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SOCIO-ECONOMIC AND HEALTH ISSUES OF THE ELDERLY: A CASE STUDY

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Abstract:

As demographic ageing is a global phenomenon, in India, the population of the people aged 60 years or above has increased considerably in the last few decades. Change in socio-economic status and various health/psychological issues adversely affect individual's standard of living and their lived-experience during old age. In this context, the study 'Socio-Economic and Health Issues of the Elderly: A Case Study', makes essential to look into the various aspects of the elderly towards their well-being and attitude towards old age. The paper attempts to address the objectives of the study through primary and secondary data of selected elderly population of 'Kanavi Karuvina Koppa' village, of Belagavi district of Karnataka state, India.

Keywords: Ageing, Social-health issues, Well-being, Attitude

Introduction

Demographic ageing is a global phenomenon. In the last few decades, the population of the people aged 60 years or above has increased considerably in India. By 2026, it is expected to rise to 12.4 percent of the population. Old age is adversely affecting and changing the socio-economic status and bringing many health problems in their way of life. Old age consists of ages near or beyond the average life span of human beings. Exact boundary of old age cannot be specified because it has different meanings in different societies. Ageing is generally defined as *'a process of deterioration in the functional capacity of an individual that results from structural changes, with the advancement of age'*. The Government of India adopted *'National Policy on Older Persons'* (January 1999, states that, *'senior citizen'* or *'elderly'* is a person who is 60 years of age or above.

Ageing is a biological and social construct. Physiological changes such as reduction in bone density and visual acuity are a normal part of the ageing process. At the same time, socio-

economic factors such as living arrangements, income, and access to health care greatly affect how individuals and population experience ageing. The abandon of elderly by the contemporary society seems to be brought in by the meaningless despair coming with the growth of age. Aging may be viewed as a development process of individuals (*biological, psychological, and social*) along with the transition in their social position, attitude, and status. In this context, the study '*Socio-Economic and Health Issues of the Elderly A Case Study*', makes essential to look into the various aspects of their socio-economic, psychological, health issues and other allied aspects.

Objectives of the Study:

- To understand the socio-economic conditions of the elderly.
- To know the social and health issues faced by the elderly.
- To know the attitude and approach of the respondents towards life and old age.

Methodology of the Study:

The present study includes people aged 60 years and above. The paper relies upon *primary data* and *secondary data*. With the help of *simple random method of sampling*, 203 (20 percent of the total elderly population of the study area) respondents were interviewed. The study included detailed interview scheduled method and a questionnaire was prepared with the help of a health educator. The respondents were explained the purpose of the study and the researcher took proper care to guarantee the privacy of the interview and made them feel at ease and confident to respond to the interview, with no intervention and influence from respondent's family members. The data collected was tabulated, analyzed and the findings were explained using proportions and percentages.

Area of Study:

The study area is a small village named '*Kanavi Karuvina Koppa*', of Belagavi district of Karnataka state, India. According to the records provided by the '*Gram Panchayat*' (2011 Indian Census), the village has a population of 5,325 (*Men- 2,682 and Women- 2,643*) and 1,536 families. The elderly population consisted of 1,012 (*Men- 526, Women- 486*).

The village has one 'Government Primary School'; one 'Government Secondary High School'; one 'Government Pre-University College'; one 'Government First Grade College' and one 'Primary Health Care Centre'.

The study area is a village where age-old customs continue to exist and family bonds are strong. It is a combination of tradition and modernity that holds a sway as it is just seventeen (17) kilometers away from the Belagavi city.

Socio-Economic Status of the Elderly:

A lot of interesting dynamics within a city/ place are visible over socio-economic or ethnic issues affecting the elderly. But they require a much more elaborate study model of human behaviour. In the present study, of the total respondents, a majority of 79.31 percent of the respondents belong to the age group of 70-79; 15.77 percent belong to 60-69 years age group, while only a small fraction of 02.46 percent were from 80-89 years and 90 years and above age groups respectively. With regards to the sex composition, men constitute 57.14 percent and women comprise 42.86 percent. As India is the land of spirituality and philosophy, religion is integral to its entire ethos. Worship and rituals of various religions play a significant role in every aspect of human life. They also have a great impact on the personal lives of individuals. The Indian society is diversified in religious practices, which is obvious from the study that, as high as 91.13 percent of the respondents belong to *Hindu* religion whereas, a meager percentage of 04.92 and 03.95 of them belong to *Jain* and *Muslim* religions respectively.

Caste is the most distinguishing cultural stratification in Indian society. It influences the socio-cultural relationships of each and every individual. The analysis of percentage distribution of the elderly by caste indicates that, '*Lingayat Community*' has higher representations, which constitute 46.79 percent. '*Scheduled Caste*' are 21.18 percent, '*Scheduled Tribe*' are 17.27 percent, '*Kurbar*', and '*Maratha*', constitute 05.91 percent respectively and '*Kshatriyas*' and '*Daivajnya Brahmin*' were only 01.47 percent respectively.

Among the cultural variables, types of family and marital status are the two important factors that play the pivotal role in identifying the living arrangement/condition of the elderly persons.

Joint families are common in the Indian villages, and the study also revealed that majority of 61.58, percent of them live in joint family and the remaining 38.42 percent of them live in the nuclear family. The dominance of joint families could be there because of the rural area.

It is a fact that, the marital status establishes one's place in the family as well as in the society. The study revealed that 90.14 percent of them were married. Out of the married respondents, very few i.e. 04.92 percent of the respondents had lost their spouse. The unmarried group comprised 09.86 percent.

Education is a crucial ingredient for a person's professional development. Facts related to the educational status of the elderly revealed that, literacy was found to be low with only 38.91 percent of them literate and majority of 61.09 percent of them being illiterate. The discrepancy in literacy position may be attributed to the study area being a village and depressed from the point of view of women's education in particular. In the past, marriage gained precedence over education in the case of girls. Elderly having spent all hard-earned assets on their children's education and marriage, are generally demoralised when their off-springs refuse to give them care or shelter. Financial problems further add to their misery.

No doubt, economic security is vital for the elderly. Of the total male respondents, a majority of them were engaged in agriculture, of which 76.72 percent of them are still practising farming even at the old age. The remaining 23.28 percent are involved in business. Of the total women respondents, all are homemakers. Majority of 58.62 percent were poor of financial security as they were completely dependent on the family members. 37.43 percent of the respondents revealed that, they had feeling of insecurity as they were partially dependent and only 03.95 percent of them were independent, as this section had no family member to take care of them in their old age. Thus, it is assumed that the respondents have a poor insight regarding social and economic security.

Elderly Health Conditions:

Due to the change in the social environment, the old people are mostly neglected in the rural areas. They have turned out to be the most susceptible sufferers in the society. For an individual, the number of chronic diseases presents direct influence on the measures of disability and independence. The living environment of the elderly is highly dynamic and keeps changing over their life-course, due to changing life conditions like family size, structure, cultural traditions, marital status, health status and financial well-being.

Further, as age moves on, elderly experience mental and physical illness mostly due to the lack of support and care from their family members. Almost all the elderly suffer from one or the other diseases, the foremost being the cumulative effect of a poor diet. Environment hazards, a gender-based division of domestic task, lack of good quality food and clean drinking water, etc. also has an increasingly negative impact on the health of elderly, as they grow older.

The analyses of respondent's health status revealed that majority of them are suffering from one or the other health issues. Of the total respondents majority of 57.14 percent have Diabetes, 56.15 percent of them have Blood Pressure. 54.67 percent of them have Cataract, Joint pain and Cough respectively. 46.79 percent of them have Bronchial Asthma. 28.08 percent of them are suffering from Depression and Isolation respectively. 23.28 percent of them have Hypertension and 05.91 percent of the respondents have Osteoarthritis. It can be assumed that the elderly folk suffer from various common old age health problems and depression due to their physical and mental disabilities.

Attitude towards Life and Old Age:

The study reveals that a majority of 61.08 percent of the respondents felt that old age had affected their everyday life and 41.37 percent felt that age had partly affected their everyday activities, while 22.66 percent felt unhappy in life and 19.70 percent of them felt, they were a burden to the family members.

The study reveal that majority of 75.36 percent of the total respondents suffer from poverty. The other main reason for sensing sadness was followed by negligence by the family members (57.63 percent), loneliness (52.70 percent) and, illness (49.26 percent). Respondents were also sad because 48.76 percent of them expressed financial loss; the tension of unmarried daughters at home; death of children; children staying away from them and illness of their partner respectively.

It is understood that, the respondents feel unhappy, as they are neglected by the members of their family, because of their physical illness and economical dependence on their family members. The study points out that 38.42 percent of the respondents had an attitude of negativity towards their lives. They believed that people disrespected them because of their age and liability to both family and society.

In spite of being unhappy, they still prefer to reside in their own house, than being packed off to an old-age home. On the other hand, 30.04 percent of the total respondents revealed, they received great love, care, and respect from their family members. This is because, in rural areas, there is an extended support system available within the family as opposed to metro cities where the children are no longer shy of admitting that old-age homes are required in our society.

The study revealed another unique fact that 27.58 percent of the total respondents exhibited a positive attitude towards life and old age in general. Thus, from the obtained facts, it can be said that, *'Older people are facing heterogeneous health issues i.e., acute loss of mental, physical, and social functions are often seen in old people'*.

Ageing is not a pleasant subject for most of the people. The fact remains that all people who live eventually must grow old. *'Education about ageing and for ageing'* is a need for all human beings. It is, therefore, time to provide ageing persons with human rights besides a positive quality of life, love and care throughout their lives, with a holistic environment to support active ageism.

Towards a Strong Geriatric Support System:

Currently, nearly every one of the geriatric outpatient department services is available at tertiary care hospitals. Nearly all of the government facilities such as *'old age residential homes'*, *'day*

care centres, *counseling and recreational facilities* are set up in cities. Since majority of 75 percent of the elderly live in rural areas, it is essential to make geriatric health care services as a part of the primary health care services. This appeal is for the specialised training of *Medical Officers* in geriatric medicine.

The need of the hour is to set up geriatric wards that would fulfill the specific needs of the geriatric population. At the tertiary care level a multi-disciplinary team, specifically trained to meet the needs of the geriatric population needs to be formed. This team would be comprised of a *Physician, Diabetologist, Gynecologist, Cardiologist, Physiotherapist, Orthopaedician, Urologist, Ophthalmologist, Psychologist, Psychiatrist, Dietician, Dentist, and Nurses* trained in geriatric medicine.

Community leaders can recognize the needs of the elderly and resource generation for their decent living. The focus should, therefore, be on nurturing the right familial, social and economic milieu for the elderly to live with honor, with an income of their own (social security) and experiences to share with generation-next.

Summary and Conclusion:

The result of the study proved that the majority of the respondents had a negative attitude towards their old age and suffering from health issues with a ignorance by the family members. Only a meager percentage of the respondents are healthy in nature. Thus, their conditions are mainly influenced by a variety of aspects like family size, marital status, cultural traditions, health status, and financial well-being. Thankfully, the strong family bonds in India, act as a safeguard against any possibility of negligence or even ill-treatment.

Society may consider 60 years of age and above, as elderly, but elderly themselves may not feel they are aged but people of other age group do. This shows differences between the *'self-image'* of the aged and the *'social-image'*. Along with the image of their own attributes self-image, the aged have an image of the way the rest of the society perceives them. This perception is based on the societal attitudes towards the aged, which are in turn influenced by stereotypes.

The social attitudes are either favorable or unfavorable depending on the stereotypes of aged. These stereotypes and attitudes are reflected in the way the social group treats the aged. Due to

these stereotypes, the aged develop favorable or unfavorable self-concepts. Thus, self-image is reinforced by interaction with others in the social milieu. Bridging the gap between the aged and young- adults is making them learn to love and respect the aged. There is a need for sensitization to aged and ageing. As a part of formal instruction, children should be inculcated with respect for and understanding of aged. Youths should be made to realise that they would be old one day. They should be encouraged to plan for ageing with dignity and independence.

Thus, it can be concluded that, there is a growing need for involvement in geriatric health care and to create a policy to meet their needs. In addition, qualitative research is required to look at the depth of the elderly problems. The number of the elderly age group in India is expected to increase to about 198 million by 2030. Hence, the national programs for the health care of the elderly should be set to roll.

Let us add life to their years...!

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