A study on living status of elderly in western Maharashtra

■ RAJKUMAR M. KAMBLE **AND** M.B. PATIL

See end of the paper for
authors' affiliations

Correspondence to :
RAJKUMAR M. KAMBLE
Department of Home Science,
Rajaram College, KOLHAPUR
(M.S.) INDIA
Email: rajkumarkamble69@
gmail.com

■ **ABSTRACT :** Geriatric population is increasing day by day due to many responsible factors. However, their change in nutritional and health status directly correlates with living status. Hence, the present investigation was taken into account to evaluate the socio-economic, health and psychological status of elderly from Western Maharashtra. A pilot study has been conducted to collect the data in Kolhapur, Sangli and Satara city. 60 elderly persons having the age above 60 years were interviewed using the self-structured questionnaire. The mean age of the study population was recorded as 66.5 years. Nearly 70 per cent elderly were found married and 90 per cent elderly noted literate. Most of the elderly have good familiar relationship and all of them received care, love, security in their family. Even if the elderly are depend upon the family members, they actively involved in decision making process of family. Major chronic health problem of elderly were reported as blood pressure (75 %), diabetes (30 %), heart disease (40 %). Elderly were found a positive attitude towards their elderly life and they didn't have feeling of loneliness. These indicators are quite satisfactory when compared with the elderly of other developed country.

■ **KEY WORDS :** Elderly, Nutritional Status, Living Status

Ageing is commonly understood as those changes which occur during the increasing life time which begins with conception and terminates with death of an individual (Stieglitz, 1950).

In India, the elderly (aged 60 and above) comprised approximately 8 per cent of the total population (Shah, 2004) and increased up 11 per cent in 2011 census which may be expected to increase to 13 per cent by 2025 (Rajan *et al.*, 2003). Falling fertility rates and increased life expectancy, the old-age dependency ratio will eventually be high. The birth rate is expected to decrease to 15 by 2021; for comparison, it was 45 in 1951 (Rajan *et al.*, 2003). Life expectancy at age 60 has been improving and is projected to rise from its current level of 17 to 20 over the next three decades (World Bank, 2001).

Ageing is a natural complex physiological phenomenon which is closely associated with pathological, psychological and social changes contributing to declining health status (Dube, 1999). However, with the rapid changes in the social scenario and the emerging prevalence of nuclear family set-ups in India in recent years the elderly people are likely to be exposed to emotional, physical and financial insecurity in the years to come. (Das, 2011).

In India Ministry of Social Justice and Empowerment is the nodal Ministry responsible for welfare of the senior citizens. It has announced the National Policy on Older Persons in 1999 covering all concerns pertaining to the welfare of older persons. The National Policy on older persons recognizes a person aged 60 years and above as a senior citizen. (Ministry of Social Justice and Empowerment, 2009).

The statistics revealed by Vinod Tawde, the leader of the Opposition in the State Legislative Council has shown that the total population of the state is over 12 crore and population of senior citizens in Maharashtra is nearly 1.25 crore. This means over ten per cent of the total population are senior citizens in Maharashtra. Maharashtra is the one of the industrial states of India. Maharashtra has 8.7 per cent (2011) elderly population to total population, which is the highest among all Indian states. Kolhapur has one of the

highest per-capita income for a city in India with a population of 549,283. (Census Reports of India, 2011). Hence, an increasing population day by day is an emerging issue to evaluate their living status. Therefore, the present research work is framed with main objective to examine the socio-economic, health and psychological status of elderly from Western Maharashtra.

■ RESEARCH METHODS

Data for this study were taken from a pilot study of elderly. 60 elderly people having the age above 60 years including male and female were randomly selected from the Kolhapur, Sangli and Satara cities in Western Maharashtra. The data for this study were collected through self-structured questionnaire, visits, interviews and personal contact. The questions regarding socio-economic status, health complaints, family relationships and psychological status of the old age persons were asked in detail. The primary source of data was obtained from different old age centres like Virungala Kendra and also from Senior Citizen groups in Kolhapur Sangli and Satara cities.

■ RESEARCH FINDINGS AND DISCUSSION

The results of the present study as well as relevant discussions have been presented under following sub heads:

Socio-economic status of elderly:

The data about socio-economic status of the elderly is given in Table 1. It indicates that the mean age of the study population was 66.5 years with the age range from 61 years to 80 years. Male and female distribution was found in equal ratio in this study. Among married, 70 per cent elderly were living with their spouse whereas 30 per cent were widows. Among these widows most of them were women. Majority of the women widows were living with their son in the family. Rahman (2000) pointed out that in India as well as in other countries in Asia, marriage and the presence of sons is associated with better survival as well as health outcomes of elderly.

The literacy rate among the elderly is noted as high (90%). This finding supports to the average literacy rate of Kolhapur city which is 91.33 per cent (Education Section, 2011). 60 per cent of the elderly possessed education till matriculate. However, some elderly have graduate and post-graduate degrees. Ten per cent of the respondents were certificate and diploma holders.

50 per cent of the elderly were composed of Jain religion whereas 20 per cent were Hindu, 20 per cent were Christian and 10 per cent were from Muslim religion. 20 per cent of the respondents were still working after the age of 60, at the same time 30 per cent of them were taking rest at home. Half of the female respondents were busy in a role

Table 1: Distribution of elderly by their socio-economic status			
Sr. No.	Variables	Frequency	Per cent
1.	**Sex**		
	Male	30	50
	Female	30	50
2.	**Marital status**		
	Married	42	70
	Widow	18	30
3.	**Religion**		
	Hindu	12	20
	Muslim	6	10
	Christian	12	20
	Jain	30	50
4.	**Type of family**		
	Joint	18	30
	Nuclear	30	50
	Extended	12	20
5.	**Literacy status**		
	Illiterate	6	10
	Matriculate	36	60
	Graduate	6	10
	Post Graduate	6	10
	Diploma / Certificate	6	10
6.	**Economic status**		
	Dependent	24	40
	Independent	36	60
7.	**Occupation at present**		
	Business	12	20
	Housewife	30	50
	No occupation	18	30

of housewives.

Most of the elderly were living in nuclear family (50 %) where 30 per cent of them are living in joint family; rest of them belonged to extended family (20 %). Most (60 %) of the elderly were having independent economical status while some of them reported their dependence on their son in the family.

Familial relationship on different aspects :

It has been the long tradition in the Western Maharashtra culture that the elderly people are well cared by their family members and relatives, particularly by their sons, daughters and daughter-in-laws. This is the reason why the older persons transfer their property to their children who assume the responsibility for household task and care for their relatives.

Table 2 shows the familial relationship of elderly with

the different aspects. The study found that 70 per cent of the elderly had very good relationship with their family members. While other elderly maintained good relationship with other family members. It was reported that present living position of the elderly in their family was dependent by 60 per cent. Whereas 40 per cent of them were not depend on their family. All the elderly stated that they were fully satisfied (95 per cent) with basic necessities provided to them by their family. They also reported that they were still playing important role in decision making process of the family. It was noticed that even women respondents played important role in decision making process of the family.

Most of the elderly respondents depended on the family but all of them were getting full assistance during illness. All the respondents reported that they have a feeling of care, love, security in their families (Table 2).

Table 2: Distribution of elderly with their family living relations

Sr. No.	Variables	Frequency	Per cent
1.	**Relationship with family members**		
	Very good	42	70
	Good	18	30
2.	**Present living position**		
	Dependent	36	60
	Independent	24	40
3.	**Satisfaction with basic necessities**		
	Fully	57	95
	Partially	3	5
4.	**Participation in decision making**		
	Fully	60	100
	Partially	-	-
5.	**Family assistance during illness**		
	Fully	54	90
	Partially	6	10
6.	**Feeling of care, love, security in family**		
	Yes	60	100
	No	-	-

Health status of the elderly :

Table 3 highlightens the health status of elderly in Western Maharashtra. Nearly 70 per cent elderly were suffering from at least one chronic disease. Among the elderly, suffering from chronic diseases, the prevalence of major chronic diseases were high blood pressure (75 %), diabetes (30 %), heart disease (40 %) and bone related problems (20 %).

The self-reported health status is considered one of the valid indicators of health (Chalise *et al.,* 2007). The data about self-reported health of the respondents have shown

Table 3 : Distribution of elderly according to their health status

Sr. No.	Variables	Number	Percentage
1.	**Major chronic health problems**		
	High blood pressure	45	75
	Diabetes	18	30
	Heart diseases	24	40
	Bone related	12	20
2.	**Self-reported disability**		
	No disability	48	80
	Impaired eyesight	6	10
	Climbing stairs	12	20

that 80 per cent did not have any disability. Whereas 20 and 10 per cent elderly were having eyesight and climbing stairs problems, respectively. Majority of the elder people opined that they were suffering from gastro-intestinal problems. They reported that it was a common health problem at this age.

Psychological status of the elderly:

Lin (1953) and WHO (1959) studies pointed out that the mental health problems in the Asian countries had helpful attitude towards old age. The psychiatric morbidity and illness in the elderly did not differ either in their incidence or nature from those in the Western countries.

The data about psychological status of the elderly are given in Table 4. All the respondents have positive attitude

Table 4 : Distribution of elderly according to their psychological status

Sr. No.	Variables	Frequency	Per cent
1.	**Self- concept**		
	Positive	60	100
	Negative	-	-
2.	**Feeling of loneliness**		
	Yes	-	-
	No	60	100
3.	**Activity for mental satisfaction**		
	Religious	30	50
	Watching TV and cinema	18	30
	Spending time in family	12	20
4.	**Importance to religious values**		
	High	30	50
	Moderate	18	30
	Low	12	20
5.	**Fear about dependence on family**		
	No	42	70
	Sometimes	18	30
6.	**Fear about death**		
	No	42	70
	Sometimes	18	30

towards their elderly life. It was noticed that elderly persons were not feeling loneliness; it may be due to their daily interaction with young generation in the family. The elderly from the study area were not isolated and ignored by the younger generation so they never live in the isolated state.

The elderly who live with their families were more religious than those living in the institutions (James, 1990). In this connection, this study also found the same relevance. Most of the elderly prefer religious activity for their mental satisfaction as they have given high importance to religious values.

Some of the elderly watch TV /cinema. While 20 per cent of them like their interaction with the family members which give them mental satisfaction. Most of them reported that they had no fear about death and dependence on family members, while 30 per cent of them sometimes felt fear about death.

Majority of the respondents were not observed in the problems of dementia or Alzaimer. Other old age problems like loss of memory, difficulty in identification, repeatedly talking, imbalanced talk or irrelative talk were not seen among these respondents.

Conclusion:

On the whole it can be concluded that, the socio-economic status of elderly was reported satisfactory level. The familial support to elderly was very positive hence their psychological status noted a remarkable living status. However the health status particularly gastrointestinal problems, blood pressure, diabetes and eyesight's were related with increasing age. Most of the elderly were living happily with their son families and enjoying their elderly life. However, some cross sectional studies are needed to examine the relations within families such as inter personal, and intra personal relationship and its effects on their living status.

Authors' affiliations:
M.B. PATIL, Department of Home Science, Rajaram College, KOLHAPUR (M.S.) INDIA

■ REFERENCES

Chalise, H.N., Kai, I. and Saito, T. (2007). Significant variables of self- reported health: A study of older adults from a developing country – Nepal. *Bio Sci. Trends,* **1** (2):102-107.

Das, S.K. (2011). Situation analysis of the elderly in India. Central Statistics Office, Ministry of Statistics and Programme Implementation, Government of India, pp.1-2.

Dube, Anil Kumar (1999). The angest of ageing'. *Nutrition*, **33** (3):22-25.

James, Joseph (1990). A study of religiosity of the aged. *Mind.*, **16**:1-6.

Lin, T. Y. (1953). A study of the incidence of mental disorder in chinese and other cultures. *Psychiatry* (Washington), **18**: 31S.

Rahman, M.O. (2000). The impact of co-resident spouses and sons on elderly mortality in rural Bangladesh. *J.Bio- Soc.Sci.,* **32** : 89-98.

Rajan, S.I., Sharma, P.S. and Mishra,U.S. (2003). Demography of Indian aging 2001-2051. *J. Aging & Soc. Policy,* **15**(2-3): 11-30.

Shah, N.(2004). Oral Health Care System for Elderly in India. *Geriatrics & Gerontology International*,**4**(1): S162-4.

Stieglitz, E.J. (1950). Orientation in gerontology. In: *Biological Foundation of Health Education.* New York, pp.96-116.

World Bank (2001). India: The challenge of old age income security. Report No. 22034-IN. Washington, DC: World Bank.

World Health Organization. (1959). Technical Reports Series No. 171 : Mental health problems of aging and the aged, GENEVA, SWITZERLAND.

■ WEBLIOGRAPHY

Census Reports of India (2011). Kolapur City Population Census 2011. Maharashtra. Cited on : *www.census2011.co.in.*

Education Section (2011). District Profile Based on District Information System for Education (DISE), District Kolhapur, 2011-12.Cited on : *www.mpsp.maharashtra.gov.in/site/Pdf/diseReport/.../ Kolhapur.pdf.*

Ministry of Social Justice and Empowerment. (2009). Ministry of Social Justice & Empowerment. Annual Report 2009-10. Government of India. Cited on: *www. socialjustice.nic.in › Annual Reportsý.*

8th Year
★★★★★ of Excellence ★★★★★