

Chapter 9

SUMMARY, MAJOR FINDINGS AND CONCLUSION

The aim of the present research work is to assess the quality of life of the elderly in Darjeeling hills with the help of various indicators pertaining to economic and social resources, health, residential or physical environment and psychological and personal autonomy. To understand the elderly's perception about their quality of life it is pertinent to have a comprehensive view of the elderly at individual level. This chapter includes the major findings, discussion and concluding remarks.

9.1. Summary and Major Findings

Demographic Profile

The demographic factors such as age, sex, religion, marital status, educational attainment and type of family have been examined to explain the heterogeneity of life of the old people. The salient demographic features are narrated below:

- More than half of the elderly are in the age-group of 60-69 years.
- The proportion of female is higher (61.3%) in 60-69 age-group than male (53.3%). In the 70-79 age-group the proportion of male respondents is higher (34.7%) than the female (26.7%) and the proportion of both male and female is same for the 80 and above age-group (12%).
- Subdivision-wise, Darjeeling has the higher proportion of elderly (63%) in 60-69 years of age-group, while Kurseong has the higher proportion of elderly in the 70-79 (33%) and 80 and above (15%) age-groups.
- Majority of the elderly respondents (58%) are Hindus.
- More than one-third respondents (35.7%) belong to the Schedule tribe category.
- 68 percent of the elderly are reportedly head of the household with male constituting 42.7 percent and females 25.3 percent.

- More than half of the elderly (53.3%) are married. The proportion of widows (52%) is more than the widowers (26%).
- Regarding educational qualifications, a little less than two-fifths (39.3%) are illiterate which meant that three-fifths are literate i.e. able to read and write. The educational status of male elderly is better than the female elderly.
- Greater proportion (71%) of the elderly live in nuclear family.

Economic Profile

Economy is one of the most important elements in assessing the quality of the life of the elderly. Work, income, retirement and savings largely determine an individual's quality of life. The economic conditions of the elderly are discussed in respect of dependent and independent elderly. Among the economic indicators, financial status of the respondents, economic support providers, working status, sources of income, monthly income and expenditure, elderly's satisfaction with financial situation and subjective well-being have been taken into consideration.

- 50.7 percent of the elderly are independent and 49.3 percent are dependent.
- 68 percent of the males and only 33.3 percent of the females are independent which implies that there is a widespread inequality between males and females in terms of economic condition. 66.7 percent females are economically dependent.
- Among the widowed, 34.7 percent are economically dependent in comparison to 17.3 percent who are economically independent.
- Study reveals that 50.9 percent of the sons look after the economically dependent aged, followed next by spouse (19.6%) and daughters (13.5%).
- In the study area it is found that 39.6 percent are still engaged in active occupation or job; 30.3 percent are retired and rest 30 percent had never been in any kind of occupation or job.
- 21.9 percent of the elderly female are still engaged in some kind of occupation in order to escape extreme poverty and loneliness.
- It is seen in the study area that savings and fixed deposits are the major sources of income for the economically independent elderly. Other than

these, old age pension is a major source of income for both male and female elderly (male 26.5% and female 40 %).

- Various schemes like National Old Age Pension Scheme (NOAPS), National Family Benefit Scheme, and Integrated Programme for Older Persons (IPOP) have been implemented. Other than these, social security and retirement benefits have been introduced for the government employees in organized sector. For old age workers in unorganized sector such as craftsmen, small traders, landless workers, the government has extended help through various *Yojanas* and schemes.
- The elderly living below the poverty line in West Bengal receive Rs. 400 monthly under Indira Gandhi Old Age Pension (IGOAP).
- Regarding monthly income, 48 percent of the elderly has the income in the range of Rs. 5000-Rs.20,000.
- It is pertinent to know the preference of expenditure of the independent elderly. They mostly contribute towards food expense (32.8%) and medical expense (25%).
- Regarding the expenditure of the family both the dependent and independent elderly have been taken into consideration and the result shows that majority (78.3%) of the independent elderly decide the expenditure of the household but for the dependent elderly mostly the son (53.1%) decides the household expenditure.

A significant relationship is seen between monthly income and satisfaction with financial situation. The results show that with an increase in income the satisfaction level also increases and with decrease in income the elderly get very dissatisfied. The satisfaction with financial situation of the elderly has been correlated with age and it is evident that the older people feel high satisfaction about their financial situation, and more the age of the elderly, the more they are satisfied with their financial situation which implies that at a very high age they are least bothered about financial constraint. There is a significant relationship between age and financial satisfaction.

- Study reveals that subjective well-being is affected by economic factors as 54.7 percent of the elderly report that economic factors have a direct influence on life satisfaction and happiness, whereas 45.3 percent of the elderly report that subjective well-being is not affected by economic factors.
- The subjective well-being of the ‘old-old’ elderly (80 and above) and middle-old (70-79) is less affected by economic factors than the young-old respondents (60-69 age-group).
- 65 percent of the independent elderly express a desire to work as they feel they require more income. The prime reason stated is to supplement family which has been quoted by 39.4 percent of the elderly.
- Among the dependent elderly only 33.8 percent want to work to earn money and to supplement family income.

Social Resources

The social capital of the elderly has been examined in terms of living arrangements, family type, children and their support, and elderly’s social network. The salient features of social resources in the study area are as follows:

- The household size ranges from 2 to 6 and more members. The study area has an average household size of 4.27 members.
- Based on the household sizes of less than 2 members, 3-5 member and 6 and more members, the findings reflect that maximum elderly respondents (49.3%) live in households comprising of 3-5 members.

Cross tabulation of household size and satisfaction with living arrangement shows a positive relationship between household size and satisfaction with living arrangement. It proves that if the family size increases the older people’s satisfaction with living arrangement increases.

- Living arrangement shows that a sizeable segment of the respondents (36.7%) live with spouse and children, followed by 33.3 percent living with children.

- The study reveals that 6.3 percent of the elderly live alone and 2 percent live alone with servant.
- Majority of the elderly respondents (56.9 %) state that their children are away for job or their daughters are married off, which is the reason they live alone, or stay with servant, or live with spouse only, or live with spouse and servant.
- Next reason cited is, the elderly prefer to be 'independent' (13.9%) and it is more so among those who are financially stable. 12.5 percent report 'conflict' as the reason for staying alone.
- Other reasons stated for living alone are 'no children', and 'do not want to move from this place', which account for 8.3 percent.
- With respect to living arrangement with spouse and children it is found 34.5 percent elderly respondents in rural areas and 41 percent in urban areas are living with their spouse and children.
- With respect to family environment more than half of the respondents (55.7%) report amicable environment and they live happily, indicating moderately decent quality of life in the study area.

Bivariate analysis between the family environment and satisfaction with personal relationship shows a positive and significant association. It shows family environment is amicable, cordial when the personal relationship is satisfactory which increases the elderly's quality of life.

- 87.3 percent of the elderly receive family support. Only 12.7 percent do not receive any support.
- Types of support include tangible, or psychological and both. 63.7 percent of the elderly receive both tangible and psychological support, 19.1 percent elderly respondents receive only tangible support and 17.2 percent receive only psychological support.

Bivariate analysis of age-group and family support shows the result insignificant which means that with increase in age the support does not decrease necessarily.

- Only 29.7 percent of the elderly have reported abuse.
- The types of abuse faced by the elderly are verbal, neglect, economic and physical. Among this, mostly verbal abuse has been reported by the respondents (39%).
- The sons (36.7%) and daughters-in-law (26.6%) of the elderly respondents have emerged as the topmost perpetrators.
- It is observed that 88.3 percent of the elderly maintain contact with friends and relatives as they consider kin and friendship network provide support in times of need. They are termed as social network. They maintain contact either over phone or by visit.
- Response of the elderly with reference to the visit to friends' and relatives' house reveals that 31.4 percent elderly visit friends and relatives once or twice per month, 29.9 percent visit them once or twice per year. This is due to the functional limitations with age which reduce their visit. Those who live in close proximity visit daily (20.6%).
- With age the older people lose their physical strength for which social relation becomes an important resource for the attention of the elderly in fair to poor health or in illness.
- Leisure time is a state of mind where one wishes to utilize free time at will in any activities ranging from social, economic, spiritual and commercial. Study finds that watching TV is highest rated by the elderly respondents. Other than this, reading, meditation, interacting with grandchildren, visiting friends and relatives, listening to music, gardening, holidaying, engaging in social activities are activities to channelize their free time.

Residential Environment

Home environment or the built environment i.e., housing, its characteristics and amenities act as indicators of quality of life. Housing is an important element in the life of an elderly because most of the activities revolve around those four walls after a certain age. In addition, it is also necessary to analyze the out of home environment i.e., the outdoor space where the elderly come into contact with the world which certainly makes a difference in ageing gracefully. Age-friendly environment contributes to greater QOL enhancing their well-being.

- Study shows that 86.3 percent of the elderly live in their own house. In terms of size of house (small, medium and large) 49 percent of the elderly own a medium size house.
- With reference to ownership of dwelling unit and size of house, it is observed that nearly half of those who have their own dwelling units (49.8%) live in medium size houses, whereas among those living in rented houses, the majority (56.3%) live in small size houses.

A significant positive relationship between size of house and ownership pattern is found. The size of owned houses is larger compared to the houses taken on rent. The elderly staying in rented dwelling prefer small house.

- Average number of rooms in a household in the study area is 4. The study reveals that 77.3 percent of the elderly have a separate room while 22.7 percent of them do not have a separate room.
- Study reveals that elderly living in *pucca* houses are more in number (45%) than those living in *kuchha* houses (11%). With respect to rural areas, nearly half (49.5%) of the elderly live in semi-*pucca* houses whereas majority (64%) of the elderly live in *pucca* houses in urban areas.
- Availability and accessibility of amenities is another characteristics of housing. There are three types of amenities: basic, necessary and comfort.
- Water, electricity and toilet are regarded as the basic amenities.
- The main source of water is spring water which is availed by 36.7 percent of the respondents. Rainwater is another source of water which is harvested by

28.3 percent respondents as there is acute scarcity of water in the hills, especially in dry season. Only 1.6 percent of the respondents get 24 hours running water, especially those belonging to the elite class. Tanker trucks and drums provides water to 9.6 percent and 4.1 percent of the elderly respondents.

- In rural areas 99.5 percent of the elderly avail spring water, 80 percent of the respondents harvest rain water and use it, 41.5 percent of the respondents receive water through pipelines of PHE which is for a few hours. In urban areas too, spring water constitutes the main source of water supply for the majority (97%), followed by rain water catering to the need of 68 percent of the respondents and PHE fulfills the need of 62 percent of the elderly.
- All the households in rural and urban areas have access to electricity since there is 100 percent electrification coverage.
- Majority of the elderly (90.7%) have toilet facilities.
- In the second category, i.e. the necessary amenities, the study reveals that 96.7 percent of the elderly in the study area have access to the necessary amenities like TV, mobile phone, sofa set, refrigerator, radio, motorcycle, etc.
- Comfort amenities placed in the third category include amenities like washing machine, heater, wheel chair ramp, car, garden, caretaker and others. 66.7 percent of the elderly in the study area have access to the comfort amenities
- Majority (77.7%) of the elderly respondents report that their neighbours are polite and friendly who help them in times of need.
- In the study area 66.7 percent of the elderly report that they feel safe in their neighbourhood.
- One-third (33.3%) of the elderly consider the environment they live in as unsafe and the most significant issue reported by 57 percent of the elderly is suspicion of strangers.
- Subdivision wise study exhibits that many elderly respondents in Kurseong (36%) and Kalimpong (37%) do not feel safe in their residential environment. The cause of insecurity and unsafe state in Kurseong according

to most of the elderly (66.7%) is negative social behaviour, and in Kalimpong more than half (62.2%) of the elderly respondents cite suspicion of strangers.

- Majority (65.7%) of the elderly respondents enjoy the pleasant atmosphere in the hills. Only 34.3 percent report unpleasantness of the physical environment.
- The reason for not enjoying a pleasant atmosphere is destruction of the beauty of nature (reported by 95.1 percent of the elderly). 51.5 percent of the elderly mention widespread noise pollution as another factor and 65 percent mention dirt in the form of garbage.
- Based on the 5-point Likert scale the level of satisfaction with residential environment has been measured which shows 34.3 percent respondents as 'satisfied' and 27.3 percent 'very satisfied'.

There is no significant association between age-group of the elderly and satisfaction of the residential environment. It is inferred that with increase in age, elderly may show a dissatisfaction with residential environment.

- Proximity to commercial and recreational amenities and services helps the elderly in availing them easily. The elderly respondents in urban areas rank grocery, transportation, place of worship, health centre and restaurant as the top 5 amenities and services in terms of proximity. The top 5 amenities and services in rural areas as perceived by the elderly respondents are grocery, place of worship, transportation, park and restaurant.
- More than half (63%) of the elderly respondents face transportation problems. For movement within the city or village limits hired cars are availed by 60.8 percent, 32.8 percent travel on foot, and 6.3 percent use their own car for travelling.
- On relocation motivations 27.3 percent of the elderly respondents say 'yes' and rest 72.7 percent elderly say 'no'.
- The relocation motivation is due to basic and higher order needs. 31.7 percent of the elderly want to relocate for satisfaction of basic needs and 68.3 percent for higher needs. Basic needs include good and proper housing, provision of water, tranquil neighbourhood and adequate health care facilities. Higher

order needs are well equipped health centre (private nursing home), modern amenities which facilitate elderly in friendly housing, safety adaptations in kitchen, bathroom, recreation service facilities such as old age club, library, sports centre and meditation classes.

- 72.7 percent elderly as mentioned earlier have expressed an aversion for relocation. The disinclination by majority of the elderly (61.9%) is due to the emotional feelings rooted to their traditional place.

Health

Study on the health status of the elderly is based on the observations related to their ailments, types of health care services utilized, caregiver during illness, bearer of medical charges, and mode of transportation to reach the treatment centre. Other than these, health fitness and satisfaction related to treatment and ailment have been studied.

- The study reveals that 92.7 percent of the elderly suffer from ailments whereas 7.3 percent do not suffer from any ailments.
- A large section of the elderly respondents has reported blood pressure (58.9%) and poor sight (54.6%) as the most prevalent ailments found in more than half of the aged men and women.
- Other common ailments found among the elderly are gastric (36.1%) and arthritis (30.45%).
- Alzheimer, a common disease associated with old age is observed among 22.9 percent of the elderly. The diagnosis of dementia is less prevalent in the age-group of 60-69 but increases steeply after 70.
- Prostate related problems are high among the male elderly in the age-group by 70-79.
- Urinary problems, diabetes and heart problem are other chronic diseases.
- Study reveals that 94.7 percent of the elderly respondents perform ADL. Only 5.3 percent of them are not able to perform ADL.
- Level of satisfaction with health has been cross analyzed with sex and age-group on a 5-point Likert scale. The result shows that 30 percent of the elderly respondents are dissatisfied, while 24.7 percent respondents are satisfied with their health.

Satisfaction with health shows that with increasing age the satisfaction with health decreases which has been observed for both male and female respondents.

- According to age-groups, 30.8 percent of the elderly respondents in the age-group of 60-69 are satisfied. In the age-group of 70-79, a large proportion (34.8%) are dissatisfied with health. In the age-group of 80 and above, 39.9 percent of the respondents are dissatisfied with health.
- In terms of male/female elderly, more female than male respondents express their dissatisfaction with health. Among the male respondents 27.3 percent cite dissatisfaction and among females it is 32.7 percent.

Bivariate analysis shows that with an increase in age the elderly feel and report their health condition deteriorates and they get dissatisfied, which is rather obvious.

- Taking care of the elderly is a moral sanction of their children. Caregiving during illness generates a sense of security among the elderly. The study in Darjeeling hills unfolds that the main caregiver during illness is spouse, as cited by 30.6 percent of the respondents, followed by daughter-in-law (20.3%), daughter (18.3%) and son (14.3%).
- With reference to bearing the medical expenses it is seen with the financially independent elderly members that majority of the elderly (69.10%) themselves bear the cost of consultation fee and medicines. With reference to the financially dependent members it is seen that the son (43.20%) with whom they stay pays the elderly's medical charges.
- The health care services utilized by the elderly include the private hospitals, government hospitals, primary health care centres, private chambers and services provided by the NGOs. The services they avail are in their own place as well as outside their place.
- The responses of the elderly show that most of them (42.5%) visit private chambers outside their own place, followed by 36.8 percent elderly who visit private hospital/nursing homes outside their own place.

- Subdivision wise, in Kurseong majority (52.5%) of the elderly respondents visit private chambers situated outside their own place. In Kalimpong majority of the elderly utilize the government hospital situated outside their own place. The case in Darjeeling subdivision is different as majority of the elderly respondents visit government hospitals situated in their own place.
- Bus and cab are the main forms of transportation. 51.8 percent of the elderly respondents resort to public transportation for reaching the treatment centre. It is more difficult in the rural area as cart track roads make plying of motor vehicles difficult.
- The physical ailments affecting psychological condition have been cross tabulated. It is evident that those who are 'very dissatisfied' with their health, their physical ailments affect their psychological condition in an extreme level. About 40 percent elderly respondents have reported extreme lack of positive feelings which has affected their mental health. Ill health brings in depression and worries about their financial situation and children. They constantly ponder about their illness whether it will be cured or not. 68 percent of the elderly respondents who are 'very satisfied' with their health opine that their physical ailment does not bring in negative feeling or low autonomy.
- Maintaining good health is a challenging task for the elderly. It is found that 82.30 percent of the elderly depend on a proper diet to maintain good health. 52.36 percent have regular checkups and 49.30 percent follow a daily exercise routine to reduce the risk of chronic disease.

Psychology and Personal Autonomy

Psychology and personal autonomy is concerned with the feelings, behaviour and the attitude towards self and others. Besides sound physical health, the successful functioning of positive mental health is a sign of happiness and fortitude.

- Elderly face many life stressing events which bear an impact on the mental health and are considered as threats to the well-being of the elderly. Death of spouse is one of the most stressful events in the life of elderly. The study unveils that 75.2 percent of the male elderly perceive death of spouse as a major life stressor in comparison to only 46.4 percent of the female elderly.

- Staying away from loved ones in the era of modernization and globalization creates stress on the elderly. But in the study area a sense of self revolves around the elderly which shows that 65.7 percent of the male elderly and 69.1 percent of the female elderly do not consider it as a life stressor.
- It is observed that only 28.5 percent of the male elderly have had conflicts with son and daughter-in-law, whereas 71.5 percent of the male elderly respondents and 76.4 percent of the female elderly respondents are found to have an amicable relationship with their children.
- Marital conflict brings a sense of dissatisfaction in the lifelong relationship. Only small percentages of male (6.6%) and female elderly (5.7%) have reported a strained marital relationship.
- Marital conflicts, conflict with son and daughter-in-law, staying away from loved ones create an absence of family in the life of an elderly which can create psychological problems. It is reported by 22.6 percent of the male elderly and 15 percent of the female elderly that absence of family and peer group creates loneliness and stress.
- Financial instability culminates in worries and tension among the elderly. 48.9 percent of the male elderly and 45.7 percent of the female elderly have manifested that economic insecurity has a propensity to generate stress and strain among them while more than half of the elderly do not consider it as a life stressor.
- In the study area it is observed that 42.3 percent of the male elderly and only 10 percent of the female elderly suffer from stress after retirement. As majority of the women were never engaged in any kind of profession their number is less. This indicates that majority of the elderly do not consider retirement as a source of stress.
- A good living environment yields keys to a good life. The elderly become satisfied and contented if they are living in a safe, quiet and tranquil neighbourhood. In the study area 51.8 percent of the male elderly and 45 percent of the female elderly say that the environmental condition deter their mental health.
- About 19.7 percent of the male elderly and 19.3 percent of the female elderly perceive a decline in their role and status, though majority of the elderly

respondents are keeping pace with modernization to beat their incompetence and to be at par with the young generation.

- An inactive life is often seen as a threat to the elderly in the study area. A small fraction (19% of elderly male and 15.7 % of elderly female) of the elderly consider stress associated with work as a life stressing event.
- Illness or low physical health of the elderly creates an impact on the mental health. Often it accompanies depression too. 48.9 percent of the male elderly and 55 percent of the female elderly have expressed their discontentment with health which contributes to psychological disorder.
- The prevalence of depression is found among 53.67 percent of the elderly in Darjeeling hills which has been analyzed by using the predesigned 15 item Geriatric Depression Scale (GDS) developed by Yesavage JA.
- Majority of the male elderly (75.8%) and female elderly (83.3%) state that positive social engagement and support help to overcome the psychological distress. Also it is found that lack of positive support brings in depression as found among 64 percent male elderly and in 76 percent female elderly.
- The personal autonomy factors such as the ability to make one's own choices, ability to control and negotiate one's environment is very closely linked to well-being. It is found that the personal control of the male in the age-group of 60-69 and 70-79 is threatened whereas the male respondents above 80 years are of the opinion that their personal control or mastery is high and it necessarily does not decline with age. Elderly women, irrespective of age-group feel that with age their personal control declines and they do not have mastery over the resources or are unable to make their own choices.
- Overall it has been found that 54.3 percent of the elderly respondents feel that personal control declines with age.
- When personal control is low this brings a sense of fear and insecurity. Of the 162 respondents who feel their personal control is low, 70.3 percent male and 71.6 percent female feel that this has threatened their well-being.
- Examining oneself on the basis of past and present experience gives rise to identity and self-esteem. A perception among elderly develops towards their physical self as to what they are capable and incapable of doing, which

determines high or low self-esteem. In the study area it is seen that majority of the respondents (63%) suffer from low self-esteem and this increases with age. Self-evaluation based on personal activities on a daily basis regulates high or low self-esteem.

- Enjoying life is an important aspect of subjective well-being. Study shows that 33 percent of the elderly enjoy life but in a moderate amount. Elderly respondents of age-group 60-69 and 70-79 express that they 'moderately enjoy their life'. The elderly of 80 and above age-group state that they enjoy life a little. This is mainly due to deterioration in their health.
- About one-third of male (32.7%) and female (33.35) elderly enjoy their life moderately.
- Study reveals that stress and enjoying life is inversely related. As the data suggest, those who are 'not enjoying life at all' (45.8%) are suffering from 'very severe' stress. Those who are enjoying life 'a little' experience 'moderate stress'.
- 35 percent of the elderly report that they are satisfied with themselves and this is the highest proportion on the Likert scale. Satisfaction with oneself is based on one's present and past experiences and perception of their own.

Bivariate analysis shows that with increase in age, the elderly respondents show greater satisfaction towards oneself.

- Happiness for the elderly respondents in the study area means primarily enjoying life with spouse and children followed by enjoying a good health, having access to money and lastly, a busy life.
- Nearly one-third (30.8%) of the elderly respondents of age-group 60-69 feel access to money contributes to their satisfaction. A big proportion (39.1%) of the elderly respondents of 70-79 age-group feel enjoying life with spouse and children contributes to their happiness, whereas 44.4% in the age-group of 80 and above think good health contributes to their happiness.
- The good things which enhance quality of life of the elderly in a descending order are family, health, finance, social network, independence, spiritual and religious wellbeing, home and neighbourhood environment, leisure activities

and social roles. Therefore, from the study it can be deduced that family network, good health, and economic stability contribute most in raising the quality of life of the elderly.

Assessment of Quality of Life using the WHOQOL-BREF

The assessment of the quality of life of the elderly is based on the WHOQOL-BREF questionnaire developed by WHO. Earlier the WHOQOL-100 was designed consisting of 100 questions which was later modified to WHOQOL-BREF consisting of 26 items. It is a self-report tool based on the Likert scale comprising items from four broad domains: Physical health, Psychological health, Social relationship and Environment.

- In this study Cronbach's Alpha is used to measure the scale of reliability and it has been found that the Cronbach's Alpha is good (0.785) for all the 26 questions.
- The Cronbach's alpha value for the other four domain are: Physical health domain (0.737), Psychological (0.654), Social relationship (0.710) and Environment (0.781).
- It is observed that except for psychological domain (DOM2) all the other domains have recorded the value of above recommended level of 70 percent. The lower value of the psychological domain is due to the positive and negative emotions in life mainly based on life satisfaction and self-appraisal.
- Mean score for environment domain (DOM 4) is comparatively low than the other three domains indicating modest financial resources, less availability of information and most importantly, limited access to health services and transport facilities in the hill area.
- Mean scores are higher in males than females in DOM 1, DOM3, DOM 4 except DOM2.
- The elderly males in the study area have higher mean scores in physical domain (DOM 1) whereas the females have higher mean scores in psychological domain (DOM 2).

- There is a strong correlation between all the domains and is statistically significant.
- Mean value of the facets of QOL in the elderly shows that maximum mean score is observed for accepting bodily appearance and minimum score is observed for health service and accessibility.
- Based on the 26 items/facets of WHOQOL-BREF rated on a 5-point Likert scale the overall general QOL of the respondents shows that a significant proportion of the elderly (35%) experience neither poor nor good, followed by 29 percent experiencing good QOL. With response to general health 30 percent of the respondents experience poor QOL.
- Group 0-50 score represents low QOL and 51-100 score represents high QOL. From the study it is deduced that 60 percent of the respondents have high QOL (>50 scores) according to WHOQOL-BREF of 24 facets, and 40 percent of the respondents have low QOL (<50 scores).
- Within the domain of physical health majority of the respondents (57.7%) have high QOL. Same is observed with psychological (63.7%) and social relationship domain (55%). But majority (65.3%) of the respondents show low QOL on environment domain.

9.2. Discussion

This section analyzes the findings in response to specific research questions. The findings of the study leads to the quest of understanding the whole phenomena through analysis and discussion. One finding opens or raises various questions which needs to be discussed. Though the research work is a continuous process which opens up avenues for further research perusal in the said fields, I undertake this section to discuss the findings together with the research questions. The entire thesis is based on specific research questions framed in relevance to the objectives of research. Various indicators have been used in understanding the quality of life of the elderly on the basis of which the chapterization has been done.

The first research question deals with the demographic and social status of the elderly in Darjeeling hills. The demographic status of the study area shows that

majority of the elderly are in the age-group of 60-69 years. A significant demographic characteristic of the elderly in the study area is that there is very high proportion of widows (52%) compared to the widowers (26%), apparently because women marry earlier than men or men are older than women. So it is natural that wives tend to outlive husbands. Another reason which keeps the proportion of widowers lower is that men sometimes remarry after death of their wife. Females usually have lower educational background than the males. The education of the female elderly had been neglected by their parents due to the perception that women have to carry out domestic responsibilities. But this thinking has changed in the present generation. Decline in fertility rate has led to decline in the number of children in the family which has led to the emergence of nuclear family. Also the materialistic and individualistic outlook among the younger generation has given rise to nuclear family. However, the elderly are largely reported to be the head of the household, which proves that the chief responsibility still rests on them as they are known for their wise and efficient decision making in the household affairs.

The second research question relates to the quality of life indicators of the elderly such as economic, social, physical, environment, health and psychological to throw light on the life of the elderly. The enquiry on the economic status of the elderly population in the study area reveals that about half of the elderly respondents are independent. Economic resources in terms of income security or material security determine the living conditions as well as the QOL of the elderly. Compared to the male respondents, the female respondents' economic condition is weak, since most females are economically dependent on others like husband or son. The previous socio-structural system of the society had consigned women to be dependent on father, husband and son in old age. The widows become economically more dependent after death of spouse and are the most vulnerable. But nowadays the husbands ensure some form of financial security for their wives by either transferring property like house, land and investing money in their names. For the economically independent elderly their savings and fixed deposits are their major sources of income.

The financial responsibility of the adult generation increases if the earning member is single as he has to look after his parents, shoulder the responsibility of educating children. The elderly who are economically independent are beneficial for the family

as the younger generations are still dependent on them. They contribute mostly for food and medical expenses. In other words it reduces the financial burden of the adult generation if the elderly are economically independent. Mostly sons look after the dependent aged as the custom dictates. Daughters also provide emotional as well as material support. The Government of India has adopted legal provisions for the rights of the parents without any means to be supported by their children under section 125(1) (d) of the Code of Criminal Procedure (1973). Most of the elderly are engaged in active occupation or job in order to avert poverty or loneliness. The elderly women who have never worked outside keep engaged in household chores e.g. looking after their grandchildren. Such unpaid activities are not praised at all. When they manage the domestic affairs the younger adults can work outside their homes. When asked whether subjective well-being is affected by economic factors, more than half of the elderly respondents have conveyed that the economic factor has a direct influence on their happiness and satisfaction. Subjective wellbeing indicates the state of being comfortable, happy, living a healthier life free from external stresses, drawing inner satisfaction. The study confirms that if the elderly have enough financial resources it leads to their happiness. The reduction or increase in income for the 'old-old' elderly or 'middle-old' elderly do not necessarily mean a decrease in their inner life satisfaction and happiness which is less so for the young old respondents (60-69 age -group).

The social resources are the primary units for older people in providing care and support. It is an important indicator to understand the quality of life of the elderly. With fast modernization and urbanization the joint families have been disintegrated and transformed into nuclear families, where the caregiver in the families is diminishing and demand for care is growing. Findings reflect that a large proportion of the elderly are living in the household size consisting of 3-5 members. This appears that households with large number of members are decreasing and there is a move is from a patriarchal to mononuclear family.

A large portion of the elderly respondents live with their spouse and children which is a positive sign indicating good wellbeing and quality of life. Spouse and children in old age are clearly an important resource as one finds trust, love and support in them who act as a reserve when confronted with psychological and emotional distress. It is noted that those living with spouse and children report high level of

satisfaction, happiness and social engagement. Living alone brings isolation, unhappiness and dissatisfaction. The elderly who are living alone have no emotional support. The children maintain a cordial relationship only from a distance. They support them materially for their survival through online bank transactions. With modernization and increasing cost there has been a trend in delayed child bearing which has decreased the number of children per family and have left the elderly with fewer adult children to take care of them in old age. Either their children are away for job or their daughters are married which is a reason for them to live alone or stay with a servant. This physical distance leaving families back at home does not necessarily kill the sentiment towards family members but the intimacy decreases. With reference to rural and urban areas it is seen that younger generations out-migrate from the rural areas but their parents prefer to stay in their ancestral home. The elderly mention that as their neighbours and relatives are generous and stay nearby they provide support in times of need. This is not so in the case of urban elderly respondents as their relatives may be at far off places. In case of the urban elderly they prefer to move with their sons and daughters to their work place.

Family is that emotional base and primary unit where love, sorrow, pain, grief can be expressed openly. In the study area it is found that a significant number of the elderly respondents have an amicable family environment. Amicable relations lead to an increasing quality of life where one stays happily and peacefully. It is the main institution to provide care, support and security to all its members apart from having a cordial relationship. Study also reveals that majority of the elderly receive support from their family members, both tangible and intangible. This proves that the younger and adult generation of the hills have strong affection, love, and benevolence for their parents. In spite of diverse ideologies, attitudes and perceptions the son, daughter, daughter-in-law provide support in financial and emotional distress. Support is not one sided but there is intergeneration support. Elderly in the study area are not only recipients but they are also providers to the younger generation. This brings the perspective of the Exchange theory. It is seen in economic resources chapter that the independent elderly contribute for household expenditure which is a form of tangible aid. When needed they support the younger and adult generation in non-material form too. Thus we have seen that there is no

one way support but a reciprocity exists which increases the self-esteem and enhances the QOL of the elderly.

Report of abuse is minimal which again proves that the younger and adult generation of the hills are still rooted to the tradition of respecting and caring the elderly by discharging their responsibilities. Elderly here are revered, respected for their experience and their wisdom.

Friends, relatives and community are a valuable asset to the elderly just after their children. They are also the source of emotional support and they also provide aid through practical assistance and as observed in the study area majority of the elderly maintain contact with their friends and relatives. Visiting friends and relatives is little less either due to functional limitation or due to distance. They opine that visit makes relationships stronger and it is a good measure to enhance one's mood and wellbeing.

Boredom and loneliness engulf the elderly which can be shrugged off by active participation in the community. Community peer members gradually become part of the social network of the elderly. Gender difference shows that women participate less in the community programmes and meetings. The 'young-old' elderly women participate in political and community meeting in the hills whereas the 'old-old' elderly women refrain themselves from such meetings. They play a lead role in '*satsang mandal*' or in any religious festival. The elderly usually devote their leisure time either in their hobbies or in some constructive engagement where they can display their skill or talent.

Another quality of life indicator is the residential and physical environment of the elderly. It comprises housing, types of houses, types of tenancy, neighbour, and neighbourhood which fall under the objective indicators. The subjective indicators pertain to the availability of the amenities, safety and security, climatic changes and overall satisfaction with the residential environment. Starting with housing, it is the most satisfactory living accommodation in old age and even more if it is owned. A large proportion of the elderly live in their own home. Own house is an asset which guarantees financial security in uncontrollable situation. It is found that the elderly respondents experience satisfaction when they live in their own house as all the years they have summed up their money to build their dwelling unit. Another important

characteristic of housing is the type of house. A small number of elderly respondents live in *kuchha* house. *Pucca* and *semi-pucca* houses are more in number since *pucca* houses inhibit the cold outdoor temperature and are energy efficient. The *kuchha* and *semi-pucca* houses interfere with the health of the elderly exposing them to the cold outdoor temperature. It has been observed that the respondents who live in their own dwelling unit, the size of the house is medium and equipped with modern amenities whereas those living in rented accommodation prefer small size house with fewer amenities. Study highlights that a large number of the elderly respondents have a separate room. This reflects that the elderly live independently with full privacy enjoying all the comfort and amenities which definitely creates a positive impact on their QOL.

Among the basic amenities water is the most necessary for the sustenance of life. Here in the study area it is observed that there is shortage of water all the year round which necessitates timely and ample supply of water to the residents either through tanker trucks or by connecting pipes from the spring or *jhoras*. This fetching of water is the most challenging task for the elderly in the hills as it deteriorates their health and slipperiness of water source areas is a major reason of their fall.

Residential satisfaction is achieved if there is: strong and good relation with neighbours; safety and security; pleasantness of the atmosphere; proximity of goods and services; accessibility and usability of transportation. These are considered strong predictors of residential satisfaction which determine the quality of life of the elderly. In the study area the neighbours are warm and polite, as stated by most of the elderly respondents. The elderly are satisfied and happy with their neighbours which indicate their residential wellbeing. They view neighbours as a secondary source of social support. A good number of elderly respondents feel safe in their neighbourhood. In the modern society where the members in the household are less the elderly are increasingly running the risk of safety and security which demands for safe residential social environment. A few elderly feel that they are living in an unsafe environment. Fear stalks the life of those elderly respondents who either live alone, or live with their spouse, or live in a poor neighbourhood where disharmony is prevalent among the residents with no proper security system or patrolling by the police. The climatic atmosphere of the hills is very pleasant and enjoyed by most of the elderly respondents. Those who express their dissatisfaction with the atmosphere

think that unprecedented population growth coupled with development of infrastructural activities has created pressure on the natural resources, and over utilization of resources has severely affected the biome and beauty of the hills. The level of satisfaction with residential environment shows that a good number of elderly respondents are 'satisfied' and 'very satisfied'. In all three sub-divisions majority of the elderly are satisfied with their residential environment. In terms of proximity of amenities and services in the rural areas, it has been found that the health centers, nursing homes and government hospitals are far from the residence of the elderly. Elderly in the hills reach all the essential destinations on foot as the hilly terrain does not facilitate public transport except for the main roads and highways. So elderly respondents in the hills face transportation problem. In rural areas the un-paved and narrow roads pose a problem for the vehicles to ply. This has led to a diminished mobility adversely affecting the health of the elderly respondents. Other than health issues, it reduces the social interaction with relatives and friends living at a distance which greatly affects the QOL. While enquiring if they have motive to relocate for the satisfaction of basic and higher order needs, most of the elderly did not want to relocate because of the emotional feelings rooted to their place of birth and work. Lastly, to maintain independence and self-sufficiency within the four walls of the house the adoption and use of technology is imperative. Technology plays a vital role in assisting the elderly as the design of the house and devices used can help a person to function independently on a daily basis. Implementing the elderly friendly features could prevent them from further injuries like falls, accidents, overcome loneliness, boredom and help to stay connected with the family.

The next indicator is the health and it has been studied both from objective and subjective perspectives. It is an important domain in measuring the quality of life of older people. In the study area, it is found that majority of the elderly suffer from ailments. With age the functional capacity in the human body decreases which leads to an increase in the number of ailment. A large section of the elderly reportedly suffers from blood pressure and poor sight. Other than these, gastric and arthritis are most commonly found among the elderly. Arthritis is much more concentrated among the elderly women than in elderly men. As Darjeeling hills have a cool weather, the elderly are prone to cough and cold. Among elderly men a common

urinary problem is prostate. Quite often the elderly respondents report of being forgetful, forgetting names, and misplacing things. This is known as Alzheimer's disease which increases with advancing age. Diabetes is a very common problem among the elderly. Prevalence of diabetes creates complication in the functioning of the organs. In the study area diabetes has been detected more among the elderly women. Thyroid is also very much prevalent among the elderly female. Tuberculosis is a major health problem found among females than males and the major cause behind the prevalence of this disease is improper housing and sanitation, malnutrition, consumption of alcohol and low level of awareness among the uneducated elderly. Elderly respondents suffering from heart disease, stroke and cancer have also been noticed.

Elderly's capacity to carry out the activities of daily living is an important tool to assess the QOL. These activities include bathing, dressing and toileting. These are termed as activities of daily living (ADL). The inability to carry out the basic activities leads to disability. Disability is found at a higher degree after the age of 80 years. Study reveals that a large proportion of the elderly could carry out ADL. With advancing age if an elderly experiences good health, satisfaction is added to his/her life, thereby enhancing the QOL. During illness, care and comfort is required from the family members as many elderly pass through a negative psychological state of mind. Therefore, it is very necessary to assist the elderly during their illness and the study finds that the main caregivers during illness are spouse and children. In case of those elderly who are single or stay alone the main caregiver during illness is their caretaker. It is considered a sacred responsibility and the adult generation in the hills is carrying forward the rich tradition which their parents have infused in them. The sense of discipline, culture imposed on them is pretty clear in the study area.

Both public and private health care services are present in the hills but it has been observed that most of the elderly respondents visit or utilize the health services outside their own place, which reflects that there is lack of proper and advanced health care service in the hills. The deficiency of health services in their vicinity forces the elderly to move outside their native place for medical treatment which afflicts them most and degrades their QOL. As a consequence they visit places with well-equipped facilities and specialized doctors in Siliguri, Kolkata, Bangalore, Chennai, and Mumbai. This makes them more vulnerable during their chronic stage.

Although primary health care centres are present, there is a lack of infrastructure of medical services like staff, equipment, and medicines that cause grievances and complaints against the deficiencies and shortfalls of the health system in the hills. Private superspeciality hospitals and nursing homes with modern services and equipment are there, but beyond the reach of most. The NGO's provide health care services mainly to the disadvantaged sections in the rural and urban area. Services are also provided by the church and missionary charities in the study area. The rural and urban areas reflect almost similar picture where the elderly respondents have to avail the services of doctor in private chambers outside their own area. As is already mentioned, the ruggedness of the terrain makes it impossible for motor vehicles to ply, and the elderly people in the hills commute by walking to the treatment centre. The unavailability of transport especially in the interior rural areas poses a great setback for the ailing elderly.

Low health or illness curtails the personal growth of the elderly. It restricts social participation and various activities which enhance the physical and mental growth that are considered as the keys to successful ageing. In the study area physical ailment affecting psychological condition has been cross tabulated and it has been found that those who are 'very dissatisfied' with health their psychological condition is affected in an extreme amount. On the other hand, those who are 'very satisfied' and 'satisfied' they claim to have good mental health. Most of the elderly in the study area are found to have maintained a proper diet and have regular checkups.

The last indicator pertaining to the quality of life of the elderly is the psychological wellbeing which determines the positive and negative emotions, life satisfaction, confidence, personal growth, and self-esteem. All these components determine the QOL of the elderly. With age the vulnerability increases which can adversely affect the mental health. Stress and depression arise if any negative or undesirable events occur in life. The elderly face the most difficult situation when they go through the death of their life partner. With the death of their spouse they remain in shock. It becomes more difficult by men to cope up with the period of intense emotional distress. When the loved ones of the elderly are away due to employment or marriage or conflict it generates stress. Living with spouse and children has been proven to be more beneficial for the older's emotional wellbeing. Conflict with children also generates stress when the ideologies, actions are not approved by the parents and the

parents keep a different expectation. In the present study area, it is observed that most of the elderly respondents have an amicable relation with their children. Marital conflict may result in the sudden break in the lifelong relationship but research suggests that a very small percentage of elderly have marital discontent. Generally, it is prevalent among those couples when the husband cohabits with his second wife who is known as '*Kanchi Boori*'. This leads to the condemnation of the first wife who face a loss of love and trust. The separation becomes unbearable for the first wife.

Wealth, financial security is a measure to determine the quality of life which falls under the objective indicator. Research in the study area shows that majority of the elderly are contended with their financial status. Post-retirement period brings a feeling of loss of status, privilege or they face a time loss. A diminished sense of work and free time generates emotional problem. In the study area some of the elderly respondents feel stress after retirement whereas majority claim that retirement is not a source of stress. If crime rates are high in the neighbourhood the quality of life is disrupted which turns out to be a stress factor and in this case majority of the respondents reported suspicion of strangers, burglary in the neighbourhood.

With age the elderly experience changes in their role and status. However, the majority of the elderly in the hills do not reckon status degradation as stress producing event in life. Societies imbued in tradition and modernization accord greater esteem to the elderly in the hills. Stress associated with work is found only within a small percentage of the elderly. On the other hand, the study reveals that inactive life is seen as a threat by the elderly respondents. They rue that machines have already reduced their work. They enjoy taking care of their grandchildren and find it satisfying with no stress. If the physical health deteriorates it creates an impact on the psychological health of the elderly. The female elderly have hinted out more than the male that the poor health conditions contribute to psychological disorder. The prevalence of depression has been analyzed with the help of the Geriatric Depression Scale developed by Yeasvage JA. It is found to rise with an increasing age and significantly more in elderly females than males.

It is understood that positive support or any social engagement reduces stress in the elderly. When the elderly pass through an emotional crisis it is found that positive support helps them to overcome the crisis neatly as reported by most of the elderly respondents. If the support or any engagement is received from the children, friends and relatives the period of psychological distress is minimized. The intangible resources can help overcome loneliness, isolation and stress. Life satisfaction and happiness fall under the single component of wellbeing. Subjective wellbeing is about how the elderly feel. It is an internal feeling of happiness or unhappiness governed by the living condition. Personal control is influenced by factors such as feeling, experience and their position in the society. Majority of the elderly respondents feel that if their personal control declines it brings a sense of fear and insecurity. Low personal control brings in stress and the life stressors bring in a decline in the personal control. This also gives rise to low self-esteem which is faced by many elderly respondents.

Enjoying life or satisfaction with life is another subject of subjective indicator. A very small number of the elderly is found to enjoy life in an 'extreme amount'. A large number of them enjoys life in a 'moderate amount' as seen in the analysis of the Likert scale. Enjoying life depends on the positive and negative episodes of life. Stress and enjoying life are inversely related. This explains the hedonic concept of wellbeing where happiness is gained only through the attainment of pleasure. Happiness, enjoying life is a subjective domain which is gained by satisfaction of one's inner feelings or if one is satisfied with himself/herself. Based on the Likert scale it is found that most of the elderly in the study area are satisfied with themselves. It is a reflection of one's inner conscious where the elderly can judge themselves. Elderly respondents generally feel happy when they are with their spouse and children, and this enhances their quality to life.

The third research question related to the perception of the quality of life has been explained through all the indicators. This is specifically explained in the chapter on psychology and personal autonomy. The elderly respondents have rated their QOL on a 5-point Likert scale ranging from 'very poor' to 'very good'. The indicators help in explaining the positive and negative expectations of life. The study shows that 29 percent of the elderly respondents rate their QOL as 'good'. Next to this is 'poor' QOL where 14.7 percent respondents express their dissatisfaction. 'Very

good' is rated by 11 percent of the respondents and 10.3 percent rate it as 'very poor'. But the highest response is 'neither poor nor good' which has been rated by 35 percent of the elderly respondents. This individual subjective perception depends on the achievement and failure in life. A sense of satisfaction with positive outlook results in a good quality of life.

The fourth research question is concerned about how the quality of life of the elderly men and women differs in the study area. Elderly women are more vulnerable as more than half are economically dependent on their son or spouse. Women have always been relegated to the secondary position right from childhood. They have always been dependent on father, brother in childhood, spouse after marriage and son in old age. Present study shows that widows are more vulnerable to financial strain which is associated with low QOL. It is observed that 34.7 percent of the widowed are economically dependent in comparison to 17.3 percent of the economically independent elderly widowed. Also their non-participation in any outside activities and always keeping engaged in household chores in the early years have lowered their rate of savings which have resulted in financial crisis in the later years. The education of the elderly has also been neglected in their childhood years by their parents and so, most of them remain dependent on their son or spouse. The education status of the male elderly is better than the female elderly. Besides this, male constitutes the head of the household as already stated in the demographic chapter that 42.7 percent male elderly constitute the head of household in comparison to 25.3 percent female elderly. The elderly women have a larger say in the family affairs but the decision making is always governed or taken by the male elderly. Moreover, during old age, they face role loss but their active participation in household activities like looking after grandchildren, cooking escalates their role and value in the family. But a fear and insecurity develops if they face lack of personal control. Personal control is weak in women and with increase in age their personal control declines. It is observed that for the age-group of 80 and above 66.7 percent of the female elderly respondents do not have any mastery over resources or they lack personal control which brings fear and insecurity. Low economic security of the elderly women increases their dependency on the younger generation when it comes to health care expenses. They face economic crisis to cope up with the medical expenses which deteriorates their wellbeing. In the context of health it is

observed that arthritis is much concentrated among the women than men. Men at old age suffer from urinary problem like prostate. Heart disease is minimal among women but high among the elderly men. This arises on account of hypertension and unmanaged lifestyle. Women have a greater power in adjusting with life. As life is like a roller coaster ride, the rise and fall in life is an experience of happiness followed by a contrasting period of depression. It is noticed that elderly women cope with the death of spouse but the widowed men end up with depression, numbness and shock which deteriorate their health. Majority of the male elderly cite the death of spouse as a major life stressor. To reduce stress it is thought that positive social engagement can help to overcome it. As observed, majority of the male and female elderly respondents believe quality spending of time curbs loneliness, social isolation and erases stress and depression.

The next research question deals with the quality of life of the elderly using WHOQOL-BREF. Among the four domains i.e., physical health, psychological health, environment and social relationship, the environment domain score is low as the elderly respondents are not satisfied with health services, transportation facilities, instability in income and with the conditions of the living environment. Overall, on the basis of WHOQOL-BREF it is found that majority of the elderly (60%) have high QOL i.e., their score is more than 50.

The next research question deals with the extent to which the benefits and incentives provided by the government are enjoyed by the elderly. Research in the study area finds that the elderly living below the poverty line in West Bengal receive Rs. 400 monthly under the Indira Gandhi Old Age Pension (IGOAP). 77 percent of the elderly respondents are covered under the National Old Age Pension Scheme (NOAPS). Under the Annapurna scheme, 30.7 percent of the elderly respondents are covered and are enjoying 10kg of food grain per month free of cost. 15.3 percent of the elderly are aware about the income tax exemption and are enjoying its benefits. More than half (54.3%) of the elderly are aware of the railway and air ticket concession rate. Widow pension is enjoyed by 67.3 percent of the elderly female. But the saddest part is that only a small percentage (24.3%) of the elderly respondents are aware of the legislative framework of the maintenance and Welfare of Parents and Senior Citizens Act, 2007.

The last research question is how to raise the quality of life of the elderly. Some points are presented below:

- To improve the economic QOL of the elderly specially the elderly women, a direct intervention is required by giving them opportunities to work in the field at which they are best in order to gain some income for future savings. This will enhance their economic quality of life. Secondly the information which they lack regarding old age pension or widow pension should be brought under an active department where receiving the monthly pension becomes easy.
- Work from home for the elderly should be encouraged unless their presence at the workplace is required.
- Elderly should be encouraged to join in refresher training course to acquire and learn new skills. They should be self-sufficient to use the modern technology which can empower them or help them take up new occupation.
- Adult literacy should be encouraged more, including computer training so that they are able to respond independently to the technological demand in daily life. Mass education of the elderly is the need of the hour. Lack of education creates hurdles in filling up a form or booking a seat in the train. Many have taken advantage because of their illiteracy. It is found that higher educated elderly are enjoying a better quality of life. Family should help the elderly in updating them about the present trend which may prove very beneficial.
- Family members including grandchildren can act as a mentor and advisor to help grasp the new technologies.
- Programmes to be undertaken by the government to generate the message that family is the most beautiful and united group and any endeavor to break family ties from any family members could be detrimental.
- Strengthening of the intergeneration gap by devoting more time to the family members which the elderly expects in the changing realities of life.
- Sending elderly to old age home should be discouraged and there should be less setting up or building of old age home.
- Any form of abuse should be reported. Harsh penalties should be imposed on the offender.

- Opening morning clubs and meditation centers for the aged where they can relax and spend time with peer groups.
- Safe and pleasant walking areas and parks should be within easy reach of the elderly for physical activity.
- To take comprehensive action for discouraging smoking, intake of alcohol and to educate them about healthy eating.
- Serious and sincere attention is needed to look after the health care services especially in the rural areas.
- Mobile medicare services should be initiated more catering to free medical health check-ups for the senior citizens.
- Geriatric clinics should be provided in every region catering to specialized gerontological services with main attentiveness on dental care and eye-sight.
- Mental health care should also be given utmost priority in the geriatric clinic. A separate department addressing mental health for the elderly should be initiated.
- Telehealth technology can be promoted where there will be live contact between the patient and doctor.
- Installing innovative devices and services for the safety of the elderly at home.
- Barrier free, service oriented housing with special design can be tailored to suit the needs of the elderly to promote independent living. Special care should be taken to design it for the persons with disabilities.
- Assistive devices like wearable sensor or remote monitoring technology can track the movement of the patient with cognitive impairment.
- The out-of-home environment should be age-friendly. Motorable roads, high-quality traffic management which can prevent injuries for the older pedestrian should be initiated. Other than these elderly-friendly transportation should be developed with proper and reserved seating arrangement, barrier free movement in the buses or cabs so that person with disability can easily move in and out.
- Ramps, lifts should be provided in government and private building for easy access.

- Toll-free helpline numbers should be established for the elderly for any emergency.
- The society and the government should strive to educate the public through media or campaigns to deal sensitively on matters of elderly.
- There should be mass awareness programmes regarding different schemes, laws and legislative framework of the government for the elderly people or the senior citizens.

9.3. Towards Conclusion

The share of older population in India is projected to reach 19 percent by 2050 from 8 percent in 2010 (UN. Department of Economic and Social Affairs (2011b)). This is considered as a triumph of civilization as older population is distinct from rest of the population. They are recognized as a valuable resource for their valuable contributions to the society and also respected for their wisdom. As they have spent a long time on the earth their knowledge, experiences, past mistakes help us to rectify, modify and prevent us from tumbling. Hence, it is pertinent to ensure that the older adults lead a better quality of life focusing mainly on inculcating positive emotions and by providing high level of family support rather than institutional support. In the era of modernization and globalization, nuclear families have spanned rapidly. The challenge is to safeguard the interest of the elderly by providing care, support as they are currently passing through the demographic and economic transition phase. Family, community, government have to focus on the quality care of the elderly. The issue of health needs to be addressed more congruously as it is an important element of the quality of life. The strong empirical association with QOL in old age is family and good health with functional ability. The most important and the last phase of life of elderly needs to be a successful and livable one. The vehicle which helps in understanding the lived experiences of the older people is practical consciousness. A sensitive approach towards the elderly is the need of the hour. The need is to turn the grey into green.