

Health and social problems of the elderly people: A study in Dharwad district of Karnataka

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Abstract

Ageing though is a biological phenomenon; 'Ageing' is also a social construct. Alteration in socio-economic status and various health problems harmfully affect an individual's way of life throughout old age. The main objective of the present paper is to study the health and social harms of the elderly and their approach towards life. Present study is based on primary data and the simple random sampling method has been adopted for selecting sample of the study; more than half of the respondents were uneducated. Half of the respondents felt they were not pleased in life. A majority of respondents are illiterates and had health problems such as hypertension followed by arthritis, diabetes, asthma and anemia. The respondents suffering from various diseases said that the attitudes of people towards the elderly were that of neglect. The result of the study showed that there is a need for elderly counseling centers that can take care of their physical and psychosomatic needs. The strict rules for eligibility to social safety schemes should be made more flexible to cover a larger population.

Keywords: Elderly, health, social harms, attitudes

1. Introduction

With increasing in longevity or life span, there follows an increase in the proportion of the elderly in the total population. Ageing is becoming a worldwide phenomenon with the growing world population. There is no United Nations standard numerical criterion, but the UN agreed cut off is 60+ years when referring to the elderly population. In India, the elderly account for 7 percent of the total population, of which two-thirds live in villages and nearly half of them in poor conditions. Urbanization, nuclearisation of family, migration, and dual career families are making care of the elderly more and more of a personal and social problem in India.

With the decline in fertility and mortality rates escorted by an improvement in child survival and increased life expectancy, an highly expressive feature of demographic change is the progressive increase in the number of elderly persons. Increasing life span and poor health care add to the degree of disability among the elderly and composite the problems of care giving. In India, the life expectancy has increased from 32 years at the time of independence to over 63 years in 2001. The elderly experience changes in different aspects of their lives.

The physiological decline in ageing refers to the physical changes an individual experiences because of the decline in the normal functioning of the body resulting in poor mobility, vision, hearing, inability to eat and digest food properly, a decline in memory, the inability to control certain physiological functions, and various chronic conditions. Change in the socio-economic status adversely affects the individual's way of life after retirement. The economic loss is due to a change in earning power or unemployment leading to economic dependency on children or family members. A feeling of low self-worth may be felt due to the loss of earning power and social recognition. This state of mind is harmful. With the prospect of this situation worsening in the coming decades, ways and means of managing the stress effectively needs to be examined. Elderly people need to be provided with

comprehensive health care addressing physical, mental and social problems. Recognizing the need for the care of elderly, the Government of India adopted the national policy for older people in 1999. Even though policies exist, due to the numerous competing priorities with government, ageing related issues have yet to be addressed fully.

2. Definitions of Elderly

2.1 WHO

According to WHO, at the moment, there is no United Nations standard numerical criterion, but the UN agreed cutoff is 60+ years to refer to the older population. "The ageing process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. In the developed world, chronological time plays a paramount role. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age.

2.2 Soddan (1975)

Since we are constantly passing through periods of stress and rest during life, just a little deficit of our energy day adds up it adds up to what is called aging.

3. Theories of old age

Social theories, or concepts, propose explanations for the distinctive relationships between elderly and their societies.

3.1 Disengagement Theory

The first theory of aging developed by social scientists was 'Disengagement Theory'. The theory was formulated in 1961 by 'Cumming and Henry' in the book "Growing Old". This theory proposes that in old age a mutual disengagement between people and their society occurs in expectation of death. By becoming disengaged from work and family responsibilities, according to this concept, people are

empowered to enjoy their old age without stress. This theory has been subjected to the criticism that old age disengagement is neither natural, inevitable, nor beneficial. Furthermore, disengaging from social ties in old age is not across the board: unsatisfactory ties are dropped and satisfying ones kept.

3.2 Activity Theory

In opposition to the Disengagement Theory the ‘Activity Theory’ of old age argues that disengagement in old age occurs not by desire, but by the barriers to social engagement imposed by society. The theory was developed by ‘Robert J. Havighurst’ in 1961. This theory has been defected for not factoring in psychological changes that occur in old age as shown by reduced activity even when available. It has also been found that happiness in old age is not proportional to activity.

3.3 Continuity Theory

The theory was developed by George L. Maddox. According to the ‘Continuity Theory’, in spite of the unavoidable differences imposed by their old age, most people try to maintain continuity in personhood, activities, and relationships with their younger days.

3.4 Socio-emotional Selectivity Theory

Socio-emotional selectivity theory was developed by Stanford psychologist, ‘Laura Carstensen’ is a life-span theory of motivation. ‘Socio-emotional Selectivity Theory’ also gives picture of, how people maintain continuity in old age. The focus of this theory is continuity sustained by social networks, although networks narrowed by choice and by circumstances. The choice is for more harmonious relationships. The situations are loss of relationships by death and distance.

4. Objectives of the Study

1. To study the background and socio-economic status of the elderly people.
2. To study the social and health problems of the elderly people and their attitude towards life.

5. Methodology

The researcher adopted a simple random sampling method to study the problem. The present study was carried out over a period of 2 months. The study respondents included elderly men and women aged 60 years and above who belonged to the rural area of the Dharwad district in Karnataka state.

5.1 Universe of the study

The total population of Dharwad district is 16, 04,253 which consist of 8, 23,204 males and 7, 81,049 females. Among the total population elderly population is 1, 17,482 and in elderly population 55,572 males and 61,910 females are found.

5.2 Sample of the study

A Simple random sampling method is adopted for selecting the sample. Keeping eye on the present research and duration available for the study, the 120 respondents have been selected from Dharwad district of Karnataka state.

5.3 Tools and techniques

The present study is based on both primary and secondary data. The primary data was collected with the help of an

interview schedule personally by researcher. The interview schedule was developed by reviewing related Indian elderly studies. The interview schedule contained both pre-coded and open ended questions. On an average each interview took about half an hour to One hour. Normally the interviews were conducted during the morning and evening time.

After the completion of data collection each questionnaire was carefully edited to check the completeness, accuracy and validity of the data. The data collected was tabulated and analyzed using the statistical package SPSS, Findings were described using proportions and percentages. And secondary data was collected from sources like books, journals and documents.

6. Discussion

6.1 Socio-demographic characteristics

Table No.1 reveals that a major fraction (60%) of the population was in the age group of 60-69 years old; while a small fraction (16.67%) were 80 years old and older. Males formed slightly more proportion than females of the study sample. A majority (90%) of the respondents is Hindus and other respondents are Muslims. This reflects the true picture of the population based on religion at the local and national level. A joint family system was seen to be the most common (60%) among the respondents followed by the nuclear family. Only 11.11 percent of the elderly men were widowed while 38.67 percent of the women were widows. The unmarried group of 4.44 percent was comprised of only men. 6.67 percent of the respondents were separated. Literacy was found to be low in the study population. Half of the respondents are illiterates and illiteracy rate is higher among females (56%) than males (40%). And 25 percent of the respondents went to school only up to primary level, while small fractions (4.17%) of the respondents are graduates.

Table 1: Demographic distribution of the Respondents

	Males (%)	Females (%)	Total (%)
Age group(years)			
60-69	28 (62.22)	44 (58.67)	72 (60)
70-79	12 (26.67)	16 (21.33)	28 (23.33)
80 & Above	05 (11.11)	15 (20)	20 (16.67)
Marital status			
Married	36 (80)	40 (53.33)	76 (63.33)
Single	02 (4.44)	--	02 (1.67)
Separated	02 (4.44)	06 (8)	08 (6.67)
Widow/widower	05 (11.11)	29 (38.67)	34 (28.33)
Education			
Illiterates	18 (40)	42 (56)	60 (50)
Primary level	12 (26.67)	18 (24)	30 (25)
Secondary level	06 (13.33)	07 (9.33)	13 (10.83)
High school	06 (13.33)	06 (8)	12 (10)
Graduate	03 (6.67)	02 (2.67)	05 (4.17)

6.2 Health problems of the elderly

Table No.2 reveals that all the respondents had health problems, the most common being hypertension (55%), osteoarthritis (17.5%), diabetes (16.33%) or asthma (12.5%). Others (1.67%) included anemia, and skin problems. It is seen that most of the respondents had more than one health problem. Hypertension and Osteoarthritis was found to be more common among females and asthma was found to be more common among males, while other health problems

were almost similar among both the genders.

Table 2: Morbidity pattern of the respondents

Diseases	Males (%)	Females (%)	Total (%)
Hypertension	24 (53.33)	42 (56)	66 (55)
Osteoarthritis	03 (6.67)	18 (24)	21 (17.5)
Asthma	11 (24.44)	04 (5.33)	15 (12.5)
Diabetes	06 (13.33)	10 (13.33)	16 (13.33)
Others	01 (2.22)	01 (1.33)	02 (1.67)

6.3 Attitudes towards old age

Table No. 3 shows that 85 percent of the respondents felt that old age had affected their day-to-day life. Among these, 75 percent felt that age had partially affected their daily activities. More than half of the respondents felt neglected by their family members, while 50 percent felt unhappy in life and 55 percent of the respondents felt they were a burden to the family, 35 percent of the respondents felt less love and care from family members. An unfavorable attitude was observed to be more among females than males.

Table 3: Attitude towards old age

Attitudes	Males (%)	Females (%)	Total (%)
Old age has affected day to day life	36(80)	66 (88)	102 (85)
Partially	30 (66.67)	60 (80)	90 (75)
Completely	06 (13.33)	06 (8)	12 (10)
Feel neglected by family members			
Always	04 (40)	06 (60)	10 (8.33)
sometimes	24 (36.36)	42 (63.64)	66 (55)
Feel a burden to family	06 (9.09)	60 (90.91)	66 (55)
Not Happy in life	20 (33.33)	40 (66.67)	60 (50)
Feel they are not loved by family members	12 (28.57)	30 (71.43)	42 (35)

6.4 Economic and social security perceptions

Table No.4 reveals that females had poor perception regarding economic and social security as compared with males, it is because of the patriarchal family system. 40 percent of the respondents had feelings of insecurity while around 55 percent were deprived of financial security. 5 percent of the respondents deprived of companions. Other reasons of insecurity included illness, not having male children.

Table 4: Perceptions of elderly regarding economic and social security

Perceptions regarding security	Males (%)	Females (%)	Total (%)
Deprived of finances	18 (27.27)	48 (72.73)	66 (55)
Deprived of companions	01 (16.67)	05 (83.33)	06 (5)
Troubled with feelings of insecurity	18 (37.5)	30 (62.5)	48 (40)

6.5 Reasons for feeling sad

Table No.5 reveals that half of the respondents felt sad mainly because of poverty followed by illness (40%). Poverty and illness are the main reasons for respondents' sad feeling in the present study. Other reasons for feeling sad were un-wed daughters at home, alcoholic son, financial loss, and illness of spouse, children staying away from them, death of children and not owning a house.

Table 5: Reasons for feeling sad

Reasons	Respondents (%)
Poverty	60 (50)
Illness	48 (40)
Neglected	18 (15)
Loss of spouse	10 (8.33)
Loneliness	06 (5)
Others	30 (25)
Daughters not married	10 (8.33)
Alcoholic son	03 (2.5)
Illness of the Family members	03 (2.5)
Children staying away	12 (10)
Financial loss	08 (6.67)
Death of children	06 (5)
Not owning a house	03 (2.5)

It was also observed in the present study that only 65 percent of the respondents were aware of the government welfare schemes for the elderly and only 50 percent of the respondents had utilized the geriatric welfare services in our study.

It was observed that 80 percent of the respondents had friends and social contacts outside the home. In case of a conflict with family members, half of the respondents preferred to sleep in order to get over it, 30 percent of the respondents preferred to discuss it with others, and 20 percent of the respondents preferred to find a solution.

It was observed in the present study that around 85 percent of the respondents felt that old age affected their role in the family. A total of 40 percent of the respondents felt they were not consulted by the family members for making any decisions. They felt they were ignored by their family members because of their physical illness and economic dependence. In spite of being unhappy due to these problems, they still preferred their home instead of old age home for their residence.

6.6 Major findings

1. More than half of the respondents were from joint families (60%), while 40 percent of the respondents were from a nuclear family. The rural study area and social migration of the youngsters being less when compared with urban area are the reasons for the higher prevalence of joint families.
2. The marital status determines ones position within the family as well as the status in society. The proportion of elderly married, widowed, or unmarried were found here are interesting. Present study shows that 28.33% of elderly were widowed and most of them were dependent.
3. The present study shows that half of respondents were illiterate and around 25% had education up to the primary level and only 4.17% of the respondents are graduates. It is observed in this study that illiteracy is higher among females (56%) than males (40%). The disparity in literacy status may be attributed to the area being rural. Educating females in those days was not considered as important as establishing a marriage at an early age.
4. In our study, 20% were still working as unskilled workers against those who were at home (70%).
5. Present study shows that 85 percent of the respondents felt that old age had affected their day-to-day life. Among these, 75 percent felt that age had partially affected their daily activities.

6. More than half of the respondents felt neglected by their family members, 55 percent of the respondents felt they were a burden to the family. An unfavorable attitude was observed to be more among females than males.
 7. The study reveals that, females had poor perception regarding economic and social security as compared with males, it is because of the patriarchal family system. 40 percent of the respondents had feelings of insecurity while around 55 percent were deprived of financial security
 8. In this study, half of the respondents were not happy in life. A total of 80% of the respondents said they had friends and that they participated in social functions. Half of them would visit their neighbors and relatives. Almost half of the respondents felt neglected and sad and felt that people had an indifferent attitude towards the elderly. Some of the respondents thought that people don't respect them because they were aged and could not contribute to the family and society.
 9. Half of the respondents mentioned that they felt sad mainly because of poverty followed by illness (40%).
 10. Half of the respondents had utilized geriatric welfare services in present study. 40% of the respondents felt that old age affected their role in the family. It was observed in the present study that even though the respondents were not very happy in life or did not have a good relationship with their children, they still preferred to stay at home or die rather than stay in old age home.
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7. Conclusions

The results of this study showed that a major proportion of the elderly were from the 60-69 years old age group and were out of the work force, partially or totally dependent on others, and suffering from health problems with a sense of neglect by their family members and relatives. There is a growing need for interferences to secure the health of this vulnerable group and to create a policy to meet the care and needs of the disabled elderly. The result of the study showed that there is a need for elderly counseling centers that can take care of their physical and psychosomatic needs. The strict rules for eligibility to social safety schemes should be made more flexible to cover a larger population.

8. References

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