

## SUMMARY, FINDINGS AND SUGGESTIONS

### 7.1. Background of the Problem

Old age population has been growing at an unprecedented rate all over the world. Increases in longevity in life, decline in fertility and mortality rates have contributed the population ageing phenomena. Labelled as *Graying Nation*, with over seven percent of its population above sixty plus segment, India will carry the bulk of burden of caring the elderly population. The size and percentage share of India's elderly population has increased from 7 percent in 2001 to 8.30 percent in 2011 and projected to increase 10.70 percent in 2021 (Registrar General of India, 2011). South India has shown a significant increase in elderly population and Kerala is leading with 10.56 percent in 2001 and 11.93 percent in 2011. It is predicted that the number of elderly in Kerala will reach 15.09 percent of the population in 2021 (Economic Review Kerala, 2011). In this context the concerns and issues of elderly are multifaceted. A series of development such as weakening of traditional joint family system, more chance in women employability and inability to extend care due to geographical distance between the children and parents created new challenges in the care of elderly. Disability and impairments among the elderly is a cause of concern for elderly as it adversely affected their independence and autonomy. Morbidity, which has higher incidence among the elderly, will cause an increasing burden to the elderly themselves and to their families also. The problem of sensory impairment, orthopedic hazards, dementia, depression, alzheimer's along with other lifestyle diseases exacerbate the situation even

more deeply. In addition women are having a longer life span than men and the number of elderly women in the state is higher when compared to men lead them to a highly vulnerable group among the elderly.

## **7.2. Community Based Programmes**

The community based programmes are pursued in areas where traditional forms of aid are not yet possible. Different community based programmes like Elders Self Help Groups (ESHGs), Senior Citizen Clubs, Pensioner's Union and Community Policing provides care and support to the elders. Elders self help groups is a community based organization of older people above 60 years aimed at improving living conditions for elderly. The senior citizen clubs promote psycho-social solidarity at the local level and use it as a common platform to discuss elderly problems and issues. These clubs occasionally organize medical camps, mobilize resources to social assets and become centers for cultural and recreational activities. The Kerala State Service Pensioners Union (KSSPU) focuses on the welfare and rights of pensioners those who are retired from government services. They are working for the rights and can even extend the services to the Senior Citizens for their socio-economic welfare. The Community Policing envisages to protect the life and wealth of the elderly who are living alone as well as those are in distress. The resources of the local community and security help the elderly in distress and fear. The government and non-governmental organizations have taken some initiatives for the elderly community. The initiatives such as Senior Citizen (Maintenance, Care and Protection) Act-2007, National Policy on Older

People, National Council for Older Persons, Indira Gandhi National Old Age Pension Scheme, Annapurna scheme, vayomithram, railway and flight travel concessions, day care centres, mobile medi-care units and toll free numbers are implemented for the welfare of elderly community.

### **7.3. Elders Self Help Groups (ESHGs)**

Elders self help group is a community based organization of older people above 60 years aimed at improving living conditions for elderly. It is a group of 10 to 20 active elderly who organize themselves. These groups have office bearers who were elected its members to look after the day to day activities of the group. The groups meet four times every month and unite for the care and support of its members. ESHG ensures the mechanism for social support in the community through facilitating activities and delivering services for sustainable livelihood. ESHGs were initiated by Help Age India and implemented through Quilon Social Service Society (QSSS) as part of post tsunami extended response project. The ESHG started working in 2005 at twelve coastal villages of Kollam and Alappuzha districts in the state of Kerala. Similar groups are working in the area of Kadaloor, Naagapattanam and Vedaarnayam of TamilNadu. The ESHGs are working under a three tier system. The first level comprises of ESHGs followed by village level federation (VLF) and district level federation (DLF). The village level federation works as an apex body of ESHGs with discriminatory powers and co-ordinate different programmes at group level effectively. The district level federation is the apex body of village level federations. Organizing

programmes and activities at district level such as rallies, submitting application of old age pensions (OAP) and the awareness programmes are the prime responsibilities of district federations. The ESHGs have specific programmes and activities coordinated by VLF and DLF. Income generation programme, visits and pilgrimage observation of special events, home care and palliative care, health awareness and adopt a granny scheme are main programmes and activities carried out by ESHGs.

#### **7.4. Need for the Study**

The ageing process has already begun in Kerala at a much faster rate than anticipated. The increasing trend in elderly population reveals the need for special attention to this particular group. In the mean time, the emergence of nuclear family system, increasing longevity, high rate of migration to middle east countries, the changing attitude towards the older ones and traditional caregivers, mainly women, are increasingly taking jobs have been affected the life of older generation. The morbidity, which have higher incidence among the elderly, will cause an increasing burden to the elderly themselves and to their families. So these two vulnerabilities, natural vulnerability due to health problem and imposed vulnerabilities due to social background will turn out to be a major cause for concern in Kerala. The Kerala model development has been appreciated all over India. The standard of living, health, literacy and education are being compared to the development world. At the same time social security and welfare measures for the elderly are not on par with the developed countries. As the number of older people continues to increase and

traditional social structures break down, families and policy-makers will increasingly need to look for other options. In this context there is a felt need to develop new strategies to ensure the welfare and need of old age population. Such a situation community based programmes which are easily accessible to elderly community can lend a hand for the welfare and long term care of elderly.

## **7.5. Statement of the Problem**

The present study attempts to analyse the role of community based programmes in active ageing. The study is planned to examine the elders self help groups as one of the community based programmes. For this, the profile of ESHGs shall be prepared and the participation, health and security for active ageing among its members will be explored. A life satisfaction scale has also been developed to find the relation between their life satisfaction and the living arrangements. As such the study is entitled “*Community Based Programmes for Active Ageing: Study of Elders Self Help Groups in Kerala*”

## **7.6. Definition of Terms**

### **7.6.1. Community Based Programmes**

Community based programme enables the process of sustainable improvement in the present situation of elderly with the active support and assistance from the members themselves in the community. Income generation, microcredit, awareness programmes, living arrangements and social services have been the programmes undertaken for the welfare of elderly.

### **7.6.2. Active Ageing**

Active ageing refers to the process of optimizing opportunities for health, participation and security in order to enhance the quality of life as people age. Active ageing applies to both individuals and population groups. It allows people to realize their potential for physical, social, and mental well being throughout the life course. The word active refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force.

### **7.6.3. Elders Self Help Group (ESHG)**

Elders self help group (ESHG) is a community based organization of older people above 60 years aimed at improving living conditions for elderly. It is a group of 10 to 20 active elderly who organize themselves. These groups have office bearers who were elected its members to look after the day to day activities of the group. The groups meet four times every month and unite for the care and support of its members. ESHG ensures the mechanism for social support in the community through facilitating activities and delivering services for sustainable livelihood.

### **7.6.4. Living Arrangements**

Living arrangements are influenced by a variety of factors, including marital status, financial well-being, health status, and family size and structure, as well as cultural traditions such as kinship patterns, the value placed on living independently or with family members, the availability of social services and social support, and the physical features of housing stock and local communities.

### **7.6.5. Life Satisfaction**

Life Satisfaction is closely related to morale, adjustment and psychological well-being of elderly. Five components such as zest, resolution and fortitude, congruence between desired and achieved goals, positive self-concept and mood tone are comes under the life satisfaction.

### **7.7. Objectives**

1. To study the origin and organizational set-up of elders self help groups (ESHGs) in Kerala
2. To examine the health, security and socio-economic conditions of ESHG members
3. To assess the level of life satisfaction and living arrangements of ESHG members
4. To highlight the role of elders self help groups in promoting welfare programmes
5. To suggest strategies for strengthening community based programmes for active ageing

### **7.8. Method**

Survey method was used to collect the sample for the study. Survey method is described as a method of gathering information from a sample of individuals. A survey can be seen as a research strategy in which quantitative information is systematically collected from a relatively large sample taken from a population (Scheuren, 2004). Survey helps the researcher to collect the data in an organized and methodological manner. Surveys are classified by

their method of data collection such as mail, telephonic interview and personal interview surveys. The researcher used the personal interview to collect data from the ESHG members which is most suitable for the study.

### **7.9. Area of Study and Sample**

Elders Self Help Groups (ESHGs) were initiated by Help Age India and implemented through Quilon Social Service Society (QSSS) as part of post tsunami extended response project at Kollam and Alappuzha districts of Kerala. There were only 98 elders self help groups functioning in 12 coastal villages, 11 in Kollam district and 1 in Alappuzha district of Kerala. Thirtysix ESHGs were selected by simple random method, 3 each from 12 coastal villages. There were 357 elderly members in the 36 ESHGs and all these members were selected for the study. Thus the sample consisted of 357 members belonging to 36 ESHGs from 12 coastal villages of 2 districts of Kerala.

### **7.10. Tools for Data Collection**

1. Semi structured interview schedule
2. Life satisfaction scale for elderly
3. Focus group discussion format

The collection of data requires utmost attention especially in a gerontological study where the respondents were aged above 60 years. The tools and techniques of data collection were made respondent friendly to satisfy the conditions of elderly. The investigator also got trained to conduct the interview with the elderly and took up at most care while interacting with elders.

### **7.10.1. Semi Structured Interview Schedule**

A semi structured interview schedule was preferred for collection of data from elderly and comprised of four sections. The Part-A of the schedule consisted of socio-economic details of the elderly pertaining to age, sex, education, occupation, caste, family type, marital status, assets and income. The health condition, money spent for treatment, awareness programme, care services, support services and activities of daily living were elicited in Part B of the section. The participation of elderly in business activities, observing special events, membership in institutions and knowledge about welfare programmes were obtained in Part C. The security aspects of elderly life related to livelihood sources, income, type of labour, pension, living arrangements, dependency level, meetings and the institutional care were secured in the Part D. The opinion and comment from field experts and scholars helped for the construction and administration of schedule.

### **7.10.2. Life Satisfaction Scale**

The Likert type three point scale for assessing the life satisfaction of elderly working in community based programmes was constructed by the investigator. The respondent was required to show the extent of their agreement (or disagreement) to a statement by entering a tick mark in any one of the three responses (Agree/ Indifferent/ Disagree). The statements in this scale consist of both positive and negative statements. The scoring pattern for positive items as 3 for agree, 2 for indifferent, 1 for disagree and the scoring pattern for negative

items as 1 for agree, 2 for indifferent and 3 for disagree. The maximum score is 60 and the minimum is 20. For the purpose of examining the reliability of the Life Satisfaction Scale for Elderly, Cronbach's Alpha Coefficient was used to measure the internal consistency of the items in the scale which was found with reliability co-efficient of 0.845. Further proper care was taken at the time of constructing items to maintain content validity and by the item analysis this was further ensured. In addition, the selection of the items has been done after consultation with experts.

### **7.10.3. Focus Group Discussion Format**

The key informants consisting of field level animators, ESHG office bearers, panchayath members and Help Age India officials participated in the Focused Group discussions. The focus groups were held with the help village level federation, the upper body of elders self help groups in village level. Each of the focus groups consisted of 15-20 members and the discussion were mainly concerned with the participation of elderly in ESHGs, resource mobilization and the role of ESHG in community based programme. The various programmes, policies and schemes on elderly were discussed, and suggestions were obtained from the participants.

### **7.11. Pilot Study**

The present investigation is designed with a view to identify and describe the factors of active ageing through community based programme. The required primary data were collected from ESHG members among the

fishermen community. Personal contacts and interviews were found to be feasible as elderly had different pattern of working. The interview schedule and life satisfaction scale were pre-tested on a sample of 60 elderly from the ESHG's. This helped the researcher to restructure the interview schedule and finalize the Life Satisfaction Scale for Elderly (LSSE).

### **7.12. Constrains in Data Collection**

It took almost 6 months to complete the data collection process from March 2012- September 2102. Most of the time the duration of interview was extended due to the respondent's work. Inconsistency and communication breakdown were the other constrains observed during data collection. Repeated interview sessions and sustained efforts were taken to overcome to complete the data collection. Simplified situational examples have been used for eliciting information instead of direct method.

### **7.13. Mode of Analysis**

The data obtained for the study were edited, scrutinized, coded and tabulated for the purpose of analysis. The data were entered into the system and Statistical Package for Social Sciences (SPSS) version 20 was used for the analysis and interpretation of data. Both quantitative and qualitative analyses were carried out in the study. Percentage, chi square, 't' test and contingency coefficient were applied for quantitative analysis. Content analysis, profile and graphical representations were undertaken for qualitative analysis.

#### **7.14. Major Findings**

- ❖ Women are more in ESHGs compared to men and show more interest to come forward and participate in community based programmes. It is notable that 30 percent of the ESHG members are widows and at the same time only 3.1 percent are widowers. It shows the trend of higher incidence of widowhood in Kerala among the elderly and it seen in every community irrespective of places. The participation in ESHGs enabled them active and free from boredom. Higher literacy level of ESHG members enhanced their capacity to record their activities by their own. They record the weekly meeting details in the minutes book without any assistance.
- ❖ The elderly were found to be alert in getting assistance from government as well as from the other non-governmental organizations. The mobile phones helped them to take advantage of the benefits of information and communication technology. The respondent's capability to maintain a good socio-economic condition was revealed from the wealth and assets possessed by them.
- ❖ Majority of ESHG members are earning members of the family. This income may not be sufficient for their actual expenses. The monthly income enabled them a sense of security in money related matter and most of the time they offer their mere income to their family.

- ❖ ESHG members observed the World Elder's Day and Elder Abuse Awareness Day. It indicates their keen and active participation in celebrations of auspicious days. Besides they participated in cultural programmes also. Irrespective of their ill health and ailments they are actively participating and interacting with other members. The elderly even submitted memorandum to the district welfare officer and district collector regarding issues and problems faced by the community for taking immediate remedial actions
- ❖ Majority of the ESHG members including female members are politically active and are affiliated to the political parties and their activities.
- ❖ The study revealed that elderly are more spiritual and want to go on pilgrimage to places of worship. They are not much interested to participate in the sports activities but enjoy watching the sports events on channels.
- ❖ Analysis of awareness about welfare programmes revealed that majority knew about old age pension programme and senior citizen acts. The study however revealed that old age pension is not regularly distributed and most of the time elderly get pension once in a year. They have to wait even up to the festival seasons for receiving the pension. The elderly however had minimum knowledge about the incentive or concession provided by the government such as low train fair, special seats in buses, free old age homes etc. About 32.10 percent of the

elderly aware about that there are some policies for the welfare and protection of elderly, but only few elderly knows about the exact purpose of the policy.

- ❖ Fish vending is a major income generating activity by the members of the ESHG. Fishing, dry fish making, provision store, coir works, fish pickles and candle making are also taken for occupation by elderly. It is revealed that the profit they are getting very less but sharing togetherness is a sense of unity developed in the mind of elderly. It revealed that group level participation for common causes make them remain active.
- ❖ Elderly used to meet each other frequently and shared their day today experiences. Most of the elderly used to go church every day and sat together at the premises of the church before and after the prayers. They met each other at the time of community functions, pilgrimages and during house visits. ESHGs are not only meant for mere meetings but a source for developing a sense of belongingness and active participation among the elderly.
- ❖ The medical out-patient programmes under ‘Vayomithram’ plan by government of Kerala has a significant role in offering medical consultation and distribution of medicines at free of cost. ESHGs even coordinated the activities at the Kollam coastal area. The members of the ESHG are using the medical out-patient programmes during that time and used to take the doctor to the nearby bed ridden patients. The

pain and palliative care services has been offered by the group members to the bed ridden and needy people through medical out-patient programmes. The ESHG members offer space and other amenities for conducting the medical out-patient programme. The elderly are more conscious about their health through their active effort and involvement in the prevention and reduction of the disease.

- ❖ ESHG members undertook their activities independently. Irrespective of age classification as young old, old-old and oldest old the elderly remains a very good level of ADL. It enabled the elderly to associate with community based programmes at different levels of constraints and difficulties.
- ❖ Majority of the respondents participated in health awareness programme organized by government and non-government agencies such as National Rural Health Mission (NRHM) and Help Age India. This helped them to become awareness on different diseases and their symptoms during old age. Precautionary measures were discussed in such programmes and demonstrations were held to make the members conscious about the prevention and cure of various diseases. The link between government agencies and ESHGs to organize the programme at village level periodically.

- ❖ The ESHG became instrumental for getting the pension as they collectively sent the application through federations and submitted memorandum for getting the needy elderly. Those who are not getting the old age pension sought the help from ESHGs and village level federation.
- ❖ Majority of the elderly are living with their spouse or children. The elderly living alone and living with relatives are few in number. It shows the traditional practices of care offered by the grown-up children are prevailing. The loneliness, depression and anxiety may be avoided at certain extent by living with children and spouses.
- ❖ Majority of the elderly are getting care on time from the family members. It further reveals that 29 percent of the elderly received care only after repeated prompting and 8 percent of them are getting delayed care. Proper care at right time ensures the security of elderly. It enables the elderly to live actively and add more years in their life.
- ❖ The activity of daily living under different aspects such as personal hygiene, eating, dressing and undressing, controlling urinary and fecal discharges and transportation shows that ESHG members are fully independent to do their own and it reveals their ability to be active in old age.
- ❖ ESHG members used their group for getting financial assistance to their family in the form of loan. The elderly took loan from the group at a very low percent of interest and help their family. The members offer mental and physical support to the group members by offering help in maintenance, cleaning, preparing food at functions and celebrations. It revealed the sense of belongingness among the ESHG members and towards the family.

- ❖ Majority of the ESHG members (67 percent) are not supporting the old age institutions. It revealed that a majority of elderly like to remain in their own home with their family members. They feel the sense of security through the non-institutionalized settings.
- ❖ The study examined the life satisfaction of elderly through life satisfaction scale developed and standardized by the researcher. The scale classified and examined the life satisfaction level under three categories such as low, moderate and high. It has been revealed that majority of the respondents are satisfied in their life. The different aspects of elderly were studied using life satisfaction scale. Significant association between life satisfaction of elderly and money spend for health, income generation activity and living togetherness were revealed in this study.

### **7.15. Implications and Recommendations**

- ❖ The concept of Elders Self Help Groups should be popularized and new groups will be setup irrespective of societal classification. The government should give financial assistance to the ESHGs.
- ❖ The old age pension should be increased periodically and a minimum of Rs/- 2000 should be ensured. The regularity and payment of old age pension should be monitored effectively through community based organizations.

- ❖ World Elder's Day and World Elder Abuse Awareness Day, should be observed by educational institutions with support of elderly organization to create awareness on importance of elderly among youth and children.
- ❖ Setting up of geriatric wards, separate beds, medical officer with experience in geriatric care in all governmental hospitals and ensure separate queues for elderly are the rights for elderly. Ensure a proper monitoring mechanism with the help of community based organizations in district level for the effective implementation of these programmes.
- ❖ Establish multipurpose utility centre and adult day care centres for elderly in grama panchayat level will help the elderly to come and share their issues and problem in a common ground. The elderly organizations can run the centres with the help and support of common public.
- ❖ A toll free number should set-up for getting immediate assistance and support for elderly. Some states have already implemented toll free number for elderly and it should come up at national level for an emergency support system.
- ❖ Constitution of maintenance tribunal and applet tribunals at district level and appointment of counsellors for settling the disputes amicably is the provision comes under Senior Citizen (Maintenance, Care and Protection) Act-2007. Most of the states are not implemented it properly and it is a felt need of elderly to set-up the tribunals exclusively for them.

- ❖ Conduct awareness programmes and melas for popularizing active ageing process among the elderly. It should be conducted at village level to convey the message in ground level for the common public.
- ❖ Service of mobile medical unit comprised of doctor and pharmacist at panchayat level will help the bed ridden, poor and destitute elderly.
- ❖ Integrate subjects related to ageing in school curriculum to eliminate generation gap and getting awareness on problems and issues faced by elderly. New professional courses should come-up exclusively on gerontology and it will increase the scope ageing studies in a progressive way.
- ❖ Establish a research centre for ageing and related studies. As the number of elderly is alarmingly high in the state, the research centre may act as the back bone for framing policy, programmes and research for the welfare of the elderly.
- ❖ Implement pain and palliative care exclusively for elderly population. It should be a multi disciplinary team comprised of trained health care professionals, social worker, local leaders and youth representatives.
- ❖ Provide support and incentives for agencies that are offering home help service and respite care for the elderly.
- ❖ Introduce geriatric nursing courses at medical colleges for availing specialized trained nurses in care and support for the needy elderly.
- ❖ Design lifelong learning and life skill education programmes for the elderly through ESHGs and community based organizations.

## **7.16. Social Work Interventions in Gerontological Perspectives**

The study observes the need and scope of social work interventions among the elderly. The social work methods such as case work, group work, community organization, social work research, social welfare administration and social action may be incorporated in ageing and related studies. In the present study the Elders Self Help Group acted as a catalyst to achieve active ageing among the elderly. The elderly are heterogeneous in nature and their needs and resources may be varied depend upon the study areas. Social workers need to evaluate elderly's requirements and prepare innovative study designs according to the need and requirements of elderly community. The different methods can be explored to meet the challenges and opportunities of gerontological social work.

### **7.16.1. Case Work**

Case work process is essentially one of the problem solving methods. It can be effectively used to understand the needs and resources of elderly. It enables the elderly to solve their problem through self effort. Case work process for elderly may be conducted on three phases; study, assessment and treatment. In study process the facts and conditions related to elderly's present situation and immediate past will be traced. The assessment of the facts provides an opportunity to the social worker to find out an answer to the problem face by elderly. It organizes facts into a meaningful goal-pointed explanation. The third and final phase is treatment process and a decision will

be taken to change elderly's responsive relationship to the problem. A social worker can postulate not only treatment method but also propose the rehabilitation measures for the needy elderly. The principles of acceptances, proper communication, individualization, participation, confidentiality and awareness would help the researcher to find out the exact reason of the cause and problem of elderly in details. The case work intervention would be best suitable in institutional setting. While the case work focus on elderly individual, the group work is practiced in elderly groups.

#### **7.16.2. Group Work**

Group work tries to enrich community life by helping elderly on how to become a participating member in the group as well as society. Participation in group activities leads to personal satisfaction and social advancement among the elderly. Different programmes can be conducted and it must be based on needs and support of the elderly. Group work seeks to provide opportunities for planned group experiences that are needed by elderly. As a specialized technique, group work seeks to provide in a group setting of joint family and neighbourhood. Here the object of group work is to provide a kind of experience in a controlled environment, which enables the elderly to participate freely and effectively in varying group situation. The needs and resources of elderly should be clear to the group worker, to mobilize the group with prevailing resources for a particular problem.

### **7.16.3. Community Organization**

Community organization is the method use to organize, mobilize and help the elderly to identify their own needs with resources in the community. The role of social worker is empathetic, to felt himself as a community member and realize on the same way as each elderly in the community feel the problem. This makes the elderly empowered to help themselves and become self-reliant. The principles of acceptance, understanding felt needs and resources, individualization, empathy, flexibility, participation, mobilization and evaluation would help the researcher to successfully implement community development programme among the elderly. The community organization is best suitable for implementing different types of formal and informal care and instrumental for developing new models for care to the needy elderly.

### **7.16.4. Social Welfare Administration**

Social welfare administration can be called as a process of transforming social policies and objective into social action. It acts as a pair of scissors; one side is knowledge and other side is implementation. The success of programmes can only be ensured through good administration of social welfare agencies. In the field of gerontology rendering effective services of diagnostic, rehabilitative and preventive measures should be properly undertaken by social welfare administration. The different programmes for elderly are effectively administered through social welfare agencies such as governmental and other agencies such as Help Age India, Age Care International, Alzheimer's and Related Disorders Society of India, Ministry of Social Justice and

Empowerment have also implementing various schemes and programmes for the welfare of the elderly. As these programmes are very much comprehensive and clinical in nature, qualified and trained social workers are needed manage the affairs of agencies.

#### **7.16.5. Social Action**

Social action is an organized group process which used to solve the problems through actions. It is an organized effort to change or improve social and economic institutions, as distinguished from social work or social services. The elderly may conduct mass propaganda for availing their benefits from government agencies. The different type of social security measures such old age pensions, grant-in-aid schemes and concessions are not getting properly on time. The present study also noted that majority of the elderly are not getting the pension regularly. The present study revealed that elderly organized and conducted rallies and dharnas under their district federation for the mass betterment of elderly.

#### **7.16.6. Social Work Areas in Gerontological Research**

Social work research is the application of research methods to solve problems that social workers confront in the practice of social work. The study of concepts, principles, theories underlying social work methods and skills are the major areas of social work research. It also includes the study of the relationship of social workers with their clients; individuals, groups or communities on various levels of interaction or therapy. The present study helped the researcher to identify the social work areas in gerontological research. This is illustrated in Table 7.1

**Table 7.1**  
**Social Work Areas in Gerontological Research**

<b>SI No</b>	<b>Social work research areas</b>	<b>Specific areas</b>
1	Population ageing and socio-economic development	Identify the contributions made by elderly in <ul style="list-style-type: none"> <li>• Social dimensions</li> <li>• Cultural dimensions</li> <li>• Economic dimensions</li> <li>• Spiritual dimensions</li> </ul>
2	Practices prevailed for maintaining security in old age	<ul style="list-style-type: none"> <li>• Measures taken to reduce poverty</li> <li>• Labour force participation</li> <li>• Pension system</li> </ul>
3	Changing family structure and institutional dynamics	<ul style="list-style-type: none"> <li>• The changes in family and traditional attitudes between generations</li> <li>• Its economic and social impacts on individuals, communities and society</li> <li>• Roles and contributions of elderly to family</li> </ul>
4	Determinants of healthy ageing	<ul style="list-style-type: none"> <li>• The preventive, curative and rehabilitative models of intervention</li> <li>• Fundamental mechanisms of ageing</li> <li>• Measuring and monitoring physical and mental functioning</li> <li>• Age associated disabilities and diseases</li> </ul>
5	Quality of life among elderly	Quality of life in ageing according to the <ul style="list-style-type: none"> <li>• Social context</li> <li>• Cultural context</li> <li>• Economic context</li> <li>• Traditional context</li> </ul>

### **7.17. Suggestions for Future Research**

- ❖ A Comparative study should be conducted on different types of community based programmes for elderly and it will ultimately help to frame new designs for elderly care and protection in Kerala.
- ❖ Life satisfaction of elderly among different categories such as rural and urban, above and below poverty line, caste and income wise etc should be conducted.
- ❖ Study on services and usages of government aids and facilities availed by senior citizens should be conducted to identify the effectiveness of programmes.

### **7.18. Conclusion**

The present study analysed the active ageing process through community based programme. The study revealed that Elders Self Help Group can facilitate the active ageing among the elderly and the pillars of active ageing such as participation, health and security can be strengthened through ESHGs. The association between active ageing and life satisfaction was examined and found out that elderly associated with community based programme are more satisfied in their life. The need for different type of community based programmes designed exclusively for the welfare of elderly has been indicated by the findings of the present research. It is a fact that the percentage of elderly population in Kerala is alarmingly high and the social security system alone cannot address the elderly issues and problem in a comprehensive way. The support from community and family is very much essential for the care and support of elderly. In this context, the innovative practices like Elders Self Help Group will help the elderly remain active and add more productive years in their life.