

## CHAPTER-4

### HEALTH AND ILLNESS AMONG THE ELDERLY: SOCIO-CULTURAL AND ECONOMIC ISSUES

#### Introduction

Health has been defined as a state of complete physical, mental and social wellbeing. Interaction of many social, economic and cultural factors leads to the realization of the most exigent constitutional goal that is health. Several issues like biological aspects; personal habits and behaviours; access to quality health care; and the external social environment is directly related with educational and economic status of an individual; gender differentiation in society and family; and social unity and relationships thus shaping an individual's health.

Culture refers to the values, beliefs, behaviours, that are shared by members of a society and which provide direction to people as to what is acceptable or unacceptable in a given situation. Many studies have suggested that judgments of health and wellbeing and interpretations of sickness are shaped by factors beyond those traditionally captured by bio-medical conceptions of illness. All people whether rural or urban have their own beliefs and practices concerning health and illness. Many health and illness studies make clear that the forces affecting health and treatment outcomes transcend medical care and the transactions that take place between doctor and patient. The prevalence and response to various diseases varies by culture. Social and cultural factors influence the way a person defines and reacts to illness, it also partly defines or determines how the health care system provides medical care (Siva Raju, 2002).

The Ministry of Social Justice and Empowerment, Government of India (1999) in its document on the National Policy for Older Persons has relied on the figure of 33% of the general population below poverty line and has concluded that one-third of the population in the 60+ age group is also below that level. Ageing has important economic implications in terms of labour supply, consumption patterns, investment, cross-border capital flows, fiscal balances and private saving. The demographic

change in 60+ populations would increase the dependency ratio thus implying that the proportion of elderly in the total population increases as to the proportion of working population. Therefore the increase in dependency ratio would decline the economy's capacity to sustain the elderly over the period (Siva Raju, 2002).

#### **4.1 Marital Status**

Marital status has been found to be an important determinant in health and illness of elderly population. Many studies have stated that married elderly couples are healthier as companionship provides a sense of security and support in later life. The concerned data (Table 4.1) displays that 45.2% of the total sample populations are married and living with spouses which is a positive aspect since couples give psychological as well as physical support to each other during old age. Out of the total married elderly couples 15.7% live in nuclear family, 17.5% live in joint family and 11.5% in Old-age homes and 0.3% live by themselves. It has been observed that elderly couples in joint families enjoy a better status and authority. In Old-age homes the couples support each other in times of illness so are less anxious about the future.

In the rest of the sample population 44.9% are widows or widower. Joint family provides a safe haven for the elderly as it gives a sense of financial security especially to widowed women, according to the sample of the total widows and widowers 13.3% of the widows stay in joint families. It also fulfils the social, psychological and physical needs as it creates interdependent functions in the family. In cases where the elderly are immobile, appropriate functions useful to the family are taken up by the person himself/herself. It has been found that the proportion of widows are higher than the widowers, the reason can be longer life span of women compared to men as in most marriages women outlives men. 25.9% of the widow and widower elderly sample population has been found staying in various Old-age homes in Gujarat, in which again the proportion of widows are much higher. Many of the widowed elderly are considered as a burden by their son's or relatives as most of them have no income of their own. In Indian culture sons enjoy a special status as they are considered to be the inheritors of family who would support and take care of the parents in old age. So an elderly with low income and without a son has to opt for Old-age homes, as to depend on their daughters' is culturally not acceptable. The sample shows very few

that is 2.8% of widower men and widowed women staying in both single as well as nuclear accommodation.

Marital Status	Staying Single		Nuclear Family		Joint Family		OAH		Total	%
	Male	Female	Male	Female	Male	Female	Male	Female		
<b>Married</b>	0	1	27	18	36	14	18	15	129	45.2
<b>Widowed</b>	2	6	2	6	9	29	27	47	128	44.9
<b>Single</b>	0	0	0	0	0	0	9	4	13	4.5
<b>Separated</b>	0	0	0	0	0	0	7	2	9	3.1
<b>Divorced</b>	0	0	0	0	0	0	5	0	5	1.7
<b>Live-in-relationship</b>	0	0	0	0	0	0	0	1	1	0.3
	2	7	29	24	45	43	66	69	<b>285</b>	

**Table 4.1**

The data could not show any elderly who are unmarried, separated, divorced and in live-in-relationship staying either alone or with families, but 4.5% of unmarried single, 3.1% of separated, 1.7% of divorced and 0.3% of elderly in live-in-relationship are found staying in Old-age homes. This may be because population having this status of marital relationship are either looked down upon in family and society or has no support system to take care of them as age increases. The one sample in live-in-relationship is an elderly woman who was a widow with no children and her partner was single unmarried elderly, both are staying in an Old-age home. The reason for entering in to such an arrangement is due to the need of companionship and support.

## **4.2 Education, Earning Status and Freedom in Decision Making**

Education, Earning status and decision making are three inter-related aspects that plays an imported role in an individual's life. Economic aspect has slowly become the prime factor in determining an individual's status and standard of living with the rapid social changes that have come about in our country. Several studies reviewed states that the decision making capacity of an individual in a family largely depends on his earning capacity and the status he/she enjoys in the family setting. With our economy changing from agricultural to industrial education plays a vital role in determining the level of job and earnings from it.

### **4.2.i An Overview of Gujarat's Socio-Economic Status**

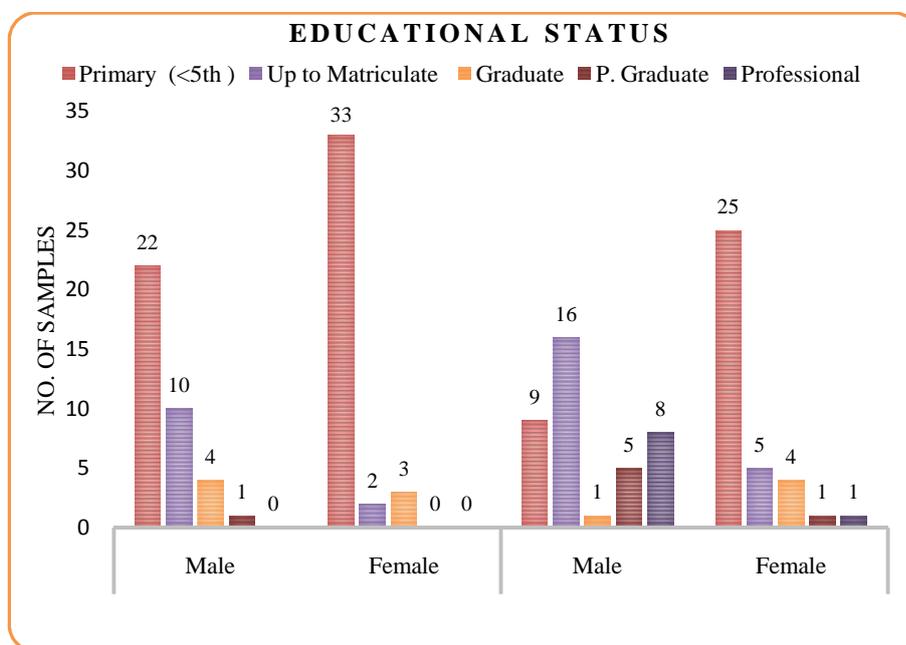
Gujarat is one of the most prosperous states in India with a GDP above India's average. The economy of Gujarat depends largely on agriculture and industries. The total crop area of the state is more than one half of the total land area. The rural economy of Gujarat is largely dominated by agriculture and livestock rearing. The literacy rate in the state as per census 2011 is 71.71% in rural and 86.31% in urban sector. As per Population Census 2011, the total number of workers (who have worked for at least one day during the reference year) is 247.68 lakh, out of which 180.01 lakh workers are males and 67.67 lakh are females. The Work Participation Rate (WPR) in the state is 41.0 per cent, which is higher than the national average (Gujarat State Government, 2014).

The broad categories of economic activities, also known as a four-fold classification of the workers are, Cultivators (CL), Agricultural Labourers (AL), working in Household Industries (HHI) and Other Workers (OW). Of the 247.7 lakh total workers 54.5 lakh are cultivators and another 68.4 lakh are agricultural labourers, thus nearly 50 per cent of the workers are engaged in agricultural activities. Of the remaining workers, 3.4 lakh are in household industries and 121.4 lakh are other workers. During the decade 2001-2011, the Census results show a fall of about 3.55 lakh in cultivators and an increase of 16.78 lakh in agricultural labourers (Gujarat State Government, 2014).

### **4.2.ii Educational Status**

Education and income are complimentary to each other as majority of uneducated or undereducated people end up working in unorganized sectors of employment. These

sectors provide very low wages and are not attached with retirement benefits or after retirement income security. As a result most of the elderly are left with meagre incomes which are inadequate to fulfil their requirements.



**Figure 4.1**

The data on education (Figure 4.1) reveals that majority of rural men and women have been educated only up to or below fifth standard as most of the households were agriculture oriented. The children at a very young age lend a hand in household work or agriculture. Since our samples are aged 60 years and above, the reason for low education can also be attributed to absence of schools in interior villages at that time. The data shows that there is not even a single professional among both the male and female rural respondents. There are only 2 graduates among men and 3 graduates among women in rural sectors. Most of the rural respondents who were educated matriculate and above reported that they have worked as teachers.

In urban sample most of the elderly males have studied up to matriculation. There are more professionals in the sample especially in cities like Surat as it is an industrial hub. Most of the urban women also fell in the category of below fifth standard, and only one is postgraduate and professional in the sample population of women. Low education of women as compared to men can be connected to gender bias in the state. Like most of the states in India, Gujarat is also a male dominant society where men are considered important. Girls from a very young age are trained in household chores

that would help them in their future roles. Child marriage was also rampant throughout the state during those times. Some of these women respondents were married as young as twelve years.

<b>Educational Qualification (Old-Age Home)</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>%</b>
Primary (<5th )	36	48	84	62.2
Up to Matriculate (High School)	22	16	38	28.1
Graduate	8	2	10	7.4
P. Graduate	0	0	0	0
Professional	0	3	3	2.2
			<b>135</b>	

**Table 4.2**

When analyzing the education data of Old-age home respondents (Table 4.2) it was found that 62.2% of the Old-age residents are educated only up to the primary level and 28.1% up to the matriculation level. Most of these residents were from poor economic backgrounds as they were in unorganised sectors of employment which paid very low wages. So Old-age homes served as a haven to most, though it provided only minimum necessities. There is no postgraduate sample population in these homes. There are only 7.4% of graduates and 2.2% of professionals, who are teachers, doctors etc., but surprisingly all three professionals are women. So it can be concluded that education has a relation with earning capacity and savings for later life. Majority of the Old-age home residents are found to have low levels of education which has in turn affected their income and economic security and a better and dignified life.

### 4.2.iii Occupation and Earning Status

Old age is a period of debility and dependency. Various studies have pointed out that old age can be a dignified experience if they are physically and mentally active and have a sound economic background. With seventy five to eighty percentage of Indian population living in rural sector with agriculture and associated livelihoods as the main source of income, it is a known fact that very few people save for their old age.

Indian culture expects the sons to take care of their elderly in the family. But with rampant and rapid changes in the demographic, social and economic structures of the country earnings have become meagre, families have become smaller, needs have become larger and an extra mouth to feed and to look after is considered as a burden by the families.

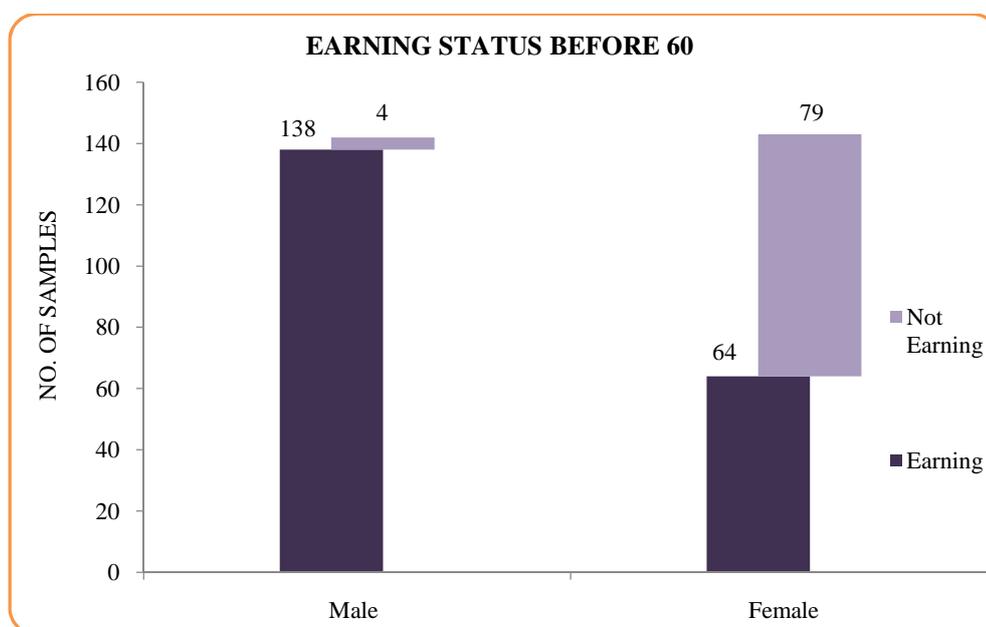
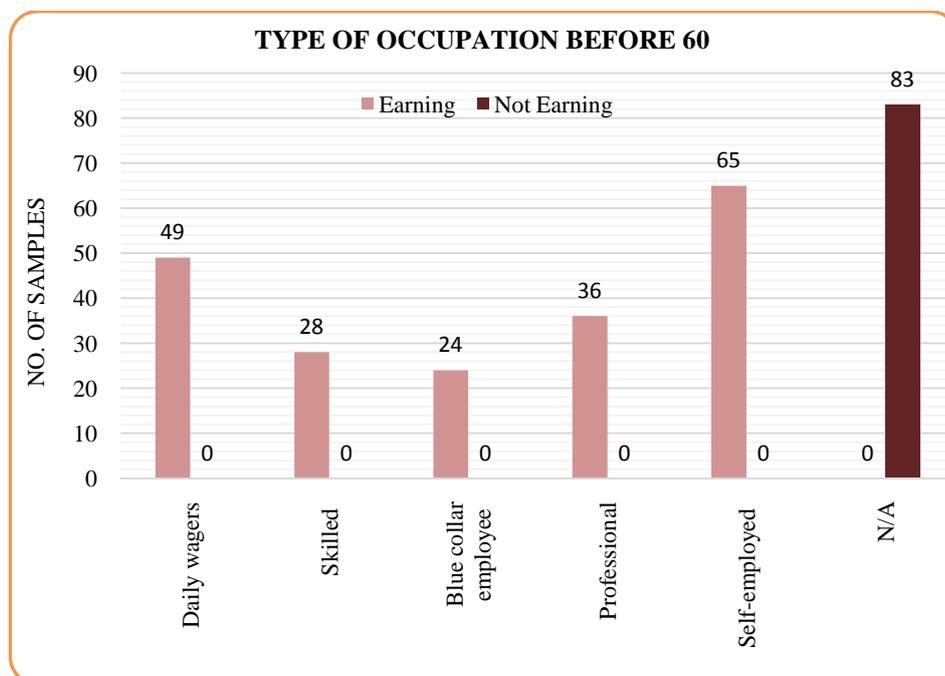


Figure 4.2

The data on earning status before 60 years (Figure 4.2) of both males and females of the respondents' shows that as expected all males i.e. 97.1% has been engaged in some kind of economic activity while only 2.8% of males have never been into any kind of activity. These were the individuals who had health issues or were incapable of doing any work. Among the female sample 44.7% were earning a livelihood. In rural sectors most of the men and women were employed as agriculture labourers or were working on their own land holdings. In urban sectors women from the lower

classes were found working as household helps, while men were engaged in jobs and work on daily wages depending on the availability. The upper and middle class respondents were engaged in teaching, clerical jobs, self-employed activities like business, agriculture farms etc.



**Figure 4.3**

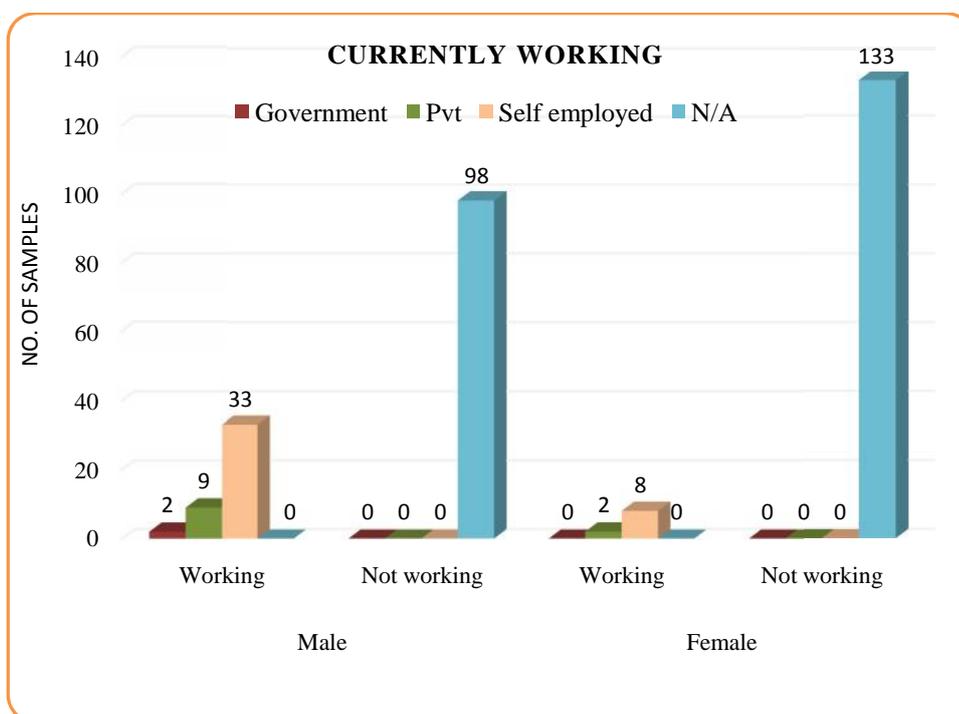
Detailed analysis of the types of occupation (Figure 4.3) the respondents were involved in before 60 years of age displays that 22.8% have been self-employed. In rural sectors most of the respondents were found to be engaged in agriculture and livestock rearing. Most of the farmers have marginal land holdings which provided enough for their consumption and a meagre seasonal income. Small and large businesses, mostly shops, were run by some of the respondents in urban sectors. Some of the female respondents were involved in art or craft and stitching work at home for commercial purpose which contributed to the household income.

17% of the respondents are the daily wage earners. In rural areas people with very small land holdings or without any land holdings worked as agriculture labourers in others' field. But even such employment was seasonal so they were engaged in other labour works like brick laying or construction works whenever available. In urban

sectors the respondents were mostly associated with some companies, factories or government enterprises such as railways or Gujarat bus transport corporation on a contractual basis. Most of the women respondents in urban sector who were into daily wage jobs were house-maids.

Only 9.8% respondents possessed some kind of skilled labour, these were in a better position economically than the daily wage labourers. Most of the skilled labourers were involved in carpentry, masonry, driving or some machinery works. The remaining earning members i.e. 8.4% were blue collared employees who worked as clerks or accountants in private or government enterprises. The blue collared employees who were into private enterprises have very less savings as they were underpaid which just gave them enough to run the family. The 12.6% of professionals who have worked as teachers, engineers, nurses, and doctors were found to have some kind of earning which supports them.

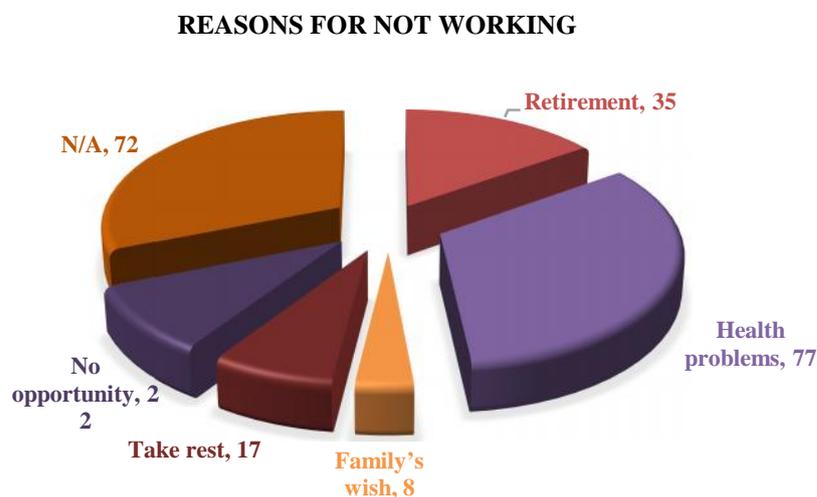
Coming to unemployed, 21% fall into this category. Most of these unemployed are women, thus increasing the dependency ratio. Surprisingly most of the women in urban sector were unemployed, compared to women in villages who were engaged in agriculture and associated labour.



**Figure 4.4**

When assessing the current scenario of earning capability of the sample population (Figure 4.4) it has been found that majority of the respondents whether male or female are not currently employed in any occupation. The data shows a whopping number that is 93% among women and 69% among men are unemployed. All the men and women samples of Old-age homes fall in this category. Among men 23.2% are self-employed, 6.3% in private enterprises and 1.4% in government sectors. The employment status of women is very depressing as there are only 5.5% in self-employed and 1.3% in private sector. Large scale unemployment among the elderly is due to health issues and non-availability of appropriate employment.

The reasons for low employability among the sample population are many. When enquired about the reasons for not working the respondents has come up with several issues which have been categorized (Figure 4.5). Around 27% of the elderly are suffering from one or the other health issues which made them weak or decreased their enthusiasm to engage in any work. Retirement from their previous employment is the reason for 12.2% for not working. A few of them who were in government sectors and Multi-national Companies are receiving pensions or interests from investments so do not feel the need to work.



**Figure 4.5**

Lack of appropriate job opportunities have compelled 7.7% of elderly to be disengaged. These are respondents who are physically healthy and feel bored and unproductive. Some feel that a job would make their life a little better by not

depending on others for their sustenance or they would be able to contribute to the household income. While 5.9% believe that they have worked enough in their life and they would prefer to remain at home and take rest. They think that they would not be able to handle the stress at work.

Some of the respondents that are 2.8% have stayed back from work as their sons have taken over the responsibility of the house and income. They are relieved from the usual work routines; some of the elderly who were into agriculture just visit the agriculture land once in a day and give required instructions to their sons. In some joint families the elderly men control the house even after retiring from their work. All the earnings of the family members are handed over to the father or to the mother who in turn runs the family and takes the decisions.

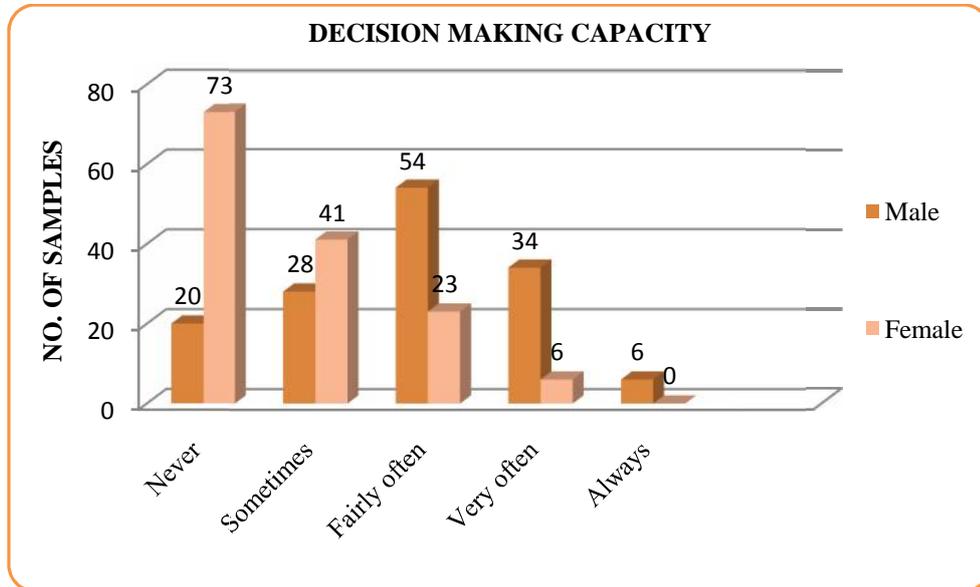
The not applicable category consists of 25.2% of not working respondents who are mostly staying in Old-age homes. Most of the Old-age homes have their own rules and regulations. The residents are allowed to go out of the institution only to consult doctors, visit temples or to shop for essentials. So the elderly residing in Old-age homes would not be able to take up any job even if they wanted to. Apart from these respondents in Old-age homes this category also includes house wives who have never taken up a job outside the house. So this question becomes irrelevant to them as they have enough work at home and a job outside was never in their minds.

#### **4.2.iv Decision Making Capacity**

Several factors determine the decision making capacity of an individual like the education, earning capacity, level of authority, dependency etc. In our culture usually the elderly or the aged have an authority over the younger generation and it is generally the elderly who make the major decisions. But due to the changing scenario in occupation and family setting, the freedom in decision making of the elderly is slowly diminishing. The study has made an effort to find out the current scenario in the decision making capacity of elderly individuals.

The study (Figure 4.6) reveals that 51% of women have never had the freedom to make decisions, while only 14% of men claim to have never had the freedom to make decisions. These men say that they have always consulted their brothers or sons before making any decision. But in the case of women the decisions are always taken

by the men in the family and they were only informed about the decisions. Some of the women respondents, that are around 28.6%, take decision on less important matters though the major decisions are taken by the men.



**Figure 4.6**

Many men make decisions fairly often and very often that is 38% and 23.9% respectively and 16% of women also take decisions fairly often. It was noticed that these women are better educated, have their own income and are either from the upper class or middle class families. While 4.2% of men claimed that they always had the freedom to make decisions, no women are found in this category. It was noticed that the men who always made decisions are the heads of the family and are very authoritative.

### **4.3 Family Structure, Basic Facilities and Ownership of Property**

In India the traditional informal support systems like family, kinship and community are still considered strong and cohesive to provide social security to its members, including older people. For elders, living with their families which is still the dominant living arrangement. The economic security and well-being largely depends on the economic capacity of the family unit (Moneer, Ageing in India: Socio-Economic and Health Dimensions, 2006). Inadequate income and dependency on others are major problems of the elderly in India (Siva Raju, 2002). Women are more

likely to depend on others, given their lower literacy rates and higher incidence of widowhood (Gopal & Meena, 2006, pp. 4477-86).

#### 4.3.i Family Structure

With the changing scenario in family structure, several studies report that more and more elderly are staying alone. The study has made an attempt to capture the living arrangement (Figure 4.7) among the sample population. The data reveals that 25.2% of the respondents live with one of their children. Among the samples of rural Surat, inhabited mostly by tribal, the households are a mix of joint as well as nuclear families. Though elderly are usually the responsibility of all the sons and daughters-in-law the parents always stay with their younger son but other sons stay in adjacent houses and maintained separate kitchens. The parents have the freedom to have their food from any of these houses. The elderly made themselves useful by looking after the children and cattle.

NO. OF CHILDREN STAYING ALONG

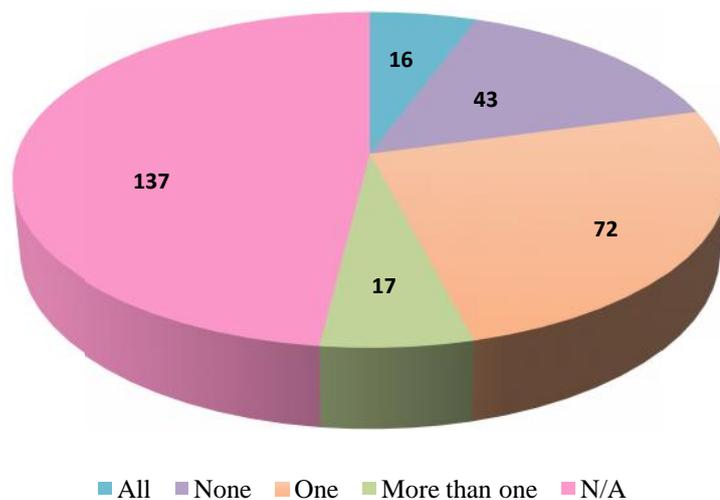


Figure 4.7

Among the respondents 15% do not have any of their children staying with them. The reasons are migration to other districts or countries for job purpose or staying in a separate accommodation apart from parents. In some rural areas of Kachchh in Gujarat it was found that though the elderly couples lived separately in another house, their food and basic necessities were fulfilled by children who were living nearby. In

Kachchh parents living separately is not a traditional phenomenon, it is a social change that happened due to the rehabilitation process in these locations after the 2001 earthquake. During rehabilitation process the parents and their sons in a household had managed to acquire separate houses for themselves resulting in more nuclear families.

Some of the respondents that are 5.9% are seen to be staying with more than one child. This set up is found in both rural as well as urban locations. In rural areas the respondents, i.e. 5.6% and all the sons and their families are staying under one roof and having a common kitchen. This may in some cases exclude married daughters. In the not applicable category 48% of the respondents are living in Old-age homes and those who have no children. It is interesting to note that joint family system is still prevalent in both rural as well as urban sectors and in most of these families the elderly irrespective of their gender enjoyed an authoritative status among its family members. The elderly staying with more than one child were seen to be better off physically and psychologically. Most of them reported that they were happy and content as compared to the elderly living with one child, who admitted that they felt bored and disturbed and unhappy with life.

#### **4.3.i (a) Migration of Children**

Gujarat has a long history of international migration. It is roughly estimated that around 6.5 million of Gujarati origin live in other countries which is said to be one fourth of the Indians residing abroad. U.K, U.S.A and East Africa are the major destinations of migrating population from the state.

Analysis of the data (Table 4.3) indicates that from the total respondents 21.6% of the respondents have migrated children. Majority of migrant children are found among the respondents of Anand district followed by Surat and then Kachchh. Panchmahal and Banaskantha districts have recorded only one respondent each with migrant children. The main reason for migration is found to be the financial benefits, but the interesting fact observed is that most of the migrated children belonged to either middle class or upper middle class families. Some of the respondents of these migrated children are the ones who shifted from villages to cities to stay in houses built by their migrated children. The respondents with migrated children who are staying in households definitely enjoy better life style and facilities.

Reasons for Migration	Rural			Urban			OAH			Total
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	
<b>Economic</b>	5	0	0	19	0	0	13	0	0	37
<b>Better life styles</b>	0	0	0	0	0	0	0	0	0	0
<b>Education</b>	0	0	0	2	0	0	1	0	0	3
<b>Others</b>	0	0	0	0	0	0	0	0	0	0
<b>N/A</b>	0	70	0	0	51	3	0	69	52	245
<b>Total</b>	5	70	0	21	51	3	14	69	52	<b>285</b>

**Table 4.3**

Analysis, on the basis of different locations, shows that in rural sector 6.6%, in urban Sector 28% and in Old-age home 10.3% of the respondents have migrated children. In Anand district out of the total 14 respondents with migrated children, 7 are in Old-age homes, none of the Old-age homes in Anand have care taking facility. All of them provide only stay and food with basic facilities. The old age homes in kachchh district have shown 5 sample populations out of 11. Most of the respondents with migrated children are concentrated in one of the Old-age homes which provide care taking for elderly who needs care and help for basic activities. Old-age homes in Banaskantha and Surat have only one respondent each, while Panchmahal has none. The migrated children of all the respondents are economically supporting their parents who are in Old-age homes.

Some of the elderly from the Old-age homes have been visiting their children once in a while but as age increases many of them have stopped the visits. The children visit once in a year but most of them send money regularly. When asked if they like staying with their migrated children most of the respondent said that they felt bored and lonely as both their sons and daughters-in-law go for jobs. Although they prefer

staying in their hometown near to their relatives majority of them expressed that they are missing their children and grandchildren.

### 4.3 ii Basic Facilities Available

The study has tried to assess some of the parameters that are usually considered to determine the standard of living of a person (Table 4.4). The assessment shows that 88% of the sample population lives in a house with cemented floor. The 12% of the houses with mud floors are in rural sectors; these are houses of samples that are economically weak. It was found that 6% of the samples live in mud houses which are mostly in rural sector, and 3% live in houses made of plastic sheets or shanties made on government lands in the urban sector with no proper drainage or toilet facilities.

	Housing Facility	No	%	Total
<b>A</b>	Type of floor			
	(i) Hard floor	251	88	<b>285</b>
	(ii) Mud floor	34	12	
<b>B</b>	Type of wall			
	(i) Cement/brick/wood	260	91	<b>285</b>
	(ii) Mud	17	6	
	(iii) Plastic/metal sheet	8	3	

**Table 4.4**

According to the data (Table 4.5) the popular types of fuel used by the households are cooking gas (LPG) and wood and dung. In rural sector wood and dung are the most commonly used fuel as these are abundantly available, but in economically well-off families LPG is also used along with wood/dung. 22% use 'Chula' inside the house and 23% cook in rooms which are used for sleeping as well. 'Chula' without chimney in the house can give rise to many health issues pertaining to lungs or can even cause

tuberculosis which can be life threatening because in many of the houses the place of cooking is also used for sleeping.

	<b>Cooking Facilities</b>	<b>No</b>	<b>%</b>	<b>Total</b>
<b>A</b>	Type of fuel used			
	(i) Gas	80	28	<b>285</b>
	(ii) Kerosene	1	0	
	(iii) Wood/ Dung	67	24	
	(iv) Electricity	0	0	
	(v) N/A	137	48	
<b>B</b>	Type of cooking stove			
	(i) Chula	64	22	<b>285</b>
	(ii) Chula with chimney	0	0	
	(iii) Gas Stove	80	28	
	(iv) Outdoor Chula	4	1	
	(v) N/A	137	48	
<b>C</b>	Place of cooking			
	(i) Room used for sleeping	65	23	<b>285</b>
	(ii) Kitchen	215	75	
	(iii) Outdoor	4	1	
	(iv) N/A	1	0	
	(ii) No	63	22	
	(iii) N/A	130	46	

**Table 4.5**

The study found (Table 4.6) 2% households without electric connection. These are the houses of the respondents who have no source of income and live in utter poverty. The researcher observed that Panchayat in many of the sample locations had an indifferent attitude towards economically very poor. People complained that the authorities are never ready to hear their complaints or requests and usually shoed them away.

	Facility	No	%	Total
	Has electricity connection			
	(i) Yes	280	98	285
	(ii) No	5	2	

**Table 4.6**

A few years back refrigerators and televisions were considered as a luxury commodity but with several economic and social changes in the society these have become basic needs of the people. Only 23% of the respondents own a refrigerator and 32% own a television (Table 4.7). In rural sector only very few houses have these two electronic appliances.

	Facility	No	%	Total
<b>A</b>	Has refrigerator			
	(i) Yes	65	23	285
	(ii) No	86	30	
	(iii) N/A	134	47	
<b>B</b>	Has television			
	(i) Yes	92	32	285
	(ii) No	63	22	
	(iii) N/A	130	46	

**Table 4.7**

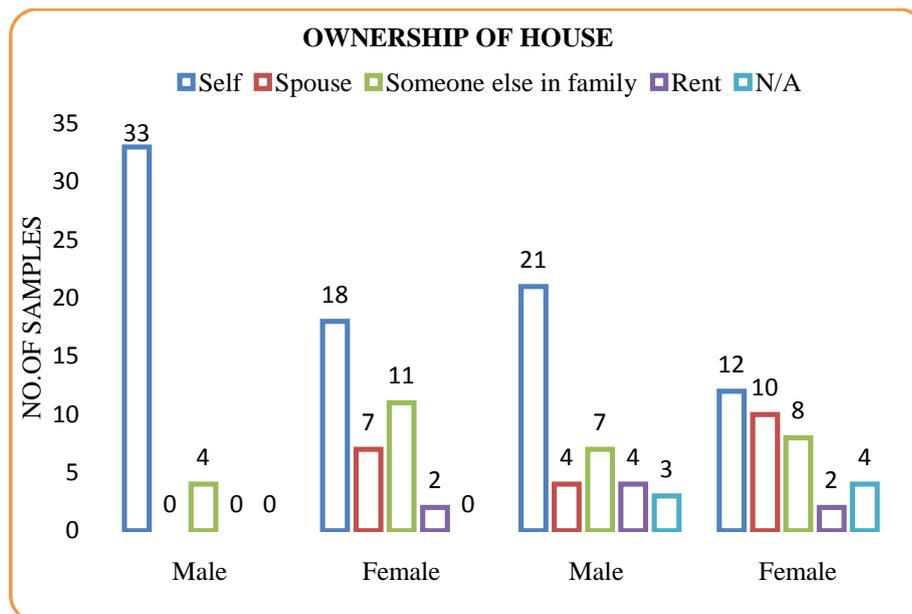
While assessing the household assets (Table 4.8) it was found that 14% of the elderly have a car or a tractor (if in rural areas) and 9% have two-wheelers. 77% of the respondents have no vehicle of their own and are completely dependent on public transportation. Only 50% of the respondents have some form of tele-communication, in that 45% possess a mobile phone.

	<b>Transportation &amp; Communication Facility</b>	<b>No</b>	<b>%</b>	<b>Total</b>
<b>A</b>	Has motorised vehicle			
	(i) Car/ Tractor	39	14	<b>285</b>
	(ii) Bike/ Scooter	26	9	
	(iii) None	85	30	
	(iv) N/A	135	47	
<b>B</b>	Has phone			
	(i) Landline	14	5	<b>285</b>
	(ii) Mobile	98	34	
	(iii) Both land line & Mobile	32	11	
	(iv) None	141	49	

**Table 4.8**

#### **4.3.iii Ownership of House and Possession of Property**

Ownership of house and possession of property determines the status and the level of authority of an elderly in the house; in case of women it gives a sense of security in old age. The analysis (Figure 4.8) shows that 89% in rural and 53.8% in urban male respondents have ownership of the house they are living in. The remaining male respondents in rural i.e. 10.8% stay in their son's house or a house jointly owned by all the brothers. While 17.9% urban males stay in a house owned by someone else in the family, mostly their son, in urban areas house jointly owned by brothers is rare or did not exist. 10.2% of elderly male have their house in their spouse name and another 10.2% of the elderly males live in rented accommodation. The not applicable category shows 7.6% of elderly who are not sure of the ownership of their house as they live in shanties made on government land.



**Figure 4.8**

In rural locations 47.3% of mostly widowed female respondents said that they owned their houses, otherwise the houses are mostly owned by men. Among urban women 33.3% have the ownership of the house; these include both widowed as well as married women. 18.4% of rural and 27.7% of urban female respondents said that the houses they are staying in are owned by their spouses. 22.2% of urban and 28.9% of rural women live in a house owned by someone else in the family. In rural areas most of the houses are jointly owned or owned by one of the sons after partition so the elderly have more authority as it is passed on from them.

In urban areas houses are mostly built or bought by their sons so the daughters-in-law have more freedom and authority in the house and elderly usually feel like a guest or an outsider. 5.2% of the female respondents in rural and 5.5% of the female respondents in urban live in rented houses. In urban areas 11.1% females are in not applicable section. These are elderly staying in shanties made on government land, though they have been staying in this arrangement for many years now, the ownership of the house is not theirs. While in rural sector the survey has not come across any sample population whether male or female where the ownership of the house is not defined.

The study has tried to analyze the status of the respondents in relation to their possession of property (Table 4.9). The data shows that as compared to women more men possess property either in the form of land or house i.e. 92 out of 142 males as compared with 76 out of 143 females. Women and men who have claimed that they do not possess any property also include men and women who have had property earlier but have partitioned it among their children and currently do not have any property in their holdings.

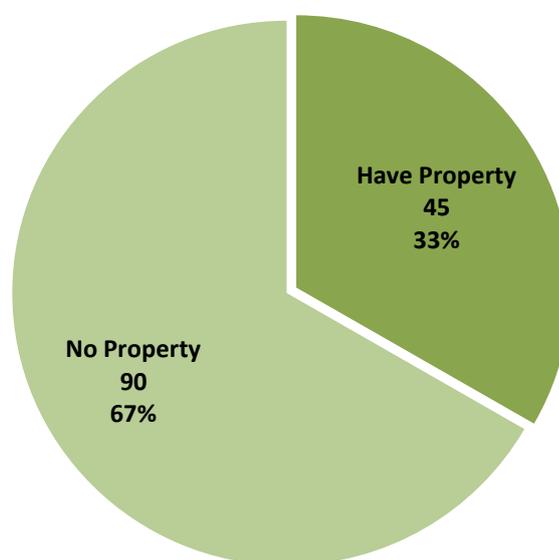
Property	Possession of property		Partition of property			Conflict regarding property		
	Yes	No	Yes	No	NA	Yes	No	NA
Male	92	50	29	65	48	15	87	40
Female	76	67	25	55	63	7	72	64
<b>Total</b>	<b>285</b>		<b>285</b>			<b>285</b>		

**Table 4.9**

In rural sector the agricultural land is jointly owned by all the brothers and the income obtained is shared, since partition of the land would make it very small which would not be viable for agriculture purpose hence very few people go for partition. In jointly owned lands all members contribute their labour but the decisions are taken by the eldest brother in the group. Among the respondents 65 males and 55 females who are currently holding some kind of property have not partitioned it. Some of the respondents have refrained from partitioning as they thought that it would put them in a vulnerable position by losing their authority and control. In Urban sectors some of the respondents with property have gone for partition and have given their children their share but have also kept enough for them. In case of widowed mothers the properties are controlled by their sons even if it is not partitioned.

15 males and 7 female respondents have reported that there is conflict regarding their property. Most of them who have reported about conflict are the ones who are living in Old-age homes. Some of the respondents claimed that the houses owned by them are occupied by their children hence; these respondents had to move out of the house because of inter-generational conflict. A few who are in households have also reported of conflict in property where the children are not satisfied with the partition and the share given, and a very few elderly feel that their relatives have cheated them of their share in joint property.

#### POSESSION OF PROPERTY (OLD AGE HOME)



**Figure 4.9**

When the data of the Old-age home residents are separately analyzed (Figure 4.9) it was found that 66.6% of the residents do not have any property. Most of the sampled residents are from poor economic background or do not have enough income or property to support themselves.

#### **4.4 Status in Family and their Economic Dependency**

India is a culture rich country with very high value system, Gujarat a state in the western part of the country has a culture which is a blend of both contemporary and traditional. Indian culture has assigned a respectful position to the elderly in the society and considers it the responsibility of the young to take care and be a provider

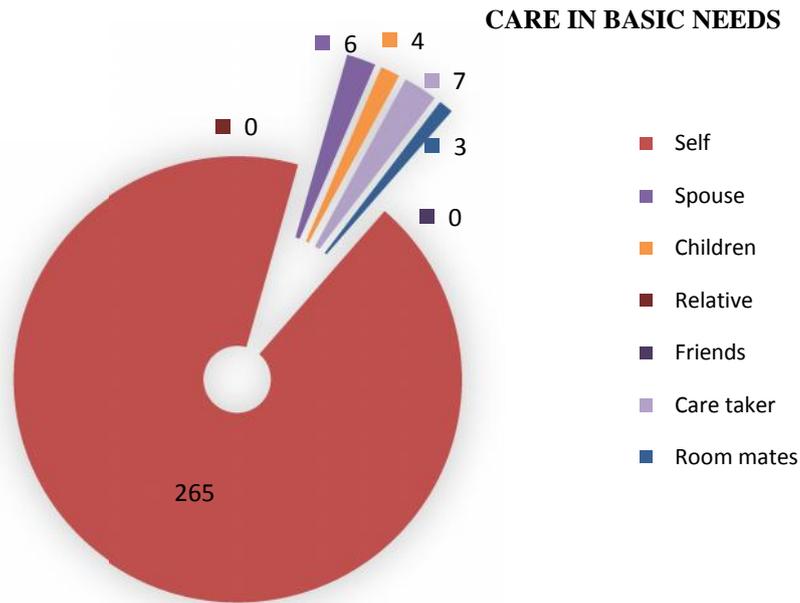
for the elderly. Agriculture being the backbone of our economy, the elderly or the aged in the family has been playing a vital role in providing appropriate advice and knowledge to the younger generation which are acquired by the aged through years of experience.

From the last few decades Gujarat has been experiencing tremendous changes in social, economic and political spheres. There has been a shift towards large scale industrialization as a result of political agendas which has resulted in changes both in the social as well as environmental domains. With rapid changes in climate and shortage of water, agriculture is no longer considered as profitable or viable thus resulting in urbanization and inter-sectoral migration or rural-urban migration in search of better prospects in industrial sector. These changes have given rise to individualization and breaking up of traditional value system where the elderly has no role to play in the family therefore placing them at disadvantage.

Under the standardized economic security policy the government provides retirement benefits for those in the organized sector and economic security benefits for those in the unorganized sector. The National Old Age Pension Scheme (NOAPS) is in operation all over India. All state governments and Union Territories have their own schemes for old age pension but the criteria for eligibility and the quantum of pension vary from state to state. The combined national budget allocation for the NOAPS comes to 0.6 per cent only as compared to 6 per cent of Central Government revenue expended on pension for its employees (Rajan, 2001, pp. 613-17).

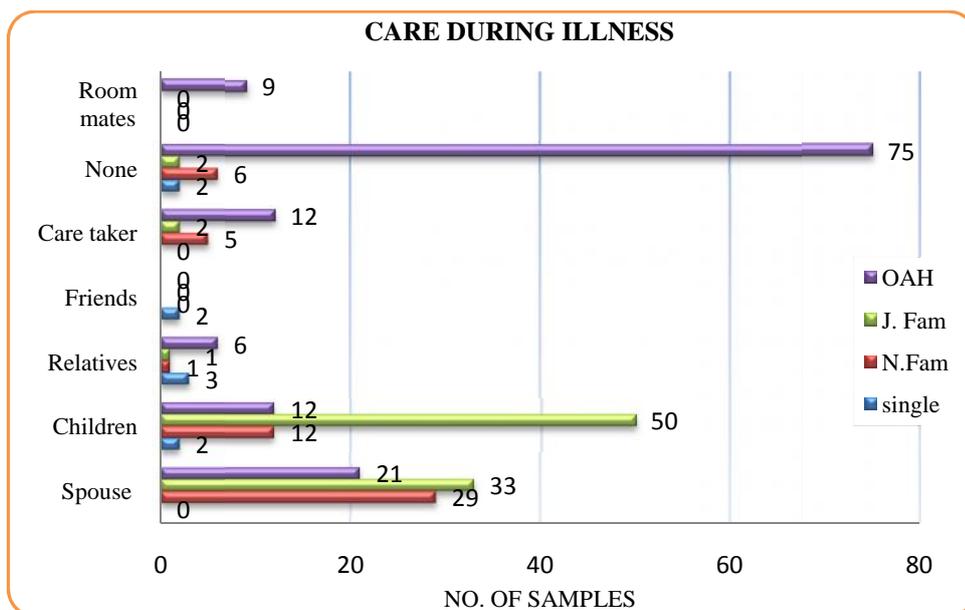
#### **4.4.i Care Received by the Elderly**

Here the study has tried to determine the status of the elderly by examining the care and attention received by them in their family (Figure 4.10). The data shows 92.9% of the respondents do not depend on anybody for fulfilling their basic daily needs. The rest of the 7% who have health issues and need help and support to meet their basic needs are depended on either their children or spouses if in a family. Most of the respondents who are staying with their partners are totally depended on their spouses for help i.e. 2% and 1.4% take help of their children. 2.4% have caretakers to look after them mostly in the case of Old-age home residents. In Old-age homes where there are no caretakers, 1% of the respondents said that their roommates do the care taking.



**Figure 4.10**

Old age is always associated with debility and illness. As an individual grows older a natural degeneration of organs and mind sets in, therefore giving rise to occasional health issues. This also depends largely on the social setting to which the individual is exposed to. The care and attention an individual receives during illness plays a considerable part in prolonging and leading a healthy life.



**Figure 4.11**

The data (Figure 4.11) shows that among the respondents staying alone 0.7% receive care during illness from their children who are staying separately. 1% is looked after by their relatives staying nearby; another 0.7% is cared by their friends, caring by friends are usually in the form of helping with medicines and food. A few that is 0.7% have nobody to take care during illness.

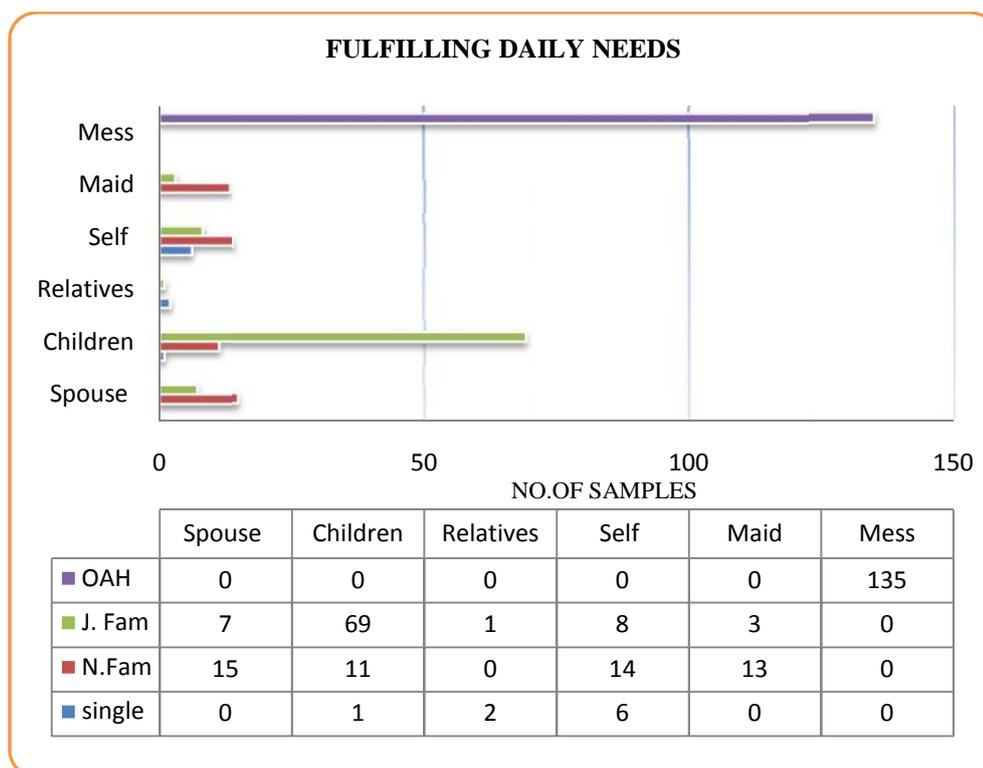
When assessing the elderly in nuclear family it was found that 10.1% of the elderly are depended on their partners or spouses for care during illness. 4.2% receive care from their children who are mostly unmarried sons or daughters. But in the case of elderly living in joint families, 11.5% are looked after by their spouses and 17.5% by their children. In a nuclear family 2.1% and in a joint family 0.7% are left uncared. Likewise in a nuclear family 1.75% is depended on caretakers for care during illness in a joint family only 0.7% takes the help of caretakers.

In Old-age homes it has been noticed that residents who are staying along with their spouses are at an advantage as they are cared by them during illness, 7.3% of the elderly who are staying as couples look after each other in times of illness. At the same time two cases were found in which physical abuse of the wives are involved, in such cases there is only a one way care taking as there exist a power play by the male partner. 4.2% of the residents claimed that their children would take them and care for them if fallen ill, it was reported that it is the daughters who often visited and took care if needed.

Among Old-age homes only one in Kachchh of all the districts sampled has care taking facility. 4.2% of these residents are taken care of by the caretakers. 3.1% of residents admitted that the roommates help and look after each other whenever needed as they realize that there is none to look after them otherwise. 26.3% of the residents have nobody to look after them. All the Old-age homes except the one in Kachchh would take in and keep only elderly who are healthy and who can take care of themselves. The residents if fall sick with major health issues where they would need care taking are usually sent with their guardian and if the guardian refuses to take back the resident then they are admitted or abandoned in any government run hospital.

The data (Figure 4.12) on meeting of daily needs which include activities like washing clothes, cooking food, cleaning house etc. have showed that in all Old-age

homes the residents have their food from common kitchen, but only five out of eleven Old-age homes have maids or washing machines for washing clothes and cleaning the rooms. In joint families cooking, laundry and cleaning are usually done by younger generation mostly the daughters-in-law which amounts to 24.2% while only 2.8% do all these activities by themselves.



**Figure 4.12**

In nuclear families 3.8% of elderly belong to a household where the children do the household chores. 5.2% of the elderly men's spouses carry out these activities; these are all men sample population. 4.9% of the elderly women in a nuclear family have admitted that they themselves do all the household chores. In urban localities 4.5% of the elderly in nuclear families depend on domestic help to fulfil these activities. It was observed that in rural sector these activities are usually carried out by daughters-in-law. The elderly women either rested or helped their daughters-in-law with lighter jobs. In urban sector there is a mixed response. A few claimed that their daughters-in-law did the work but some admitted that they do their own laundry. In old age homes majority of the residents admitted that they do their own laundry and cleaning as they have no other option. In some Old-age homes it was observed that some of the

economically poor female residents in need of some extra money washed clothes of other residents who needed help.

#### 4.4.ii Social and Economic Dependency of the Elderly

The advancement and better access to medical facilities has definitely brought about a change in the health and life span of people. But has the nation been able to bring quality to this longer life span? The study has tried to understand the level of dependency of elderly on others for sustenance as in the earlier section the data has revealed that 93% of women and 69% of men in the sample population are currently unemployed.

##### 4.4.ii (a) Changes in Widowhood

According to the data (Figure 4.13) out of 143 women respondents 61.5% are widows. They are the most vulnerable sections of the society as most of them are unemployed and have no means of income. Here the study has tried to examine the changes in status of widows. The data reveals that of the total widows in the sample 67% have experienced a change in their status. Avoidance by children and relatives has been part of life for 26 widows. Most of the women are supported by their spouses and once this support system ceases to exist, the widowed women whether it is the mother, sister or sisters-in-law becomes a burden on the family. As a result many of these widows end up in Old-age homes.

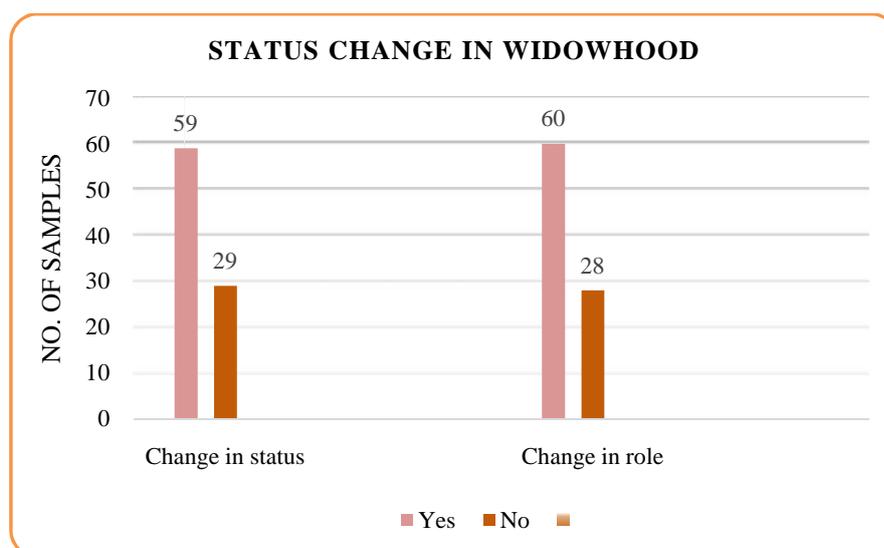


Figure 4.13

Some of the widowed elderly have also experienced less respect from relatives or children. A few respondents have even complained that they do not get food on time or children do not listen to them or take care of them etc. On further enquiry it was found that 68.1% among the widows have undergone a role change, while some who have become a widow at a younger age have claimed that they had to take up more responsibilities like taking care of their children's studies and marriage as well as running the house. While a few admitted that their importance in the house reduced and their role and authority was restricted.

#### 4.4.ii (b) Income and its Source

The major concern in our country is the absence of social security for the aged. Most of the elderly are either uneducated or less educated and have been working in unorganized sector before retirement. So most of them have been left with very less or no income. Absence of income force many elderly to lead an undignified life.

Source of Income	Regular Income		Total
	Male	Female	
Pension	26	19	45
Wage/ Salary/ Business/ Agriculture	30	8	38
Rent	0	1	1
Interest from Investment	28	15	43
Money given by children	5	6	11
Income of spouse	0	14	14
Money given by relatives	0	1	1
Money given by friend	1	0	1
No Income	52	79	131
			<b>285</b>

**Table 4.10**

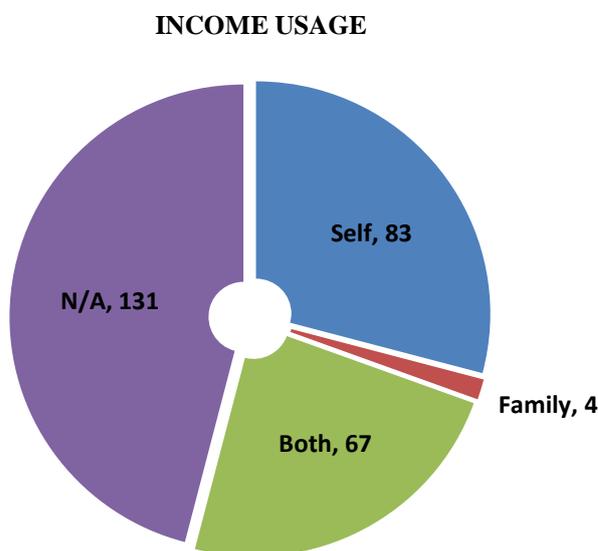
Investigation of data (Table 4.10) reveals that 36.6% of males and 55.2% of females have no regular income. In the rest of the sample population that has regular income 18.3% of men and 13.2% of women gets pension, most of these pensions are service pensions and it was noticed by the researcher that sample population with service pension are leading a stress free life as they are getting some income on a regular basis. Poor economic conditions compel some of the aged or elderly to work beyond their retirement age even if their health do not permit it, 21.1% of elderly men and 5.5% of women have been found to be getting income from working in agriculture, business, salaried jobs and as labourers.

The analyses of occupational status reveals that in the working category majority of the elderly have been working as daily wage earners or were self-employed and the rest were working as accountants, clerks or officers in private organizations. Only a very few were in government or organized sector. Most of the respondents did not have any major savings, as after retirement the saved earnings or the earnings got from provident fund or gratuity are spent on constructing houses or marrying off their daughters. Analysis shows that 19.7% of the elderly males and 10.4% of elderly females receive interest from investments. But most of these respondents belong to the Old-age home and upper class. A few in the lower class though have a small investment, it do not give them enough to meet their needs. It was found that merely 3.5% of men and 4.1% of women respondents receive money on a regular basis from their children. 0.7% of the sampled men receive monetary help from their friends and 0.6% of the sampled women receive monetary help from relatives. 9.7% of the women respondents were found to be receiving money from their spouses for monthly household expenditures and savings. 0.6% of the women respondents were getting regular income from renting of houses or leasing of agricultural land.

#### **4.4.ii (c) Usage, Dependency and Sufficiency of Income**

In India parents save their income for their children's future and also tend to support their children financially even after they turn adults and start earning. In joint families the income of each member is pooled and the head of the family runs the house. In the sample population (Figure 4.14) 23.5% of the elderly use their income for fulfilling both theirs and their family's needs. It was observed that in some cases the parents

were seen supporting their children who are either jobless or not earning enough to support their family.



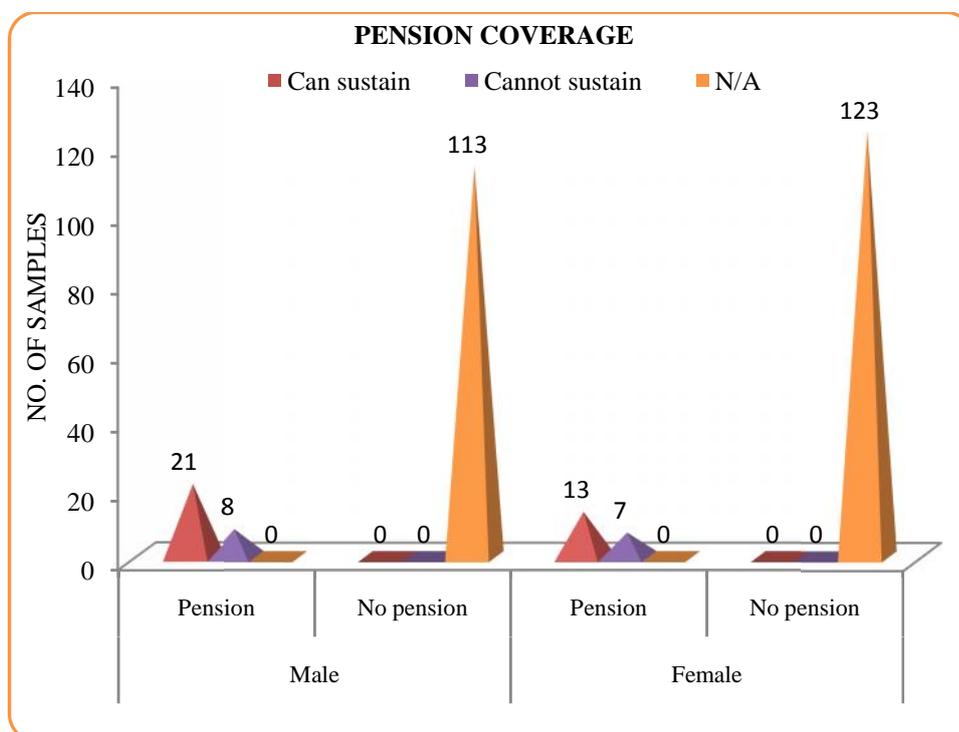
**Figure 4.14**

Some of the respondents i.e. around 29.1% use their income for themselves. These are mostly elderly whose children are independent and earning well. In some cases it was also observed that family members controlled the income of the elderly mostly of women who are receiving service or other pensions. This amounts to around 1.4% of the elderly population. Further examination shows that 45.9% of the total respondents do not have income that fulfils their needs. Therefore this elderly population have to compromise on their medicines, health check-ups and some other basic essentials.

#### **4.5.ii (d) Pension Coverage and Dependence on for Sustenance**

The data (Figure 4.15) reveals that the pension coverage among the respondents is very low, among men 20.4% are pensioners out of which 14.7% get a pension that would support them and fulfil their needs. Likewise among the female respondents 13.9% are pensioners out of which 9% gets a pension enough to sustain. It was observed that majority of the pensioners i.e. 31 out of 49 are receiving service pension. Elderly receiving such pension have enough to support themselves and their spouses if needed. At the same time a few service pensioners who were working as

skilled labourers receives a pension which is not enough to meet their needs and has to depend on their children for sustenance.



**Figure 4.15**

The old age pension scheme has been very poorly implemented as there are only 5 elderly who are receiving the old age pension. Moreover the elderly receiving it are not happy with the amount they receive, while one claimed that she gets only ₹200 per month another claimed to be getting around ₹400 per month. The elderly also complained that the remittance of pension is very irregular and cannot be relied. Every state government sets their own pension amount and the eligibility caps. Many respondents who are eligible for pension have never tried to apply for it as the procedures are very long, complicated and time consuming. Many have been discouraged from pursuing their application as they claim that the concerned officials are not very helpful and they themselves do not have the energy or money to pursue it. Around 10 women respondents who are receiving family pension are found to be happy with what they are getting as it covered their medical expenses as well as their basic needs. It gave them a sense of security and independence. The three elderly receiving handicap pension are facing much similar issues like that of old age pension with the amount and the regularity of remittance.

## **4.5 Major Findings and Interpretations**

The following are the major interpretations made on these aspects:

### **Marital Status**

- Elderly respondents who are spouses and staying in joint families are found to be happy and content as most of these families are controlled and run by these elderly men and women. Authority and control gives a sense of fulfilment to the elderly
- Spouses staying as nuclear family were found to be experiencing anxiety in situations of illness as they have to depend on neighbours or friends for help.
- Death of the partner psychologically weakens the women as her life revolves around him but for men it brings loneliness and dependency.
- Spouses in both families and Old-age homes provide care and support to each other in case of illness. This gives a sense of companionship security and independence to the respondent.
- Widows and widowers staying in a joint family are looked after by their family members and their needs are fulfilled. But at the same time the widows lose some of their authority over decision making and running of the house, the widowers though retain the decision making power lose the sense of independence as they are depended on their daughters-in-law for their food and laundry etc.
- The respondents who are single, separated, divorced and live in relationship are found to be staying in Old-age homes as their extended families are not ready to keep them once their income stops. This forces them to take shelter in any of the organisation or the family itself leaves the elderly in an organisation as they become a burden to the family as the age advances and disability and illness sets in. This again proves that marital status provides a better status in our culture and society.

### **Education**

- The awareness regarding health and hygiene were found to be very low in respondents who are educated up to primary level.

- Many of the less educated respondents were found to be harnessing some kind of fear and myth regarding medical treatment and certain illness.
- Less educated respondents blindly believed what the medical practitioners told them and had no power of reasoning or questioning as some of the villages have very incompetent private medical practitioners.
- It was found that education has a major role in accessing health care facility, most of these respondents avoided taking medicines or seeking health care. Medical help is mostly sought when the sickness develops into major illness.
- Most of them believed in home remedies or traditional healers and allopathic medicines or health care was sought only as a last resort.
- Various religious practitioners are also rampant in villages but none of the respondents admitted of seeking their help for any illness.
- Educated rural respondents were found to have good awareness on illness and accessed medical care facility with specialisations in nearby towns or cities
- In urban, respondents who are educated only up to the primary level is not very different from rural respondents. There is not much awareness regarding illness and hygiene among these respondents.
- Hygiene was found to be very poor in lower class habitations in urban areas. In urban respondents though there are traditional beliefs and practices the access of health care facilities are found to be better than rural respondents.
- The educated respondents in urban sector are found to be accessing good health care facilities available in their locality.
- In institutions it was found that irrespective of the education the access to health care largely depended on the availability of free or subsidised health care facilities in the organisation or near to the organisation. The respondents avoided health care due to economic reasons but it made them anxious as ill-health could lead to many difficulties for them.

### **Earning Status**

- Both in rural as well as in urban the respondents who are engaged in self-employment are seen to be continuing their occupation and leads an active life.

- The women in rural though not considered as an earning member contributes to the economy as they actively participate in agricultural activities and cattle rearing till they are able to do, but the household chores are mainly carried out by the daughters- in-law of the house.
- In urban sectors the women mainly engaged in household activities and are depended on their husband or sons for subsistence.
- It was found that men compared to women had better access to health care facilities as they are the earning and decision making members of the house.
- All except for three respondents in Old-age home lead an inactive life with no employment activity.

### **Family Structure**

- Joint families are existent in both rural as well as urban locations.
- Elderly staying with more than one child are found to be happy and well looked after.
- In urban locations, some of the elderly staying with one son and his family are found to be experiencing loneliness and intergenerational conflicts.
- Elderly staying as a nuclear family are seen to be anxious about their health and are worried about falling ill.

### **Migration**

- Anand and Kachchh district has the maximum number of respondents with migrated children.
- Migration of children to other countries has left some of the respondents homeless and nobody to care for them.
- Except in two cases all the other respondents with migrant children gets financial support which helps them to meet their daily needs and health care demands.

### **Basic Facilities**

- Majority of the respondents have minimum basic facilities like brick house and electricity.
- In rural locations mud houses are also common among the economically poor.

### **Ownership of House and Possession of Property**

- More respondents in rural possess house or property as compared to urban sectors
- Most of the properties in rural are jointly owned by brothers, so the elderly enjoy better status, authority and decision making power.
- In urban locations most of the houses the elderly are staying in is owned by someone else in the family, in such situations the respondent's role in decision making is found to be minimum.

### **Status in Family**

- Majority of the respondents are capable of taking care of their basic needs.
- In families during illness the elderly receives care from mostly spouse or their daughters-in-law.
- In case of Old-age homes, during illness care is given by mostly daughters or roommates of respondents.
- Daily needs like food and washing of clothes of the elderly are done in joint families by their daughters-in-law, in nuclear families by themselves or the maid and in Old-age homes by themselves.

### **Social and Economic Dependency**

- More than 50% of the widows have experienced avoidance, neglect, less respect and lack of care after their husband's demise.
- More than 50% of the women and more than 30% of men don't have a regular income therefore they compromise on their health care demands.
- Only a very small percentage of respondents receive money from their children on a regular basis.
- Pension coverage is found to be very low and only 14% of the pensioners gets an amount that is enough to fulfil their needs.
- Only 5 respondents are availing the old age pension, and the amount received varies.
- The respondents receiving service related pension were found to be less dependent as they received an amount that fulfilled their needs.

#### 4.7 Case Study 1

Noor Beevi resident of Ralej village of Kambhat in Anand district is a 105 year old Muslim woman. She is staying in a big joint family comprising of her grandchildren and great grandchildren and their families. She was married at a very tender age of 12 years and has six children and 15 grandchildren. She spends her day on the cot placed in the front courtyard so that she could be part of the activities going on in the house and also can hear the sounds of children playing and her neighbours talking.

She lost her sight two years back as her cataract was not removed on time. According to her family members she has become very anxious after losing sight. She feels scared and lost when there are no sounds. She needs somebody to be around her so that she could keep talking to them. She claims she has severe pain in and around her eyes and sometimes it becomes unbearable for her. She wants good medicine which would lessen her pain. Even though the family have tried all available treatments in their locality there was no considerable improvement. Other than this she suffers from high blood pressure and sometimes body pain. She consults the local physician at least seven to eight times a month and spends around ₹3000 on consultations and medicines.

Though the treatment provided by the local physician is ineffective, the villagers are compelled to take his help in case of emergencies and situations where the elderly are unable to travel to the nearest specialised hospital. Ralej doesn't have a PHC in its purlieu. But in spite of all these odds she keeps herself independent by not depending on others for her basic needs other than food. She has a stoop and cannot walk much as her leg pains. Even though she lost her sight she keeps herself occupied by mending clothes and stitching quilts. She is addicted to beedi and uses chikni to rub her gums since it pains as her teeth have gone inside the gum.

She looks happy and well looked after by her large family and has a good social support from neighbourhood and extended families staying nearby. Considerable lag have been found in health care due to poor access to health care facility.

## 4.8 Case Study 2

Harjan Mauji Bhai is an 81 year old man staying in one of the posh localities in Bhuj. He has been married to his wife since he was 7 years old and has 4 children i.e. two sons and two daughters. Earlier he has been into small construction work along with agriculture. He has partitioned the house and agricultural land that he owned in his village among his children. He and his wife used to regularly visit their children in UK & Australia but have not been visiting them for the past five years as their health has been deteriorated for quite some time.

He stays in his son's bungalow which is in one of the most posh societies in Bhuj. He has a maid to look after them and take care of the domestic chores. While three of his children are migrated to other countries, one of his daughters stays nearby. Sons support financially but the daughter looks into their day to day needs and takes care of their health needs. He has undergone bypass surgery eight years back and suffers from high blood pressure and cholesterol, low vision and poor auditory senses. His doctor has advised him to take short walks though it is painful for him as the blood circulation to the legs is poor. Lost vision in one eye as his cataract surgery was not successful.

He doesn't seem to mind that his children are away as they are very supportive and takes good care of him and his wife. The decision to stay back in India was their choice as they felt very lonely after their children went for work. Here they spend their day by talking to their neighbours, going to the temple and meeting the other elderly in the same society. Moreover their daughter visits them daily and their sons call them frequently.

In spite of having many health issues he looked pleasant and content and had no complaints about life. Good social and psychological support from their children and access to good medical facilities has given a dignified and secure life to this elderly.

## Conclusions

***"Old age hath yet his honour and his toil."* - Alfred Lord Tennyson (1809-1892)**

According to Tennyson although we tend to think of older adults as less productive employees than their younger counterparts, the opposite is true. From the age of 55

and onwards, workers are better employees in terms of their reliability and even, in many vocational fields, of productivity. We might wish that ageing carried with it more "honour" than it does in a society that seems to value youth.

In this chapter the study found that most of the elderly live a depended and undignified life. The cultural tradition has helped to retain the joint family system in rural as well as urban thus giving support to the aged and infirm. But the change in the economic system from traditional agriculture to industrial sector is giving rise to individualisation and nuclear family system which will prove challenging to the elderly population. This has also given rise to many changes like fixed retirement age, prominence of secondary support system minimising the role of elderly in the home front etc.

## RESPONDENTS WITH THEIR FAMILIES



**Photograph 4.1**

Noor Bibi, 105 yrs old, No vision, lives in a joint family that includes her children and great grand children & their families (Ralej Village in Khambat Anand)



**Photograph 4.2**

Nani Ben, 65 yrs old, helps in Agricultural activity, stays with her husband as a nuclear family (Babrol Panchmahal)



**Photograph 4.3**

Halu Bhai, 76 yrs old, retired Primary Teacher, Staying with his sons and their family (Babrol, Panchmahal)



**Photograph 4.4**

Chanda Ben, 80 yrs old, Lives with her son and his family, helps in agricultural activities (Sahera, Panchmahal)



**Photograph 4.5**

Lalita Ben, 64 yrs old widow stays with her brother and family after her husband's death (Vehaval, Surat)



**Photograph 4.6**

Kesar Ben, 70 yrs old widow stays with her youngest son. (Dudhai, Kachchh)



**Photograph 4.7**

Deva Bhai, 65 yrs old, lives with his sons and their family (Sadarpur, Banaskantha)



**Photograph 4.8**

Kadu Mia, 72 yrs old, Retired Post-Man lives with his wife and two mentally disturbed children (Khemana, Banaskantha)

## MARITAL STATUS OF THE RESPONDENTS



**Photograph 4.9**

Two widowed residents of Jalram Vadeel Vishram Bhavan (Anand)



**Photograph 4.10**

Couples staying in Jalram Vadeel Vishram Bhavan (Anand)



**Photograph 4.11**

Sakina Ben widowed a year before Stays with her sons and their family (Khemana, Banaskantha)



**Photograph 4.12**

Bela and Babu Lal entered in to a live-in-relationship 2 yrs back. They stay in an OAH (Palanpur, Banaskantha)



**Photograph 4.13**

Rama Ben and Veer Ji Bhai' stays alone in village as their children have migrated to towns for economic purposes (Sadarpur, Banaskantha)



**Photograph 4.14**

Ranji Mauji Patel a migrant farmer from Kenya was left in Sree Madhapar Leva-Patel Apnu Ghar, Kachchh by his children after his wife's death



**Photograph 4.15**

Elderly women in Mahila Kendra in Bhuj, Kachchh. They are either separated or left by their husbands



**Photograph 4.16**

Widower, having only a married daughter stays alone in a rented accomadation (Bhuj, Kachchh)

## RESPONDENTS ENGAGED IN VARIOUS ECONOMIC ACTIVITIES



**Photograph 4.17**

Shankar Bhai, owns a small provision store in the village (Khemana, Banaskantha)



**Photograph 4.18**

Gaman Bhai is estranged from their children, the couple work as labourers to earn a living (Ambali, Anand)



**Photograph 4.19**

Nathu Bhai in his small Agricultural holding (Babrol, Panchmahal)



**Photograph 4.20**

Soma Bhai, engaged in carpentry work (Santrampur, Panchmahal)

## RECREATIONAL ACTIVITIES



**Photograph 4.21**

The Dada Dadi Park (Bhuj, Kachchh)



**Photograph 4.22**

Elderly spending time in Dada Dadi Park (Bhuj, Kachchh)



**Photograph 4.23**

Elderly hold a special position and respect in functions like marriages. (Babrol, Santrampur)



**Photograph 4.24**

Elderly women get together to chat during their free time (Lakhapar, Kachchh)

## SPIRITUAL ACTIVITIES



**Photograph 4.25**

The prayer hall of Sree Palanpur Hindu Samaj Vadeel Vishranti Bhavan (Banaskantha)



**Photograph 4.26**

A resident of Ambika Niketan Vrudhashram in front of the temple in his room (Surat)



**Photograph 4.27**

An elderly meditating in a temple (Anand)



**Photograph 4.28**

An elderly praying in a temple (Anand)