 (96.6)	74.36	11.62	.694	.405
	Yes	13 (3.4)	71.61	13.46		
If Yes, type	Free medical aid	13 (3.3)	72.14	13.08	.481	.488
	N.A. (Non-Availability)	371 (96.6)	74.35	11.64		
If Yes, how often	Rarely	6 (1.6)	69.12	10.88	.891	.411
	Occasionally	7 (1.8)	72.42	16.00		
	N.A. (Non-Availability)	371(96.6)	74.41	11.62		
Difficulty in availing Govt.'s service	No	378 (98.4)	74.51	11.54	10.910	.001
	Yes	6 (1.6)	58.83	11.12		
Knowledge of NGOs programs	Eye care	6 (1.6)	72.00	14.00	.088	.967
	Old Age Home	16 (4.1)	74.81	11.49		
	Health care	3 (0.8)	74.66	9.01		
	N.A. (Non-Availability)	359 (93.5)	74.28	11.71		
Type of availing NGOs services	Free medical aid	6 (1.6)	58.83	11.12	10.910	.001
	N.A. (Non-Availability)	378 (98.4)	74.51	11.54		
If Yes, how often	Rarely	6 (1.6)	58.83	11.12	10.910	.001
	N.A. (Non-Availability)	378 (98.4)	74.51	11.54		
Difficulty in availing NGO's service	No	343 (89.3)	73.82	11.48	4.719	.030
	Yes	41 (10.7)	78.00	12.83		

The number of the elderly who have proper knowledge of government health program is more than that of who do not have proper knowledge of government health programs. And the former group has less adjustment than the later group in terms of the psycho-social problems. But the difference is not significant (P = 0.438).

Even though the question is relating to availing health facilities and services rendered by government to the elderly, it is witnessed that those elderly who didn't avail the facilities had better adjustment to the problem than those availing the facilities and services despite the fact that the pattern is not noteworthy (P = 0.405).

Persons receiving free medical camp and aid have less adjustment than those who do not receive. As similar as in the previous, insignificant trend is also existed here too (P = 0.488). Further, around 50 percent of them were availing rarely while another 50 percent were availing occasionally but the pattern could not make sense to the adjustment of psycho-social problems.

Those elderly who have never faced any difficulty in availing government health services have better adjustment whereas those who faced difficulty in availing government health services have least adjustment. Interestingly, the groups mean scores is quite significant statistically (P = 0.001). This may be due to the capability in utilizing the available services to the fullest which help the elderly in facing challenges in compare to those who are not able to receive services. Therefore, the adjustment of the elderly who gets services is higher than those who do not.

In case of the knowledge of NGOs programs, it does not have any established correlation with the adjustment of psycho-social problems (P = 0.967). In contrast, the factors like type of availing NGOs services, if Yes, how often, and difficulty in availing NGO's service have definite impact on the adjustment nature of the elderly towards their psycho-social problems as the corresponding P-values are much less than the significant level adopted. For instance, those who were available free medical aid organized by NGOs have significantly least adjustment; they also rarely received such aid having less adjustment too; and those who faced difficulty in availing NGO's service have also less adjustment. This may be due to the reason and natures of the elderly who don't receive any services from NGO despite their anticipation of the

services from the NGO(s).

4.3.7 Perception towards Old Age Home (OAH) and awareness of social work intervention.

The perception of the elderly towards Old Age Home will determine the preference of them to stay at Old Age Home. The Old Age Home is a new concept in the study area. The awareness of the elderly in relation to social work interventions is needed to assess the availability of social work interventions. For them, the awareness in availing service is important to assess the availability of social support system in the community.

Table – 4.35 Distribution of mean & SD of total score with respect to perception towards Old Age Home& awareness of social work intervention

Parameters		No. of case	Mean	SD	t or F	P= value
Inclination to Old Age Home	Sometimes	32	77.75	13.26	1.620	.199
	Always	10	75:30	10.72		
	No	342	73.91			
Feeling of social stigma	Yes	302	73.49	11.52	6.291	.013
	No	82	77.12	11.90		
Ill perception of stigma on Old Age Home	No	201	75.59	11.08	5.453	.020
	Yes	183	72.81	12.18		
Awareness of social work intervention	No	249	75.19	11.29	4.487	.035
	Yes	135	72.56	12.23		
Availing social work intervention	No	18	75.38	8.69	.172	.678
	Yes	366	74.21	11.82		

Most of the elderly don't like to stay at Old Age Home and it may further be witnessed from the table that those elderly against the inclination to Old Age Home

having less adjustment followed by feeling always stay at Old Age Home, and sometimes notices better adjustment, but the dissimilarity is not significant (P = 0.199). Feeling of social stigma has fascinatingly significant impact on the psycho-social problems as evident by P = 0.013. In other words, those who are the custodian of social stigma have significantly less adjustment than that of those who do not care of the social stigma. Again, ill perception of stigma on Old Age Home has significant impact on psycho-social problems (P = 0.020). Thus one may interpret that good perception has attributed with much better adjustment. This may be due to the negative perception that leads to poor adjustment and positive perception leads to better adjustment of the elderly.

Similarly, the elderly with awareness of social work intervention have significantly least adjustment of the problem. This in agreement with the less P-value (P =0.035). This may be due to the knowledge of service availability. However, non-availability of services had made significant impact on the adjustment patterns to the elderly. Further it is also found that there is no influenced on availing social work intervention on the adjustment of psycho-social problems (P = 0.678) to the elderly whether they have got it or not.

4.4 Care Taker Perceptions' with Regard to Family and Support System Towards The Elderly

"The probability that we may fail in the struggle ought not to deter us from the support of a cause we believe to be just." Abraham Lincoln

Family is important for the elderly. Elderly people depend on family members and they are the primary source of strength for the elderly. Besides family support system, the social support systems that include government and NGO have a significant role in providing services towards welfare of the elderly. They are also responsible for providing social support and financial security to the elderly.

4.4.1 Financial difficulty faced by caretaker

Financial hardship depends on family conditions. The financial insecurity face in the family is due to limited income. Finance plays an important role in family management and maintenance.

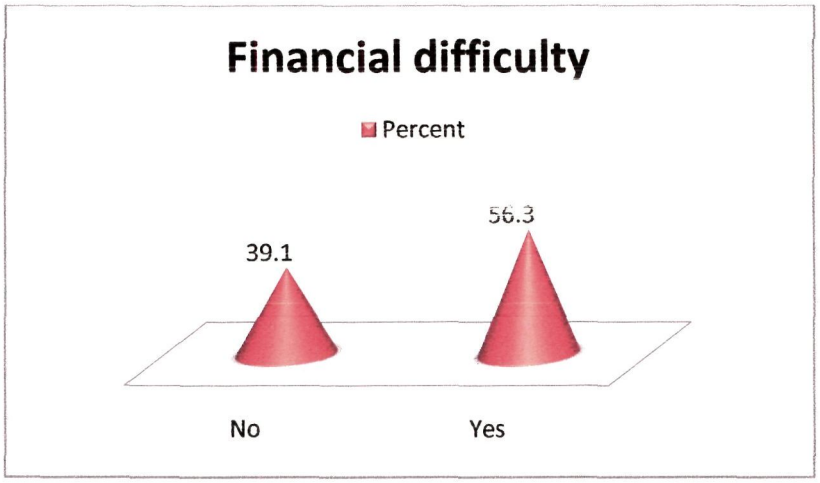


Chart 4.23: Financial difficulty faced by caretaker in looking after the Elderly.

From the chart, it is shown that 56.3 percent of care taker experienced financial difficulty while supporting the elderly and 39.1 percent did not experience so. The study found that financial difficulty arises because of insecure income to the caretakers and of the elderly.

4.4.2 Generation gap between the caretaker and the Elderly.

The generation gap is developing with the advancement in science and technology. The social change occurs gradually with the passage of time. Vast changes have been observed within the family and in the society. The pattern of communication system itself has changed due to course of time.

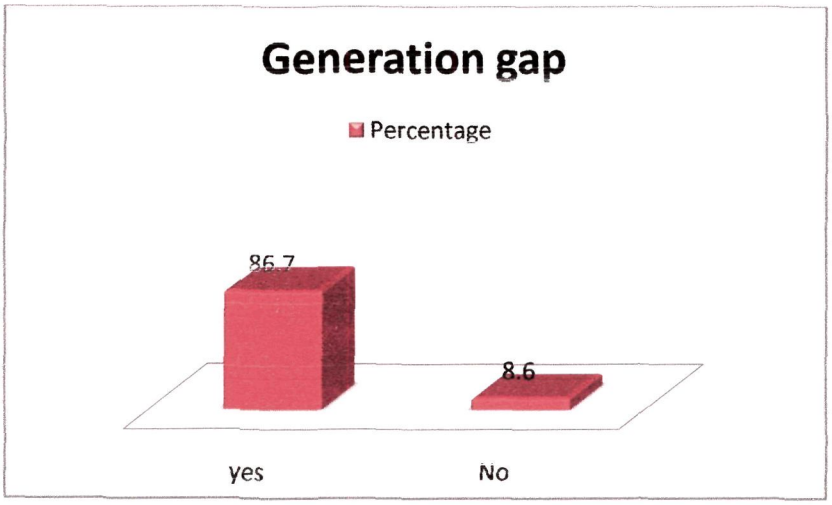


Figure 4.24: Generation gap between the Elderly and caretaker.

From the chart 4.24, it is seen that 86.7 percent of care takers experienced of having generation gap while 8.6 percent of them did not comply with the statement. The study has found that there are gradual trends of change in cultural norms and practices which ultimately lead to generation gap. The study by Ramamurti, (1995) supported the finding that aged experience intergenerational gap, interactional stress and strain and conflict with in-laws.

During a field visit, the researcher found caretakers who expressed the following problems.

Ebeton (name changed) has expressed, "During olden days, there is ritual practice of not using slipper while cooking food but nowadays such strict rule had been changed which make us happy".

Ebungo (name changed) said, "As the elderly are not aware of the latest invention and electronic gadgets, there is communication gap between the younger and old generations in this 21st century."

Now-a-days the life style has really changed. With ever increasing populations, there is indeed changing role of women from being full-time to part time caretakers thereby creating problems of not getting assistance at the time of need to the elderly. This makes a generation gap with the elderly and family member. Family member as a caretaker faced financial problem in taking care of the elderly.

4.4.3 Problems faced by caretaker

The caretakers faced problems due to their inability in maintaining the elderly to their expectations.

Table – 4.36 Distribution of mean & SD of total score with respect to care taker's problems to deal elder

Parameters		No. of case	Mean	SD	t or F	P-value
Difficulty to care elder	No	150	72.54	10.30	5.125	.024
	Yes	216	75.37	12.66		
When care provided	If needed	43	72.97	14.68	1.243	.290
	Timely service	304	74.15	11.57		
	Not require to assist	19	78.05	7.40		
Problem of adjustment	No problem	159	73.25	10.49	1.012	.435
	Difficulty in time management	48	77.12	11.11		
	Lack of manpower	9	77.55	9.51		
	Self-psychological difficulty	5	75.60	11.01		
	Multiple problems	32	76.43	12.86		
	Financial problem	60	72.65	14.44		
	No comment	6	82.00	10.58		
	Difficulty in fulfilling their wish	10	72.90	13.44		
	Time adjustment and less Man power	4	76.50	25.38		
	Financial and time management	11	72.63	12.13		
	Difficulty in adjustment	19	74.00	10.03		
	Difficulty in timely assisting.	3	67.00	9.16		
Problem to care	Yes	207	75.44	12.74	5.206	.023
	No	159	72.61	10.31		
Generation gap	No	33	73.00	9.84	.383	.536
	Yes	333	74.33	12.00		

It is interesting to note that those elderly whose caretakers felt difficulty to

care them has better adjustment in comparison with those caretakers who have no difficulty to care them as former has higher mean score (75.37) than the later (72.54). Moreover, it is observed that discrepancy is found to be significant as evident by T-test value (5.125) with P = 0.024 at 5 percent probability level. Nonetheless, timely taking care has no linked with the adjustment of the problem faced by the elderly (P = 0.290) but "was not required to assist" is found to have highest score, followed by timely service and if needed respectively.

In order to catch the real picture of whether any problem of adjustment with the elderly or not, F-test is advocated and finding suggests that there is no significant association between the factor and adjustment of the problem (P =.290). Nevertheless, no comment notices highest score (82.00) as against the lowest score (67.00) that attributes to difficulty in timely assisting.

Number of caretakers having problems to deal with the elderly has higher score than the number of caretakers having no problem to deal with. Further it is interesting to mention that those elderly with care taker of having problems are better adjustment of the problems than that of their counterpart with caretakers of no problem. This statement is entrusted by the significant P-value (0.023).

Maximum number of caretakers felt that there is large generation gap between the elderly and them and at the same time the elderly of those whose caretakers felt having a generation gap have a better adjustment of their psycho-social problems than that of those whose caretakers do not.

4.4.4Care taker's inclination to Old Age Home (OLH) & social stigma

Caretaker's inclination towards the Old Age Home depend on the extent of burden, custom and societal norm. Another important factor is the social stigma prevalent in the society.

Table – 4.37 Distribution of mean & SD of total score with respect to care taker's inclination to Old Age Home& social stigma

Parameters		No. of case	Mean	SD	t or F	P-value
Inclination to Old Age Home	No	346	74.34	11.29	.555	.575
	Yes	20	71.63	19.46		
No bother against stigma	No	308	73.96	11.54	.903	.343
	Yes	58	75.56	13.21		
Elder plays important societal role	No	125	72.12	13.73	6.003	.015
	Yes	241	75.29	10 56		

Maximum caretakers are against the concept of keeping their elderly to Old Age Home due to the social stigma. Yet these attitudes can't make any changes of their elderly people in the behaviour of the adjustment of psycho-social problems as the corresponding P-values are greater than 0.05, the significant level adopted for the test. Quite in divergence, there is also the idea of caretakers regarding the importance of elder's en route for social transformation..

This is in agreement with a very less P-value (P =0.015) and finally one may say that the elderly with caretakers having the perception that the elderly plays an important societal role have better adjustment of the problem than that of the elderly having against the perception of the elderly playing an important role in the society.

4.4.5 Care taker's knowledge in availing the program services for the elders

The perception of the caretaker's availability of social supports will determine the utilization of available support system by the elderly.

Table – 4.38 Distribution of mean & SD of total score with respect to Care taker's knowledge, availing benefit of program for the elders

Parameters		No. of case	Mean,	SD	t or F	P-value
Knowledge on elder programs	No	106	75.50	12.60	1.765	.185
	Yes	260	73.69	11.47		
Availing government services	No	205	74.01	11.29	1.799	.147
	Yes	154	74.54	12.55		
	Applied for	3	84.33	4.61		
	Do not approach	4	64.00	4.89		
If Yes, types	Old Age Pension	136	75.22	12.27	1.186	.317
	Retirement pension	20	75.30	13.81		
	Free medical aid	3	64.66	8.62		
	Others	16	70.68	14.96		
	N.A. (Non-Availability)	191	73.83	10.97		
Availing pension	No	117	73.23	10.70	1.174	.279
	Yes	249	74.67	12.30		
Satisfaction of pension amount	No	190	74.45	12.36	.616	.605
	Yes	76	74.43	12.35		
	No comment	2	84.00	14.14		
	N.A (Non-Availability)	97	73.47	10.24		
Satisfaction of government's services	Fully	41	75.46	11.84	.966	.409
	Partially	57	71.98	13.03		
	Not at all	259	74.43	11.61		
	N.A. (Non-Availability)	9	76.44	9.15		
Availing NGO's services	No	362	74.30	11.83	1.841	.176
	Yes	4	66.25	7.71		
If Yes, types	Free medical camp	3	64.66	8.62	1.026	.359
	Eye camp	1	71.00	-		
	N.A. (Non-Availability)	362	74.30	11.83		
Satisfaction of NGO's facilities	Yes	1	54.00	-	2.416	.091
	Partially	4	66.25	7.71		
	No	361	74.36	11.80		

More than half of the caretakers have proper knowledge of the welfare programs of the elderly which are made by the government and NGOs. Yet again, the

elderly having better adjustment of the problems are associated with the caretakers who do not have a proper or no knowledge of the programs in comparison to other elderly with the caretakers of having proper knowledge as inculcated by the higher score in the former as against the lower score in the later. However, the visible difference, we detected, is not significant enough (P = 0.185) and thus one may accomplish that caretaker's knowledge on the elderly programs may not alter of the adjustment problem by the elderly.

There is a question of availing facilities and services to the elderly rendered by government. It is witnessed that those elderly who do not avail but have applied for better adjustment of the problem and those who do not approach to authority have least adjustment. This may be due to better adjustment in case of the elderly who are in anticipation of getting the services in compare to those who do not.

There are four options and N.A. when asked the types of facilities availing. The highest score pertains to retirement pension, which is followed by Old Age Pension, N.A, others category and free medical aid respectively but variation of scores is found to be insignificant. Thus, it is confirmed that the types of facilities and services can't influence the adjustment pattern (P = 0.317). Auxiliary, getting pension has better adjustment than that of not getting pension but it is not up to the significant mark statistically (P = 0.279).

Satisfaction of pension amount has no role to the behaviour of the psycho-social problem of the elderly as evident by the insignificant P = 0.605 while maximum score belongs to no comment and minimum to N.A. Likewise, satisfaction of government's services could not change the mindset of the psycho-social problem of the elderly (P = 0.409).

Only four out of 384 elderly persons availing services rendered by NGOs and they have a total score of 66.25 which is quite low in comparison with the score (74.30) of the elderly who do not avail such services but the discrepancy of scores between the two groups of elderly is not significant (P = 0.176). Again, out of the four elderly, 3 are availing through free medical camp and lone through eye camp. This pattern can't make change in the perception of the elderly towards their psycho-social

problem (P = 0.359). Above and beyond, satisfaction of NGO's facilities by the caretakers has no linked with the attitude of adjustment by the elderly on their psycho-social problems.

In the context of Manipur the study found that joint family system still prevails with 58.1 percent out of the total 100 percent of the responses. Daughter–in-laws were the primary caretakers of the elderly with 54.2 percent. The study found that there is no influence of caretaker on the psycho-social problems of the elderly. This does not mean that looking after the elderly is not a burden to caretaker. The study reveals that the elderly spend their free time with friends and family members, listening music, gardening, art and craft, farm and business, reading and spiritual activities, walking and taking naps. Financial security is the important area where both the care taker and the elderly faced in fulfilling their requirements. The reasons for retirement have certainly association with the degree of adjustment of psycho-social problems of the elderly. There is the stigma attached in staying at Old Age Home. Feeling of social stigma has fascinatingly significant impact on the psycho-social problems of the elderly. Those elderly who have social stigma have less adjustment than those who do not care of social stigma. Old Age Home remained an alternate option for destitute elderly and the elderly do not like to stay at Old Age Home. The elderly of those whose caretakers felt having a generation gap have a better adjustment of their psycho-social problems than that of those whose caretakers do not. The study found that the elderly whose caretaker felt difficulty to care him/her has better adjustment in comparison with those elderly whose caretaker felt no difficulty to look after them. Further, it is interesting to mention that those elderly with caretaker of having problems are better adjustment of the problems than that of their counterpart with caretakers of no problem. Thus, the findings of the study highlight to bring a change in intervention of programs by government and NGOs in providing a quality care and active healthy aging for the elderly. There is also a need to adopt new assistance for caretakers as the problem of the elderly is multidimensional in which there is a need of inter-disciplinary approach to mitigate the problems.

To have a clear understanding about the gravity of problems faced by the elderly, the researcher selected few elderly and highlighted their case studies. The detail experiences of the elderly will be present in following.

4.5 Case Studies and Observation

The next topic deals with selected case studies of the respondents who faced psycho-social problems in their life as they grow old. These case studies will be focused on both male and female elderly persons and their experiences with family, community and society as they face challenges of growing old. The case study will highlight the different experiences and different views of the elderly in their life. The views and experiences will provide an idea about the problemsthat are facing by the elderly at present changing patterns of society. This will provide a glimpse on the way to overcome the problems in the context of the elderly. The detail discussion on case studies will be presented as follows:

Case 1

Mani (name changed) was born in 1925. She is the 2nd daughter among three siblings. She is illiterate and pampered child. She met her first husband and had three sons and one daughter. Her daughter got married. Now she stays with youngest son, who is married and has one grand-daughter and one grand-son. Mani became widow at 35years of age. She faces difficulty in bringing up her children. Mimi is illiterate but she has skills in weaving. She earned doing small business when she was young. Now, as she becomes old, she has stopped doing business. She is now 88 years old. All the property has been distributed between her sons. She always feels regret for not sharing the property to her daughter. Now she feels helpless as she does not have any sources of income. She expressed that she received Old Age Pension scheme which is a meagre amount of Rs 100/- per month. She feels alone and isolated from family members as no one is there to interact with her. Most of the family members engaged in their day today activities and do not have time to interact with her. Being the elderly of the family, she had not been given respect by family members. Her daughter-in-law was not happy with her as she could not help her. She feels lonely and stay isolated even though she does not wish to be alone. As her daughter- in-law dislikes her, she could not get love and care from her son, grand-daughter and grand-son. Her daughter-in-law does not respect her and does not want her in decision making of family related matters. The decisions of Mimi have not been respected. The daughter-in-law does not want her to talk with neighbors and guest who comes at her house. Her daughter-in-law feels that Mimi's presence destroyed her peace and

harmony in the family. So, she was often isolated and left alone. Daughter-in-law wants her to leave the house and stay with other daughter-in-laws. Her daughter–in-law thinks Mimi as a burden to their family. When she is sick, no one cares for her. She herself uses to go to doctor and take medicines. She is suffering from piles, weakness, loss of appetite, and indigestion problem. Being illiterate she finds difficulty in understanding the prescription of medicines as she is not able to read. Her family members do not bother to read the prescription for her. She feels sad thinking of her younger son's attitude when he gets drunk. Whenever her younger son gets drunk, he scolds her with abusive words. So, she prays to God to make her son to be sober and kind. She, being the eldest in the locality has skills and knowledge in arrangement and management of any religious ceremony and functions in the locality. Due to her health problems she is unable to attend any social gathering.

She does not have any idea about other governmental programs and facilities except Old Age Pension. She also expressed that she had not come across any free health camp organized either by government or NGO. She does not have any ideas about social work.

Case 2

Saros (name changed) was born in 1937. She is the youngest among the four siblings. Two of her siblings died due to illness. When she was born, her mother died. She was brought up by her step mother. She wants to be an educated person but her stepmother thinks that girls does not need to go to school but engage in household works. Though stepmother did not allow her in attending school, she used to go to school whenever she got chance. Sometimes it so happened that to make her step mother agree in sending her to school; she worked hard at home and helped her mother in household work.

She met her husband and became second wife of her husband. She has one daughter and three sons. She helped her husband in bringing up children of first wife. She became widow at the age of 57. Now, she is 76 years old retired as a nurse and getting monthly pension. She stays with her second son. She distributed properties to her three sons. She has her salary pension. But she is not able to manage her household expenses. She is more concerned about her second son's family conditions. Her daughter-in-law decides of her financial matters At the same time, her daughter

also wants financial assistance from her. Even if she gets her own salary pension but unable to utilize according to her wish.

Whenever there is shortage of money there is no one to help her. She is independent in nature and does not depend on others. She likes to do her work independently. Whenever she has health problems, she usually manages by herself by visiting to doctor and get medicines as prescribed by doctor. She is suffering from Tuberculosis (T.B), piles and ulcer. She can take care of herself as she has the experience. She usually helps neighbor in health related matters. Now, as she is old, she is not able to extend help to others even if she wishes to help them. As a result, she feels helpless. Saros expressed, "I am like a rug cloth which is hanged in the fencing." She being an independent in nature does not get emotional support from family members. Sometimes, she feels that there is no one in the family to support her at the time of her needs. No one in the family talk to her except when they are in need of money. She said, "I am aware of Old Age Pension for elderly but I am not eligible to get that as I am enjoying pension scheme." She had not come across any free health camp conducted by government and NGO. Till date, she does not come across interventions from any social worker.

Case 3

Ahanbi (name changed) was born in 1932. She is the eldest daughter among four siblings. She helped her father and mother. When she was 13 years old, her parents married of her. Later she separated from her husband when she was in 17 years of age. She has two daughters of her first marriage. She met her second husband at the age of 27 years. She is the second wife of her second husband. She worked hard in maintaining the family by helping her mother-in-law. After the birth of her another child, she again got separated from her husband. She left her husband's house and stayed with her parents. She is the only one to provide economic assistance to her parents and her children. She got job at hospital as a grade 4. She stayed alone at the hospital quarter when her daughter got married. Now, she is 81 years old and already got retired from her job. Now, she stays in her daughter's place. She stays with her daughter and son-in-law. She gets monthly pension. She spent her money according to her wishes and her desire and expressed that they looked after her very

well. She further expressed that even though they cared of her, she had a feeling of restriction as it was not her own house. She feels sad of not having of her own son.

Health is the main concerned of her but she is a diabetic patient and suffering from intestinal problem, hypertension and eyes related problems. As age advances, health problem also increases. Earlier, she was able to help family members in household activity but nowadays she is not able to help them like before. Being a diabetic patient she does not attend social function as she can't have normal diet. Due to advancing age, she became weak and was not able to go out. She sometimes feels sad that she is not able to go out and meet her near and dear ones. She, sometimes, feels lonely and gets isolated. She also had suffered from depression and treated now. She expresses, "Its God's will that I am waiting the time – for the last breath. She further expressed that "Sibayadabagihingbahaiduni" (I am kicking and alive till I am being called.)

Case 4

Thaba (name changed) was born in 1928. He is second one among his six siblings. He is high school teacher by profession. He married at the age of 27 years. He has eight children - four boys and four girls. He is also a writer. His unmarried eldest daughter who stays with him has psychiatric problem and died at the age of fifty. His wife died six years back. He remains alone. He is now 85 years old. He stays with his elder son and daughter-in-law. During his stayed with his elder son, he used to go to hotel to have food. His daughter-in-law did not cook and provide food for him.

When the matter came to know by his second son and daughter-in-law, he was taken aback by second son and now he is staying with them. He does not have financial problem. The only problem he has is that no one is there to talk and share with. After the demise of his wife, he is feeling quite lonely. He also expressed that family member think him as a mad person. Further he said, "I hire a helper (woman). When I talk with my helper people misunderstand me." He asked a question that how a person can stay without interacting with anyone. He met an accident and injured his right leg,his ribs were fractured and sustained injuries in his head. This has made a real burden to family members. Money can't find happiness. People need one another to talk and share with their thoughts. For the past many days he has been bed ridden after the accident but recently there is improvement in his health.

Case 5

Manitomba (name changed) was born in 1935. He is the second one among two siblings. He has two wives. He met his first wife and had five children. Then, he has met his second wife and has two children. He has seven children altogether. He stays with his second wife. He is now 78 years old. He is suffering from hypertension. Sometimes, when he is unwell, he keeps it to himself. He wants to stay with children when he gets sick. He, sometimes, gets problem for not getting proper sleep. He expressed that he had not approached any free medical camp. He runs a small hotel with her second wife. He faces financial problem. He gets Old Age Pension of Rs 200 per month. He expressed that he did not get monthly pension regularly. He gets the pension for seven to eight months at one go. He said, "The pension amount is not enough to run a family. I wish the government increase the pension amount." He does not have enough money for saving. Usually he does not ask money from children. He opined that society do not respect those who are not financially sound. He has anxiety and fear to hear any bad news. He gives freedom to his children to do things according to their wishes. All of his children live separately. None of his son looks after him. He, sometimes, has half meal in a day. He faces many family problems.

He asked himself, "How well we are in our life?" When he compared his life with his other friends, he said, "My life is facing lot of problems and some of my friends are very fortunate in life."

He has distributed his properties among his sons but there is no cooperation among them. One of his sons refused to stay with them and stayed with his daughter-in-law. The youngest son never respects him and does whatever he likes and does not bother about him. He felt helpless as no one is there to share his problem. He is not getting support from his family member. He does not think that family members need his advice and decisions. He feels that there is generation gap. He does not bother whether family member respect him or not. He expresses that he does not expect anything more in life and feels that prayer to God is a way to lead a better life. He expresses that he prays and sings Bhajan to overcome his problems. He spends his leisure time doing gardening, praying, etc. He thinks that society still respects him. He expresses that social circle decreases due to aging. Growing old has made him dependent on spouse. He feels difficult in expressing his emotions with family

members. He does not have trust to his family members. He is no more interested in this material life. Now he is no more concerned for this worldly pleasure. He expresses that it is a good idea to have an Old Age Home in community. He wants to stay at Old Age Home. He expresses that he does not have problems for staying at Old Age Home. He says that it is good for elderly to stay at Old Age Home so that they will not become burden to family member. Till date he has not met any social worker. He also expresses that he wants to do social work but unable to do due to lack of resources and inability to perform activity. He does not know what a social worker can do for elderly therefore he does not expect anything. If he happens to meet them, he hopes that they will do some development activities for the elderly people.

Case 6

Ebetombi (name changed) was born in 1948. She is the only daughter of her parents. She is illiterate. She is second wife of her husband. She does not have child. She, being a second wife of her husband, adopted and looked after the first wife's children. The first wife has one son and one daughter.

She became widow at the age of 35 and she looked after the children alone. She struggled a lot in bringing up children. She earns income by running a vegetable stall. Her daughter and son got married. Now she stays with son and daughter-in-law. She has a grandson and a grand- daughter. She faces lots of economic problems. She states, "I can die but can't fall sick." She does all the household activities. She feels weak and not able to get proper sleep. She has a habit of chewing pan. She uses to have one meal in a day. She weeps while disclosing her past agony, "When I met an accident, no one was there to take me to hospital so I stayed at home for one month without treatment." She met an accident which made her limb difficult to move like before. She wants to go for check up to doctor but unable to go. She uses to take pain killer when problems arise in limb and admits that stress has led to increase her blood pressure. Slight illness made her disturbed psychologically and felt bad for not being able to attend social functions and ceremonies. She is fearful about getting sick as no one is there to give financial assistance. She felt that she missed her husband and thought that she would not suffer like this if he were alive. Whenever she wants to discuss about family matter, she feels no one is there to share her feelings. She thinks that financial problem is the main reason for having problem in the family. At present

she feels that she has to work as no one is there to substitute her. She gets Old Age Pension of Rs 100/- per month. The amount of pension is insufficient and can't cover the medical expenses. She did not receive any free health care facilities from government. She is unaware of policies and programs from government for aged people. After the accident she needs assistance in doing her daily chores.

She has been given assistance by her grand-daughter. But, she has to struggle herself for financial assistance. She wants to save money but not able to save anything because of the household expenses. She often listens to radio to freshen up her mind. She feels that passing time is difficult without doing work. She feels that society still respect her even though she does not get the desired respect from family members. Social circle decreases as most of her friends are no more. She wants to remain by mixing up with people. She feels lonely without spouse.

She said, "Sometimes, in my mind and heart, there is a strong feeling of committing suicide but so far I have never attempted it. Sometimes, I feel angry as no one is there to listens my feelings." Advance in age makes elderly unable to express emotions freely. She further said, "In front of others they (family members) try to act that everything is alright but in actual there is no interaction and good relationships among the family members." She regretted that family members are looking after her in a condition that she continues providing financial assistance to them.

She feels that family members need her and require her assistance to manage household requirements. She said, "Everyday I almost cry." She expresses that she wants to stay at Old Age Home but unable to do so because of her family and grand children. She thinks that if she stays at Old Age Home than the dignity and respect for her children will be endangered. She further expressed that her sons and daughter-in-laws will not allow her to stay at Old Age Home because she is the one who is financially supporting the family. Her son becomes an alcoholic after realising that she is her step mother. He overheard gossip by neighbor that he had been adopted. Her son uses to get drunk and abuses her. This made her disturbed in her life. She expressed that she heard about social worker in radio. She cries while expressing and said she is really in need of psychological support. She expressed that psychological support should be given to unfortunate elderly.

Case 7

Tomba (name changed) was born in 1938. He is illiterate. He was a carpenter by profession. His spouse is alive. He stays with his wife and youngest son. His wife age is 77 years. She is also illiterate. He has four sons and three daughters. He does his daily activities but he can't walk without the support of walking stick as his knees are weak and creating problems while walking. He complains of having pain in his shoulder for the past three months. He also has eye problems. He was even hospitalized and got treatment but nothing had helped him. He gets help from his elder son whenever he needs help. Once he had the habit of smoking but had left long time back. He usually goes for treatment to either government or private hospitals. Every six months he goes for check up. Every morning he does exercises. Thirty years back he left his work due to health problem. He gets Old Age Pension scheme. He does not get the Old Age Pension monthly but get a lump sum amount for nine months at one go. He spends Rs 1500 for medicines. He wants to save money but he does not have extra money to save, as all the entire amounts were spent to his health care. When he needs financial assistance and wants to earn income, he starts doing part time business. Every time he wants to take rest he could not take proper rest due to his knees. He feels depressed whenever he thinks of his knee problems. He feels happy when a guest arrived at home. Aging does not decrease social circle. He feels aging as a natural process and makes people become physical weak. His wife also had physical weakness due to aging. He thinks that dependency towards spouse increases with growing old. Sometimes, he feels like weeping. He wants to be with people but as he is a diabetic patient his children do not allow him to go here and there. He says that he never uses to worry about his health problem. He trusts that by checking in his diet, everything will be fine. He depends on medicines for survival. He thinks that if he remains sick then his children will give attention to him. He does not stay mum when he gets sick. He intimates to family members whenever he gets sick. He also thinks that it shall not be a burden to family members. He trusts that his children will look after him well when he is bedridden. He also wants to give whatever he has to his children. He has not distributed wealth and properties to his children. Sometimes, he feels worried about things that may turn out of his control. He feels that whether he will be able to control over his children or not. He gives freedom to his children to do work according to their choices. He likes interacting with friends and allows them to

express their feelings and views. But, now-a- days, due to health problem he is not able to go out and meet his friends. He further expresses that his friends are also not able to visit him as they are also facing the same problem. Even though he does not enjoy the best life and not happy with it, he pretended as if he was happy. He spends leisure time by watching T.V. and listening to the Mahabharata epic. He is not aware of welfare programs and policies for elders from government. He does not come across any facilities even from NGO. Whenever he gets annoyed with his children then he felt like staying at Old Age Home. But in reality he is not willing to stay at Old Age Home. He thinks that family members do not want him to stay at Old Age Home. He does not have any idea about social work. He wants to make a place where all the elderly can get together and listen to spiritual thoughts and knowledge.

Case 8

Janaki (name changed) was born in 1929. She is illiterate. She is second among the siblings. She has got one elder sister. She is married but got separated illegally. She has got one daughter who now has got married. She is widow now. Her sister is 85 years now. Even her elder sister has one daughter. Her sister's daughter also got married. She is also widow. As her sister does not have son and no one is there to look after her. Her sister is staying with her. She expresses that as she does not have a brother or a son, she feels helpless. She states, "I feel very sad for all widows facing same fate like me."

She has been receiving a widow pension. She gets Rs 100 per month. She recently received the pension for four months altogether. She used to earn income through business but had stopped 20 years back due to health problem. She does not have saving. She gets financial assistance from her daughter and has needed to provide her medicines as she does not have money to buy. Although, she wants to earn income but it is unable to earn income because of her ill health. She feels that because of her weakness and inability, she is compelled to accept financial help from her children.

She says, "My daughter has family and even she needs to look after her family so I can't be too dependent on my daughter." There is no electricity in her house. As she is aged, has problem in vision. She feels that aging is a natural process and due to aging, her social circle decreases. She expresses, "I want to be in the midst of people as it reduces stress and sorrow of being alone."

She feels difficult to pass time. She gets worried in thinking of what may happen tomorrow. She gets anxious for little things without any reason. She gets scare of thinking that different kinds of diseases may crop up due to aging.

She thinks that her family members, (not others) will extend help and render assistance when she becomes sick.

Expressing her thought, she said that when she gets ill it should not be a burden to family members. When she feels unwell then she wants to take rest the whole day. She feels scare that she may fall down accidentally.

Sometimes, she gets frustrated and get angry upon self. She along with her weak sister faces lots of problems as no one is there to supports them. Still they use to work like before. At night she has problems as there is no electricity at home. Her house also needs to repair properly. At the time of her needs, her daughter helps her financially, since her daughter had married and had a family, it is difficult to totally depend on her. Therefore, it makes them unable to give proper attention. She discloses that little uneasiness with the health makes her depressed. She has health problem like insomnia, breathing problem, weakness, loss of appetite, etc. She has gone for five times to hospital for her health check up. But nothing helps her and doctor also advice her that it is just because of aging. She expressed that she might be having "Sadouthungba," – physical weakness because of advancing age. She says, "I do not have come across any free health check up either from government or NGOs". Except Old Age Pension, she does not aware of other programs and facilities of government.

Moreover, she has no idea about NGO. She does not want to stay at Old Age Home. She feels shy and has consciousness that people will think otherwise if she goes for Old Age Home. Not knowing about social work, she said, "Till date I am not meeting with any social worker." She wants to establish recreational centers for good at the local community.

Case 9

Jamuna (name changed) was born in 1949. She is married and illiterate. She is ninth among the eleven siblings. She is a seasonal worker, who works in other's agriculture land as daily wage earner. Her spouse is living with her. Her spouse gets Old Age Pension Scheme. She has three sons. She is staying with spouse and second sons'

family. She tries hard to get enrolled for education of her sons. They all studied till 10th standards. Her elder son went away from home and stayed with daughter-in-law. Even her younger son also stays separately. She can't work due to health problems now. She is sick and has been hospitalized for 2 months. She has blood pressure, dizziness and weakness. She spends around Rs 6000 to 7000 for her health problem during her staying at the hospital. As her doctor's advice she visits hospital for health check up. Her family has to reserve a vehicle for visiting hospital for her health check up. She goes morning walk and does light exercises which improve her body movements. Whenever she goes to the hospital, she needs to spend Rs 1600 minimum for her health problem. She feels sad as she can't work as before. She expresses that whatever her family is giving assistance to her is more than enough and she is happy with it.

She says, "I am very happy with the financial assistance of Old Age Pension Scheme. Whatever it may be, at least the government is rendering something for the causes of poor masses and of course, it is far better than not getting anything."

Jamuna, so far, does not come across free health services carried out by Government or NGO. She is not aware of it. She reveals that there may be free medical camps organized by the government for people who are under Below Poverty Line on different areas but she has not come across anything about it till date. She is aware of Old Age Home facility but she does not know other facilities given by government for elderly. Except Old Age Pension Scheme, no one gives awareness regarding the facilities of elderly given by government. She says, "To get services which are deemed to be given by government can't be got easily as it is required to get connected with influential people who are in power."

From the above highlighted case studies various aspects of different problems of elderly are being discussed. Due to their aging, elderly have different problems in adjustment with their own health, financial, family members, society and health. It is again more difficult for those spouses who are living as widows, widowers than those elderly who are living with their own spouses. The cases have further described that the services provided by government are very minimal to fulfil the needs of elderly. Due to the cultural and traditional norms under the study area, most of them have also expressed that there is social stigma attached in preferring to stay at Old Age Home.

Even though they suffer due to old age and their dependency towards family members is strong and they still prefer to stay with family members at their respective home.

Later on, next part III will deal - on roles of government and non-government organization (NGO) in providing services for elderly. This part is mainly divided into two portions (i) Government programs for the elderly in Manipur and (ii) NGO services for the elderly.

PART III - ROLES OF GOVERNMENT AND NON-GOVERNMENT ORGANIZATION IN PROVIDING SERVICES FOR ELDERLY

The part III deals with different programs, policies and services that are provided by both government and NGOs for the elderly. The data have been presented as per the responses given by personnel from government and NGO through semi-structure interview schedule. This part is mainly divided into two portions (i) Government programs for the elderly in Manipur and (ii) NGO services for the elderly.

4.6 Government Programs for the elderly in Manipur

Government of India had made programs and policies for the elderly. Social Welfare Department (SWD) of the Manipur Government plays an important role in giving assistance to the elderly. SWD is the nodal government department existing in each state of India and it executes all the programs, schemes and policies of the Government for the welfare of the people. SWD also gives funding for NGO and work under their objectives and area of intervention. The different schemes and programs of the elderly are discussed in details:

4.6.1. Profile of State Social Welfare Board, Manipur:

The Department of Social Welfare, Manipur has mandated to ensure proper care for elderly people and socially maladjusted persons, development of children and women and physically challenged persons. Under this department,

the following offices are operationalized for implementation of schemes taken by S.W.D.

(A) State level:

1) Directorate Head Quarter.
2) Government Ideal Blind School, Takyelpat.
3) Government Deaf and mute School, Takyelpat.
4) Welfare Training Institute, Takyelpat.
5) Anganwadi Training Institute, Takyelpat.
6) Working Ladies Hostel, Takyelpat.
7) State Integrated Child Development Services (ICDS) Cell at Head Quarters.
8) State BalBhavan, KhumanLampak.
9) Observation and Special Home for Socially mal adjusted children.

(B) District Levels:

1) District Social Welfare Officers at all district Head quarters in the state – 9
2) Social Welfare Office, Saitu Gamphajol – 1
3) District Integrated Child Development Services (ICDS) Cells – 9
4) Integrated Child Development Services (ICDS) Project – 42

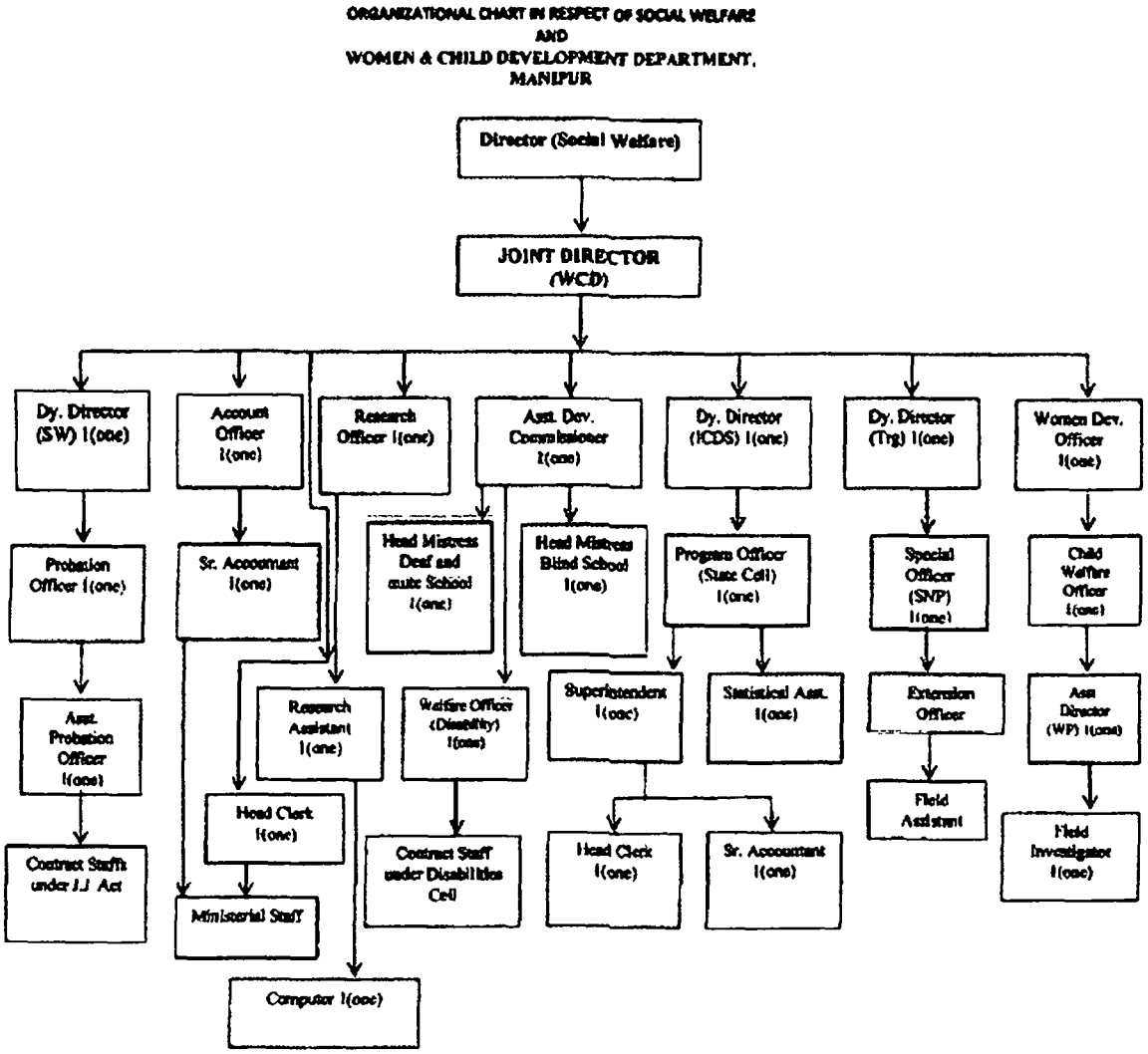
4.6.2 Objectives:

- Care and protection of children, women, disabled persons, aged and infirm, delinquent and neglected juveniles, destitute and orphan children, ex-convicts, ex-criminals and persons released on probation.
- Welfare and development of children, women, disabled persons, aged and infirm, delinquent and neglected juveniles, destitute and orphan children, ex-convicts, ex-criminals and persons released on probation.
- Rehabilitation of children, women, disabled persons, aged and infirm, delinquent and neglected juveniles, destitute and orphan children, ex-convicts, ex-criminals and persons released on probation.

4.6.3 Target Groups:

1. Old persons – Providing financial assistance.
2. Women – vocational training, shelter home, Protection from violence.
3. Children – Child protection, observation home, financial assistance, supplementary nutrition, recreational and education.
4. Physically challenged persons – Provide financial assistance.

4.6.4 Staffing Pattern:



4.6.5 Programmes and services

(A) Old persons:

1. Manipur Old Age Pension Scheme:

The Manipur Old Age Pension Scheme was introduced in the State in the year 1982. Now, 30905 pensioners were enjoying monthly pension @ Rs.100/- under Manipur Old Age Pension Scheme.

2. National Social Assistance Program (NSAP):

The NSAP has five component schemes Viz.,

a) Indira Gandhi National Old Age Pension Scheme (IGNOAP)

Provided monthly pension @ Rs. 200/- to 72514 beneficiaries under Indira Gandhi National Old Age Pension Scheme (IGNOPS)

b) Indira Gandhi National Widow Pension Scheme (IGNWPS)

Provided monthly pension @ Rs. 200/- to 4675 beneficiaries under Indira Gandhi National Widow Pension Scheme (IGNWPS)

c) Indira Gandhi National Disability Pension Scheme (IGNDPS)

Provided monthly pension @ Rs. 200/- to 1341 beneficiaries under Indira Gandhi National Disability Pension Scheme (IGNDPS)

d) Annapurna Scheme

Distributed food grains @ 10 kgs.per month to 8590 beneficiaries under Annapurna Scheme.

e) National Family Benefit Scheme (NFBS)

Benefited @ Rs. 10,000/- to 1670 beneficiaries under NFBS to those household below the poverty line on the death of the primary breadwinner in the bereave families.

4.6.6Services available from S.W.D for Welfare of the elderly, women and children in Manipur:

(A) Elderly:

There are different schemes that provide the facilities for the welfare of Elderly in Manipur. They are followed as:

i. **Manipur Old Age Pension Scheme, IGNOAP and IGNWPS**: In Manipur, Old Age Pension Scheme was introduced in the State in the year 1982.This scheme is wholly sponsored by the state government.

Under this scheme, financial assistance is provided to destitute old age persons. The eligible old age person shall be 60 years of age (for male and female) and all remain uncovered in Indira Gandhi National Old Age Pension Scheme (IGNOAP) or Annapurna Scheme, with having little or no regular means of subsistence from his or her source of income or financial support from family. The amount of pension for selected pensioners is Rs.100/- per person per month. For Imphal –west district of Manipur state, number of selected Old Age Pensioners is around 7400 under Manipur Old Age Pension.

ii. **National Social Assistance Programme:** The Prime Minister Shri P.V. Narshimha Rao announced in his broadcast to the Nation on July, 28, 1995, the three Schemes under the NSAP of the Ministry of Rural Development, Government of India with a view to uplifting the living standard of the poor. It started implementation in year 1995, 15th August throughout the country as a wholly Central Sponsored social programme. The three schemes are followed as:

- National Old Age Pension Scheme (NOAP): The name of the National Old Age Pension Scheme was changed on 19th, November, 2009 as Indira Gandhi National Old Age Pension Scheme (IGNOAP). Under the Scheme, BPL persons aged 65 years or above are entitle to a monthly pension of Rs.200.
- National Family Benefit Scheme (NFBS): Under the scheme a BPL household is entitled to lump sum amount of money on the death of primary breadwinner aged between 18 and 64 years. The amount of assistance is Rs. 10.000/-.
- National Maternity Benefit Scheme (NMBS):

In 2009, there are two additions of the scheme in the National Social Assistance comprises. They are the following:-

- Indira Gandhi National Widow Pension Scheme (IGNWPS): BPL widows aged 45-64 years are entitled to a monthly pension of Rs 200/-Indira Gandhi National Disability Pension Scheme (IGNDPS): BPL persons aged 18-64 years with severe and multiple disabilities are entitled to a monthly pension of Rs.200/-.

- Annapurna: Under the scheme, 10 kg of food grains per month are provided free of cost to those senior citizens who, though eligible, have remained uncovered under NOAP.

Table 4.39 Beneficiaries of the elderly under NOAP, MOAP and Annapurna Scheme 2010-2011:

Sl No	Districts	Manipur Old Age Pension	IGNOAPS	Indira Gandhi National Widow Pension Scheme	NFBS	Annapurna Scheme
1	Imphal –West	7420	14645	968	346	1554
2	ImphalEast	5383	12251	844	301	1509
3	Thoubal	4531	11395	769	275	1387
4	Bishnupur	2414	6772	414	148	957
	Total Valley	**19748**	**45063**	**2995**	**1070**	**5407**
5	Churchandpur	1919	7057	457	163	845
6	Tamenglong	719	3396	213	76	386
7	Chandel	944	3174	227	81	442
8	Ukhrul	1734	4297	272	97	552
9	Senapati	883	5398	305	109	512
10	Saitu Gamphajol	960	4129	206	74	446
	Total Hill	**7159**	**27451**	**1680**	**600**	**3183**
	Total: Hill and Valley	26907	72514	4675	1670	8590

(B) Women:

The Department of Social Welfare, Manipur has taken up the following schemes for the welfare of Development of Women and children:

i. Development of Women

- Working Ladies Hostel: One working ladies hostel with a capacity of fifty inmates is running by the department at Takyel.
- Vocational Training-cum-Production Unit for Women: The Department of Social Welfare Manipur has been imparted vocational training to 120 destitute Women in the Trade of Embroidery, Tailoring Cutting and Wool Knitting as a self-employment programme and soft Toy Making Training has also been imparted to unemployed women.

- Women Shelter Home at Vellore: The Home is having 4 AC Rooms and six Ordinary rooms and one office room. The home is meant for the use of the patients and their attendants/other officials or non-officials (Only Female is permitted to stay at Home) referred by the state Medical Board or Registered medical practitioners for treatment purposes at Christian Medical College (CMC) Hospital Vellore.
- Domestic Violence Act, 2005: Domestic Violence Act, 2005 have been implemented by appointing eight protection officers for implementation of act in the state. So far nine service providers have been identified for providing care and protection of the women and girls under Domestic Violence Act, 2005.

ii. **Manipur State Women Development Corporation (MSWDC)**: The Manipur State Women Development Corporation Ltd. was established in the state. The objective is to plan a promotional role in increasing income of the women's work through employment in the state. The Corporation is implementing various programmes/activities such as vocational training, organizing Awareness Camps and providing loan to street vendor, etc.

iii. **Establishment of Manipur state Commission for Women**: Manipur state commission for women was established with the objective of empowering women of their rights, socio-economic development, legal status in safeguard of the interest of women and holistic empowerment of the status of women. Public hearings and awareness programme were conducted at various districts and Block Head Quarters.

iv. **Manipur State Social Welfare Board**: The Social Welfare Board is functioning with an objective to implement various schemes in the ratio 50:50 with Central Board and state government for the welfare and development of women and children through registered voluntary organizations.

(C) Children:

i. Integrated Child Protection Scheme (ICPS)

- The state government has signed a Memorandum of Understanding with the Ministry of Women and Child Development, government of

India for implementation of the centrally sponsored scheme namely "Integrated Child Protection Scheme" in the state.

- A State Child Protection Society has been registered during December 2010 for implementation of Integrated Child Development Services (ICDS) Scheme. Necessary steps have also been taken up to set up district Child Protection Society at district level.
- The state government has constituted nine Child Welfare Committees and nine Juvenile Justice Board. The Department of Social Welfare has set up the following Homes for the Welfare of destitute and orphan children.
- One Observation home and one Special Home at Takyel run by the state government.

ii (Two) Observation Homes at Senapati and Churachandpur run by NGO.

- Children Homes for boys and two children Homes for girls are run by NGO.

iii) Development of children

- Financial Assistance to school going dependent children: Dependent children have been provided financial assistance @ Rs. 60/- per month per child to the school going dependent children in the age group of 6-14 years to 2222 beneficiaries.
- Bal Bhavan: One state Bal Bhavan at Khumanlampak is running under Department of Social Welfare, Manipur and providing Recreational-cum-Educational activities to the children in the age group of 5-16 years with the facilities of learning computer, arts and crafts, doll museum, gym, indoor sports, toy library, painting, vocational and instrumental music and toy making as a continuing programmes.
- During this current year the following four children from Bal Bhavan are selected from Zonal Balshree Camp for the competition of National Balshree camp held during the month of January 2011 at National Bal Bhavan, New Delhi.

- Miranda Mongbijam of Nirmalabas High School,
- PriyankaYurembam of Little Flower School,
- Marina Khumanthem of Mega Manipur School,
- Ch. Barun of Jawahar Navodhaya Vidyalaya (JNV) Bishnupur.
- Another Master SanatombaMoirengthem had been awarded as National Child.
- Awards for the Exceptional Achievements (Silver Medal) for the year-2010 in Drawing and Painting

iv. ICDS Scheme

In Manipur the Integrated Child Development Services (ICDS) Scheme was launched on 2nd October, 1975 at Ukhrul Taluk Development (TD) Block i.e. Ukhrul TD Block in Ukhrul district under Central Sector. The scheme has now been expanded throughout the entire state covering all the CD/TD Blocks by opening 9425 AWCs and 296 Mini AWCs.

During the year 2010-2011 children between the ages group of 3 to 6 years i.e. 95169 nos. of boys and 94866 numbers of girls have been benefited under the ICDS Scheme in average by providing pre-school non-formal education, immunization, health check up, referral services, nutrition and health education and supplementary nutrition.

- Construction of Anganwadi centers:The first phase for construction of Anganwadi centers was introduced in Manipur during the year 2001-02. Under this scheme, there are 3524 numbers of Anganwadi centers has been constructed up to four phases under 100% Central share.
- Supplementary nutrition: Under the supplementary nutrition programme, the department has provided Hot cook meal to the beneficiaries of ICDS i.e. Pregnant and nursing mother, children in the age group of 6 months-6 years @ Rs. 5/- per pregnant and nursing mother, Rs. 4/- per children and Rs. 6/- for severely malnourished children. Details of beneficiaries are below:

Table 4.40 Numbers of beneficiaries 2010-11:

Sl. No.	Particulars	No. of beneficiaries
1	Malnutrition Children (up to 6 years)	497
2	6 month to 6 year children	341694
3	Pregnant & lactating mothers	66985
	Total:	409176

Vkishori Shakti Yojana (K.S.Y.)/ SABLA:

- Under Rajiv Gandhi empowerment of adolescent girl. A new improved scheme named as SABLA is being introduced in 3 projects of Imphal west district, 6 projects of Senapati district and five projects of Chandel district. The K.S.Y. Scheme will continue in the remaining 28 ICDS projects during next year.
- The scheme for adolescent girls will focus on school drop-out girls in the age group of 11-18 years for providing nutrition, health, education, literacy, recreational and skill development needs of the adolescent girls. It attempts to make the adolescent girl a better future mother and tap her potential as a social animator.

(C) Physically challenge persons

The department has been implementing the following schemes for the welfare of physically challenged persons.

- The department has identified and issued 860 numbers 2010-2011 of disability certificates to different types of disabled persons during this current year. The process of identification for issue of Disability Certificate is continuing.
- Unemployment allowances have been awarded to 387 numbers of educated physically challenged persons.
- Financial Assistance to the persons with disabilities to a financial tune of Rs. 3,000/- per head to 300 beneficiates.

- Provided diet allowance to the students of government Ideal Blind School, Govt. Deaf and Mute School, Takyel and visually impaired College students. At present 196 numbers of students are enjoying the allowance.
- Website www.disabilitymanipur.nic.in has been launched for the disabled persons so that the persons with disabilities can avail the disability related information easily.
- Scholarship has been awarded to disabled students.
- 'Braille Press' has been installed and inaugurated on the 25th February, 2011.

4.6.7 Monitoring and Verification:

The field staff posted at district offices has been entrusted for verification of the right/eligible beneficiaries before the district level selection committee meeting. The committee considered the reports based on verification of reports submitted by the field staff. The district level committee supervised the overall work of the schemes.

The state Social Welfare Department is the nodal department to monitor the schemes/programs under NSAP at the State level in coordination with the district Social Welfare Officers. Regular reports were also prepared by State Social Welfare Department at the state level and submitted the report to the Government of India from time to time.

The study found that at national level there are policies and programs of the elderly. But all the schemes and policies are not being implemented at the state level. Thus, elderly are not aware of the different policies and programs other than Old Age Pension scheme. There are certain loop holes in providing services to the elderly such as lack of awareness, corruption, political influence and manipulation by the higher authority. Government efforts are failed to reach the needy beneficiaries due to lack of initiative on the part of its employees, vested political, rampant corruption and procedural red-tapism (Dhakal, 2006).

Sana (name changed) expressed, "Apart from lacking of proper channels in Government offices, there is corruption and political influence for every work in Manipur".

The elderly are not satisfied with the services provided by the Government at central and state level. They want government employees to have transparency in carrying out the procedures. They want the services to reach to the needy elderly people so that they can also enjoy a better life. Majority of the elderly are not satisfied with the amount of Old Age Pension Scheme. The elderly who are under Indira Gandhi Old Age Pension gets Rs 200/- each month which is running on central schemes. The elderly under Manipur Old Age Pension Scheme get Rs 100/- which is on state scheme. Unfortunately widows are getting Rs 100/- only as window pension scheme which is very less. Thus, the amountthey get are hardly helping them.

Sanajaoba (name changed) expressed that, "For me, it is better to remain quite. Government work is always delayed and time consuming. It appears to me as hopeless because I may die before I get the benefit".

It was found from the interaction with the elderly that power and political influence give hindrances in reaching the schemes to the beneficiaries in a proper way. Those family members and relatives who are in politics or closed with political activists, are given Old Age Pension Scheme even though they are not at all coming under the eligibility criteria of Old Age Pension scheme.

Sanamacha (name changed) tells, "Even though I am eligible to get Old Age Pension Scheme but I am unable to get it as I do not have political connection. People in politics are playing according to their own wishes as they are in power. They give Old Age Pension Scheme to those persons who have not even reached 60 years of age. I am frustrated to see such things. I sometimes feel that I should complain but to whom I should complain.It becomes useless".

Those poor elderly who are in needs of Old Age Pension Scheme were not given the benefits. The central government has developed different

programmes and policies for elderly people, but such programmes are implemented in different states in different ways. For example, there is concession in transport facilities and reserved sits for the elderly in other states of India but in Manipur such facilities are not seen in any transport vehicles. The researcher has also observed that even the elderly find difficulty in walking at roadside as most of the people fail to follow the traffic rules and there is no proper footpath. Again, the prevailing law and order situation has been adversely affected by the violent and subversive activities of the various extremist groups in the state which is continuing in Manipur till now (Singh, 2001). As the law and order of Manipur are in bad shape, people of Manipur especially the elderly find difficulty in moving out from their own houses.

At last, such problems of the elderly can be mitigated only in proper coordination of government and non-government organizations in implementing the intervention. The burden of aging population and their development can be best tackled if all stakeholders, politicians, researchers and practitioners, as well as the whole society, young and old, acknowledge the significance of and contribution to the "adjustments to an aging world" (Voelckeret al., 2010).

4.7 Interview with the Non-Government Organization Personnel Coordinating Old Age Home for the elderly:

The programmes and policies of Non-government organization are focused on destitute elderly.

4.7.1 Profile of NGO.

(a) Name of the NGO: Rural Service Agency.

(b) Background: Head of the NGO is Y. Surchandra Singh, Chief Functionary. NGO is 1 Km away from the capital of Manipur. The organization was established on the 26thJanuary 1978. The organization get registered with Societies Registration Act XXI of 1860, S/R No.3048 of 1980, dated 8th April

1980. Further the organization has also registered under Foreign Contribution Regulation Act.1976 (FCRA), Income Tax Act – 12 A, 80-G Income tax, Permanent Account Number (PAN) government of India. The organization is a non-profit, non-political, non-sectarian body. The organization has been working without any discrimination in caste, creed sex, age, race and community so far.

4.7.2 Philosophy: To make a just, welfare, healthy and peaceful society.

4.7.3 Vision:

- To empower the people with their active participation and involvement especially for Women, backward and under privilege community.
- To create research and study in different fields of emerging problems and issues in the society.
- To make sustainable and innovation strategies that ensure better livelihood of the communities.
- To bring integrity peace and harmony.
- To bring sustainable development with peaceful co-existence.

4.7.4 Objectives of the organization:

- To provide awareness and education training programme to the people.
- To take up liaison with the people.
- To foster the sister organizations as far as possible.
- To conduct workshop, seminar, exhibition, training, etc.
- To take up social welfare activities like Children home, Old Age Home (OAH), Destitute home, Alcohol rehabilitation programme, Day care center, girls' hostel, Creech center and Short stay home.
- To take up health and sanitation, rural housing, village road construction, land reclamation and drinking water facilities.
- To provide assistance on all constructive activities including khadi as industry as approved by the khadi and village industries commission and cooperative body from time to time.

- To accept grant, gift, donation, loan, public contribution from any donor/ institution i.e. state central and international Agency.
- To take up Sexually transmitted diseases (STD) awareness and STDs clinic, etc.

4.7.5 Area of operation: Whole state of Manipur.

Table 4.41 Area of operation

No.of districts	No. of blocks or wards	No. of villagers	Target group
9 Districts	21 blocks	350 villages	Elderly, Women, Child, S/T, S/C and other backward classes etc

4

4.7.6 Main programs available in organization:

a) Residential Aged Home Center.

b) Rapid intervention and Care Project (RIAC).

c) Community Care Center (CCC).

d) Integrated Watershed Development Programme.

4.7.7 Programs implemented in organization are:

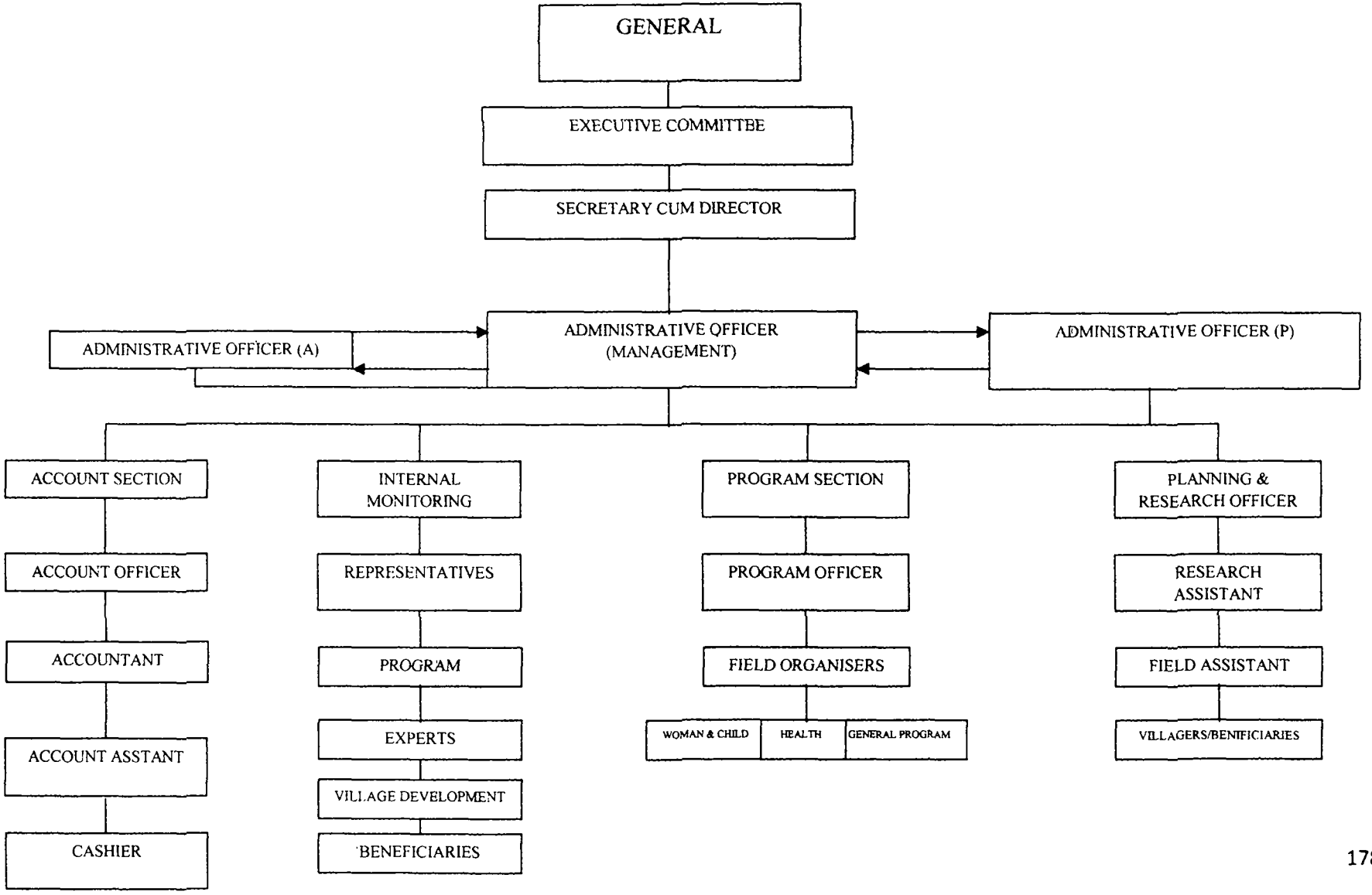
a) Residential old aged home was started in the year 1993, and the organizations have been working with the full involvement of the community at Nongpok Kakching, Imphal East.

b) Rapid intervention And Care (RIAC), project was started in 1998 and have been implementing with the active participation from community.

c) CCC also started in 2003 at Chandel district with the support and cooperation from the community.

d) Integrated Watershed Development has been implementing and covering four villages of Saikhul Block, Senepati district of Manipur since 1987 with the full cooperation of women Self help groups (SHGs) and village community.

FIGURE 4.26
ORGANISATIONAL STRUCTURE



4.7.8 The current programs of Old Age Home:

The RUSA (Rural Service Agency), Imphal has been running OARH (Old age residential home) at Laiching, near Nongpokkakching, SawombungC.D.Block, Imphal East District, Manipur. It has been running since 1993 under the financial assistance of Ministry of Social Justice and Empowerment, Government of India, NewDelhi. In this center, there are twenty-five old age persons (13 males and twelve females). The aged home is supervised by the superintendent of the home. The home has been running under the direction of new policies RUSA and Ministry of Social Justice and Empowerment, Government of India. This is running to secure the age persons from economic pressure and to make them relief from emotional, physical, mental health and isolation from society. Staffing pattern of the OARH are one superintendent, one part time doctor, one social worker, one nurse/mid wife, one helper, one cook and one chowkidar.

Table 4.43 Programs of Elderly

Residential Aged Home Center		
Duration	The Elders can stay till Death or till they get back to their house	
Target Group	Homeless And social Neglected Persons Above the Age of 60 Years	
Budget	Rent and maintenances	Rs 90,000/-
	Recreation	Rs 20,000/-
	Electric/water	Rs 20,000/-
	Staff Salary	Rs 1,62,000/-
	10 % organization contribution	Rs 5,42,000/-
	Total Half yearly	Rs 2,43,900/-
	Total Yearly	Rs 487800/-
Sources of Fund	Ministry of Social Justice and Empowerment government of India (GOI), New –Delhi	
District wise Inmates	Imphal west	4 (four)
	Imphal East	20 (twenty)
	Senapati	-
	Bishenpur	1 (one)

	Total	25 (twenty-five)
Nature of Activities & System of Service Delivery	- Fooding, Lodging, Recreational activities and outing visits - Epic reading: Mahabharata and Ramayana story epic, Pena, Yoga, etc. - Services were provided as desired by inmates	
The facilities provided for Elderly by NGO are	-Fooding: Morning breakfast, Evening tea and snacks, etc. - Lodging	
Organization Provided	-Awareness of programs and services for the welfare of elderly. -Provide care for elderly in the community and -conducts programs twenty times in a year in different districts.	
Main focus of NGO for elderly	The major problem of elderly that has been dealt by the Organization is preventive and curative approach.	
Facilities avail by NGO	NGO have residential old age Center	
Activities of day care	Morning walk, Exercise, Yoga and Evening walk	

4.7.9 Utilization of Community resources:

The NGO utilize the community resources in implementing the programs and policies of elderly.

Community resources been utilized in following ways:

a)Policy making

b) Implementation

c) Follow-up

4.7.10 Networking: The NGO have network with other agencies for providing effective services for elderly people.

4.7.11 Major problems or barriers faced by NGO while dealing the programs of Elderly:

- Recommendation for the proposal of another Old Age Home to center.
- Delayed in releasing of funds by state and central government.
- High prices of essential commodities.
- Financial constraints.
- The NGO do not get enough cooperation from family members in dealing with elderly.

4.7.12 Future plans and suggestion:

- To plan for Agri- Horticulture farming for economic support of the Organization.
- Networking with different Voluntary Organizations.
- Proper review meeting is highly needed.

The study found that this NGO is providing "Residential Aged Home Center" for those elderly who are homeless and who do not have proper care and support from family members. The services that provided to the elderly are very limited as it focuses only on the neglected elderly. The elderly who are staying with family members at home are unable to not get the services from NGO. As "Old Age Home" is a new approach in the context of Manipur, the elderly people and family members are not aware of the concept of old aged home and thus are not willing to go for residential home.

Manisana (name changed) said "I have no any idea about Old Age Home but it is good if NGO's are providing shelters to destitute and homeless elderly. For me, I want to be at home and I am happy with my family members though there are personal differences."

There is also a social stigma attached if any elderly is willing to stay at Old Age Home. The elderly and family members think that staying at Old Age Home will hurt the dignity of elderly and their family members. It is observed that as there is lack of awareness in the society on the concept of Old Age Home, people will target to those family members who may assume that the elderly members are not being looked after well. The researcher also observed during the data collection that majority of the elderly even if they had problems with family members, they would like to be with their family members but not in Old Age Home.

Nungsi (name changed) said, "How will I express my ill feelings in front of my family members. I will be unhappy and make others unhappy if I express my feelings to my family members. So, I will still love my family and will stay here till I die."

Tampha (name changed) said, "In my heart, I have a strong feeling of staying at Old Age Home. However, I feel shy in front of neighbors who may look down to my family if I happen to stay there."

Social stigma makes bottle neck in reaching to Old Age Home for the elderly and even for family members. Looking into the traditions and cultures of Manipur, Non-government organization are still struggling in establishing Old Age Home as family members are not ready to send elderly people to Old Age Home. But it does not mean that there is cordial relationship between many family members and elderly people. Thus there is a need to make people aware of the importance of Old Age Home. There is a need for new dimensions in the implementations of programmes and policies of elderlyso that interventions are needed to tackle the challenges of the elderly in the present context.

From the above discussion, the need for Old Age Home was envisaged as a remedy for emotional sufferings as a result of loneliness but otherwise it was not at all felt as suitable alternative to home environment on any count (Irudaya, S., 1990). Another important view is related to social stigma attached on staying at Old Age Home. The caretakers are not willing to let their parents stay at Old Age Home as it will hurt their dignity in front of their neighbor and community. The elderly expect NGO's to provide free medical check up and health care aid through health camp in the locality from time to time. Few elderly people desired to stay at Old Age Home as they do not want to be the burden for family members. But because of the social

stigma attached, they are not able to put forward their willingness to stay at Old Age Home. The researcher observed that NGO needs to develop a new approach in dealing with the challenges faced by the elderly in the community. Thus, intervention is needed for the elderly, who are staying with family members. Presently, NGO is focused only on destitute, homeless elderly people. Therefore, it is high time to do intervention for the elderly who are staying even with their family members. Even caretaker needs help to understand the changes and challenges in dealing with the elderly. Thus, NGO needs to create an awareness programs for caretaker to make them understand the issues and challenges of the elderly.

Providing services to the elderly are recently gaining importance. Proper intervention by government and non-government organizations is needed for the elderly to cope with challenges they face due to aging. Government starts introducing different policies and programs for the elderly. Non-government organizations also started providing services to the elderly. Government alone can't carry out all the developmental work, thus there is a need to coordinate with NGOs to implement the programs for reaching out to its beneficiaries. NGOs provide support of government in providing development activities and services (Dhaka, 2006). This is a new and recently developing field in Manipur. The government has focused on the welfare of the elderly. The non-government organizations have focused on problem solving intervention for the elderly by establishing residential care home.

The next chapter will deal on summary and conclusion of the study.

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