

ADVANCE RESEARCH JOURNAL OF SOCIAL SCIENCE

Volume 8 | Issue 1 | June, 2017 | 68-71 ■ e ISSN-2231-6418

DOI: 10.15740/HAS/ARJSS/8.1/68-71

Visit us: www.researchjournal.co.in



Factors associated with the plight of elderly

■ Leena Kumar and Seema Dev*

University Department of Home Science, Ranchi University, RANCHI (JHARKHAND) INDIA (Email: seemade@rediffmail.com)

ARTICLE INFO:

 Received
 : 20.02.2017

 Revised
 : 03.05.2017

 Accepted
 : 18.05.2017

KEY WORDS:

Elderly, Association, Factors, Plight

HOW TO CITE THIS ARTICLE:

Kumar, Leena and Dey, Seema (2017). Factors associated with the plight of elderly. *Adv. Res. J. Soc. Sci.*, **8** (1): 68-71, **DOI:** 10.15740/HAS/ARJSS/8.1/68-71.

*Author for correspondence

ABSTRACT

In human life, the second stage is very critical period and needs a lot of adjustment. For comfortable and constructive role of old age, modern society is more concerned about the problems of retirement and aging. The elderly should realize that aging period is a development with its particular tasks such as keeping in touch with children, role of grandparents, engaged in certain activities and making close relations with one's mate. Everything is achieved by the person's own effort but the society also has some duty toward its old people. Earlier old people were unwilling to move to old age home for institutional care. Their families also were not willing to place their elderly in old age homes due to cultural norms. But now situation is changing gradually and for the elderly old age home is becoming more common. The present study was designed to find out the role played by family, society and factors associated with the plight of old age people. A sample of 200 senior citizens (above 60), 100 from old age homes and 100 from their own homes, were selected. The result shows that the family, society economical condition, illness, generation gap and selfishness are main factors for the most pathetic situation of old age people in India.

Introduction

Aging is natural in case of all organisms. In human beings aging is noticed in biological, psychological and socio-cultural areas. Biologically- as the age advances a person gets degenerate in his physical condition, such as failing health and eyesight, loss of teeth and so on. Psychologically the aged face problems because they have lost their job, status and authority, spouse, friends and so on. They feel insecure, loneliness, phobia, dementia and other problems. After a certain age health too create problems leading to losing control over one's body even not recognizing own family owing to Alzheimer which are common in old age. Children began to see their parents as burden. Some dump their old parents or grandparents in old age homes and don't even

come to visit them. Delhi has nearly eleven lakhs senior citizens but there are only governments own homes for them and thirty-one by NGO's private agencies and charitable trusts. The facilities are lacking in government own homes (Guha, 1989). Older people are concerned about safety and security. They avoid crowds and going out after dark. It is the duty of the community to encourage them to get out and to feel them as they are significant part of the wider community. Social changes in India have made an impact on the elderly like shifts in lifestyles and housing shortages. Women spend 40 per cent of their time at work. In India, retirement means a phase withdrawal from productive activity and control over resources.

Mullins et al. (1996) reported that industrialization and urbanization have weakened the traditional joint

family setup in India and elderly persons are least or not wanted in the social setup of a family or society at large resulting in loneliness and anxiety about death. The changes in family system and family and facilities can enable older persons to be less dependent on their family for their well being (Alexander, 1977). Younger generation often sees the ageing from outside so that it appears to be a tragic series of losses (Guha, 1989). Almost half of the aged were fully dependent upon others. The majority did not have any income of their own and one fourth was still worried about the education and marriage of their children. Income maintenance, medical and health care, adjustment to changing roles, status and proper use of leisure time are the four major areas of hardships faced by the aged (Toseland and Resch, 1980).

An attempt has been made to analyse the association of factors with the plight of elderly.

MATERIAL AND METHODS

The present study was conducted on old people living in old age home and in their own home in Kolkata, Delhi, Patna and Ranchi. The sample consisted of 200 elderly in the age group of 60 to 80 and above. The information of the elderly was collected through a specially designed scheduled for the purpose. The data were coded, tabulated and analyzed for drawing the relevant interferences.

OBSERVATIONS AND ANALYSIS

Ageing is a natural process people socially isolated, rarely go out, not join in the community activities, few friends, far from their family and less healthy. Getting out and keeping involved with others creates a sense of belonging. Mixing with other people of similar age, at similar stage of life or perhaps with similar health concerns can help people to realize that they are not alone. In old age, psychological problems arise due to death of spouse. Problem of aged have arisen due to breakdown of traditional, social net work and changing value system (Prasad, 1991). The old people had feeling of being neglected by the society because nobody had the time to sit with them. The aged had feeling of being neglected by the society and the members of the family as their children did not allow them to mix up with others (Bose, 1990).

Aged people living in old age home were belonging to age group of 70-79. In contrast, majority of the aged (56% living in their own home belong to the age group 60-69 yrs (Table 1). Twenty four per cent respondent living in old age homes and 14 per cent in own home was above 80yrs. About 35 per cent males living in old age homes and 55 per cent males were living in own homes, while 64 per cent female living in old age homes and 45 per cent living in own homes. The above table shows that in old age homes 40 per cent respondents having small family with upto 3 family members, 38 per

Table 1 : Demographic features of elderly				
	Features	Old age home residents (%)	Old people in own homes (%)	
Age	60-69	28	56	
	70-79	48	30	
	Above 80	24	14	
Sex	Male	35	55	
	Female	65	45	
Family size	Small family (upto 4 members)	40	60	
	Middle family (5 to 8 members)	38	30	
	Large family (9 and above)	22	10	
Educational status	Illiterate	48	6	
	Primary	16	16	
	Middle	10	20	
	Matric	14	26	
	Inter	02	18	
	Graduate	10	14	

cent family of old age home having middle family with 5 to 8 family members and only 22 per cent family belong to old age homes having large family with 9 family members and above. Similarly in the own home 60 per cent having small family with upto 4 family members, 30 per cent middle family 10 per cent large family with 9 family members and above. So, it seems that most of the aged family was small family both in old age home and own home. Forty eight per cent aged of old age home and 6 per cent aged living in own home were illiterate. While 10 per cent aged of old age homes and 20 per cent aged of old age home and 18 per cent aged of own homes were inter pass whereas, 10 per cent aged of old age home and 14 per cent aged of own homes were graduate.

Maximum number of aged 21 per cent living in old age home and 17 per cent old people in own homes were suffering from abdominal disorder (Table 2). Only ten per cent elderly living in old age home and 22 per cent within own homes reported healthy health status whereas maximum elderly 68 per cent and 40 per cent were very

poor health status. Elderly having socially isolated, not joined community activities, few friends, not see much of their family are less healthy. Cardiovascular diseases are the major cause of death. Cancer of the prostrate is common after the age of 65. About 75 per cent of the diabetics are over 50 years of age. In the upper decades of life, respiratory diseases such as chronic bronchitis, asthma are of major importance. Enlargement of the prostrate, dysuria, nocturia, frequent and urgency are the common complains. Supports gained from others can be important in recovering from illness (Park, 2011). Maximum numbers of old people from urban area were suffering from serious diseases like heart disease, blood pressure, diabetes and cancer. Urban old people living alone were found difficult to manage in case of illness (Dey, 1999).

The factors affecting the plight of old age people are economical condition, illness, generation gap and loneliness. Majority of the age people 56 per cent living in old age home while 62 per cent living in own home were affected by money matter (Table 3). Only 8 per

Table 2: Percentage of elderly reporting various ailments and health status				
Physical problems	Old age home residents (%)	Old people in own homes (%)		
Ailments				
Abdominal disorder	21	17		
Arthritis	46	44		
Cardiovascular disease	17	15		
Respiratory disorder	14	10		
Genito-urinary disorder	12	16		
Visual complaint	63	61		
Neurological	27	36		
Hearing loss	17	21		
Health status				
Very healthy	10	22		
Healthy	22	38		
Not at all healthy	68	40		

Table 3 : Causes of increasing plight of elderly					
Causes of increasing plight	Old age home residents (%)	Old people in own homes (%)			
Factors					
Economical condition	56	62			
Paternal property	14	6			
Generation gap	8	10			
Loneliness	22	12			
Attitude					
Positive	42	34			
Negative	58	66			

cent respondent of old age home and 10 per cent respondents of own home were affected by generation gap. Elderly are totally broke down by the negligence of the new generation. The greatest problem of old age is loneliness due to negligence or attitude of children and family (Dilip, 2001). Economic problem is one of the major problems faced by the aged people with the retirement from active life. Old people generally have more psychological problems than anybody else, just because they are old. There is an increase of worries, tensions, anxiety, insecurity mal adjustment and other emotional problems. Majority of the respondents did not participated in any social organizations. Health had direct relation with the participation of the respondents in social activities (Dey, 1999).

There are homes for the old people. Aged people come old age home to spend the last years of his life. He is given food shelter and clothing. Occasionally, his children or relatives come to see him. These days' homes for the old are also started by private and voluntary organization. Maximum 58 per cent and 66 per cent respondents living in old age home and in own home had negative attitude towards old age home. Old-age homes are a necessity in the present day scenario as the younger generations do not have the time or in many cases, the resources to meet their (old persons) needs (medical expenses special foods, etc.). Builders can also consider allocating a few houses for the senior citizens within in integrated township at subsidized rates so that the felling of isolation goes away while proximity to ear ones is maintained (Venkatesh, 2010). Old age homes are not the solution of the communities' problem. Despite difficulties old people prefer to stay with their children. Instead of variation in religion, caste and socio-economic status in urban areas the elderly lives with their offspring. The tribal aged were more contented than the others and wishes for a longer life, enjoyed social gathering and want to spent their time in reading holly books and prayer (Toppo and Dey, 2006).

Conclusion:

In the old age home the aging person comes to spend the last years of his life. We all are responsible for bad condition of aged. Some arrangement must be done to keep them busy and not feeling monotonous. The loneliness and bitterness in the life of old people is detrimental for the development of the nation, society and family. They are considered as the treasure of cultural knowledge and wisdom. Their learning and experience are the only source of transformation of the occupational skills and cultural values. Planning for retirement is very important to meet the future requirement. They should be active, healthy and financially independent for good quality of life and develop hobbies and interests to involve in voluntary work like arranging marriages, helping books, etc. for their better life.

REFERENCES

- Alexander, M. (1977). *Physical illness and depression*. Family and Angling, Pergamon Pres, New York, p.64.
- Bose, H.S. (1990). Rural social change and the problems of the aged, *Social Welfare*, **11** (32): 25-30.
- Dey, S. (1999). Health status of the aged in Samastipur district, Bihar. *J. Appl. Biol.*, **9** (2): 210-212.
- Dey, S. (1999). Social problems of the aged in rural and urban communities. *RAUJ. Res.*, **9** (1): 69-72.
- Dilip, M. (2001). *The clinical persecutory states of the elderly*, Pergamon Press, New Yark, p. 107.
- Guha, R. (1989). *Perspectives on population ageing in India*. In population transition in India, B. Publishing, Delhi, 1989, p. 44.
- Mullines, R. (1978). *Ageing and its genetics and culture*, Duke University Press, Durham North Conlina, p. 80.
- Mullins C., Meyer, H.A., Hartmann, E., Green, N. and Fang, H. (1996) Structurally related Spc1p and Spc2p of yeast signal peptidase complex are functionally distinct. *J. Biol. Chem.*, **271** (46): 29094-29099.
- Park, K. (2011). Preventive medicine and geriatrics, in park text book of preventive and social medicine. M/S Banarsidas Bhanot Publishers, p. 547.
- Prasad, R. (1991). Reflection on the problem of aged in India, *Indian J. Soc. Res.*, **32** (4): 307-311.
- Toppo, A.E.M. and Dey, S. (2006). The socio-economic problems of old age. Ranchi University. *J. Soc. Sci. & Humanities*, **3** (1): 119-121.
- Toseland, G. and Resch, J. (1980). *The aged India*, International conference on health policy, NEW DELHI, INDIA.
- Venkatesh, R.V. (2010). *Mental illness in patients' age fifty and over*, Ageing and Human Development, Ajanta Publication, NEW DELHI, INDIA.