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RESEARCH ARTICLE

A Statistical Study on Sociological Problems of the Senior Citizens in Salem District of Tamil Nadu, India

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Abstract

The last century has witnessed a rapid increase in the population of the elderly people in the developed and industrialized countries. This phenomenon is not restricted to the western world only, but many countries such as ours are now feeling the impact of this transaction. This situation could be attributed to a combination of factors such as increase in age, longevity and decreased death rates due to advancement in the field of medicine, improvement of life expectancy at birth, and enhancement in the average span of life. The health sector plays a vital role to increase the longevity on one side but create a situation for their standard of life decline to adjust with the processes like modernization and globalization on another side. Providing care to the elderly is a challenging task to the younger generation in this modern world. With an increasingly aging population in all developed societies, the role of care givers have been increasingly recognized as an important one, both functionally and economically. In this context, the case studies bring out the living conditions of the Senior Citizens and problems faced by them.

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INTRODUCTION

Senior Citizens are a treasure to our society. They work hard all these years for the development of the nation as well as the community, but ageing of population is a major aspect of the process of demographic transition. Ageing is a fact that in many ways the aged suffers a lot in the fag end of their life. The reason for the same may be different and many folded. Whatever be the reason for this situation, it is a fact that there are aged persons who are dissatisfied with life.

The advance in medical knowledge has lead to an increase in life expectancy and an increase in the number of old people in the society. The rapid increase in the number of old people in the population raises various social, economic and health issues. Many studies all over the world have shown that ill health is one of the most important factors that cause fear in the minds of the people.

AGED POPULATION IN INDIA

India accounts for second largest population in the world. The combined impact of high fertility and declining mortality is reflected in the bulk size population. The post independence cohorts own the largest share in aged population. Largely, they had low literacy levels and non-regularized employment.

The data highlights of rural-urban aged population infer that, almost all the states are evincing aged population, Kerala accounts for the highest. Such a perennial trend of ageing population is leading to rapid demographic transitions around the globe in terms of increasing dependency ratio and burden on resources.

REVIEW OF LITERATURE

Singh and Gunthey (1983) have found that depression, hyper activity, less control over emotions and thoughts, and dominance of illusions were in higher degrees in old age persons as compared to the adult people. Old age, in general is associated with multi-dimensional problems. The problems which are associated with old age and the care of elderly are not exclusively the problems of social, cultural and economic ramifications, rather they include health and medical problems also that affect the life of a community as well.

Dak and Sharma (1987) discussed Inadequate financial resources were indicated as one of the major problems of the Indian elderly. This also seems to be of a higher degree among female elderly compared to their male counterpart.

According to WHO (1989) 'Biologically', ageing begins at least as early as puberty and is a continuous process throughout adult life. 'Socially', the characteristics of members of society who are perceived as being old vary with the cultural setting and from generation to generation. 'Economically', the elderly are sometimes defined in terms of retirement from the work force but, especially in societies with a normal or statutory retirement age, many individuals cease economic activity for reasons unrelated to ageing. 'Chronologically', for a long time age has been used as an indicator of the expected residual life span.

According to Vinod Kumar (1997) The aged population has special health problems that are basically different from those of an adult or young. Most diseases in aged are chronic in nature – cardiovascular arthritis, stroke, cataract etc. Ageing is a biological process, experienced by mankind at all times. However, concern for ageing population is a relatively new phenomenon, which has risen due to significantly large increase in the number and proportions of aged persons in the society. In the words of Seneca, "Old is an incurable disease," but more recently, Sir James Sterling Ross commented: "You do not heal oldage. You protect it; you promote it; you extend it" (Park K, 2000)

According to Situation Analysis of The Elderly In India(2011), some of the following results are

1. The elderly population (aged 60 years or above) account for 7.4% of total population in 2001. For males it was marginally lower at 7.1%, while for females it was 7.8%.
2. Both the share and size of elderly population is increasing over time. From 5.6% in 1961 it is projected to rise to 12.4% of population by the year 2026.
3. The sex ratio among elderly people was as high as 1028 in 1951 but subsequently dropped to about 938 in 1971 and finally reached 972 in 2001.

METHODOLOGY

PROBLEMS FACED BY THE SENIOR CITIZENS

One of the biggest challenges that confront the modern society today is the provision of adequate and effective care to the aged.

Economic Problems

They are basic to all the other problems faced by the aged. With superannuation, a person has to retire from the service, which not only results in loss of employment and social status but also a substantial reduction in his income level.

Physiological Problems

With growing age, older persons experience various anatomical and physiological changes. These changes bring many psychological, behavioral and attitudinal changes in them.

Elderly Abuse

Elder abuse is usually defined as any ill treatment to an older person. It refers to "infliction of physical, emotional or psychological harm on an older adult".

OBJECTIVES OF THE STUDY

- To find out the social and psychological problems of the Senior Citizens.
- To analyze the economic problems prevalent among them.
- To explain the health and health care need of the Senior Citizen.
- To find family income is associated with the extent of senior citizens.

Design

The study is a descriptive one in the sense that it tries to explain the various problems faced by the senior citizens in the society.

Sample Size

The study is to be conducted in Salem City, Tamil Nadu. The City is divided into four Zones by the Government, accordingly 75 Senior citizens were selected as a sample from each zones, giving equal consideration to both sexes totally 300 Senior Citizen are selected Convenience sampling method.

Tools and Techniques

The data collected are both quantitative and qualitative as the study dealt with a vulnerable section of the population. Using standardized interview schedule, primary data was collected by interviewing the respondents directly at the field. Discussions with family members, health workers, academicians and others working in the field were also held to enrich the study. Secondary data stood collected from books, journals, magazines and research works.

FINDING OF THE STUDY

I. PERSONAL BACKGROUND

Analyzing the age of the respondents, the study found that out of total respondents 53% belongs to the age group 60 – 70, 30% belongs to the age group 70 – 80, 13% belongs to the age group 80 – 90 and 4% belongs to the age group 90 and above (table 2). Life expectancy of the elderly has increased owing to medical advancement. A detailed information on the marital status of the Senior Citizens were collected and was found that 67% of them are married and 33% of them are widow/widower(table 3). Among the 33% all are living with their son/daughter. The educational background of the aged showed that, majority (43%) of them are illiterate, 32% of them are literate but have formal education, 16% of them are PUC holders and only 9% of them are graduates (table 4). From the study working status of the Senior Citizens are noted, 40% of them are working and remaining 60% of them are non workers.

Table 1: Distribution of aged Population in based on Rural and urban residence, SRS Statistical Report, 2011

STATES	RURAL		URBAN	
	60-79	80 and above	60 - 79	80 and above
Andhra Pradesh	8.9	0.7	6.7	0.4
Assam	5.6	0.5	6.1	0.5
Bihar	6.3	0.5	6.7	0.5
Chattisgrah	6.9	0.4	6.0	0.4
Delhi	4.9	0.5	5.5	0.5
Gujarat	8.0	0.7	7.1	0.7
Haryana	6.5	0.8	6.1	0.6
Himachal Pradesh	9.1	1.4	7.8	0.9
Jammu and Kashmir	7.2	0.9	8.9	0.8
Jharkhand	6.1	0.5	6.4	0.5
Karnataka	8.1	0.7	6.9	0.6
Kerala	11.1	1.5	11.2	1.2
Madhya Pradesh	6.6	0.5	6.4	0.5
Maharashtra	9.4	1.0	7.2	0.6
Punjab	8.7	1.3	8.0	0.8
Rajasthan	6.6	0.7	6.7	0.7
Tamil Nadu	10.0	1.0	9.2	0.9
Utter Pradesh	6.4	0.6	5.9	0.5
West Bengal	7.0	0.6	9.3	1.0
All-India	7.5	0.7	7.3	0.7

Source of data: Sample Registration System (SRS) Statistical Report 2011, Census of India

Table 2: Age Structure

Age	Frequency	Percentage
60 – 70	159	53

70 – 80	90	30
80 – 90	39	13
Above 90	12	4
Total	300	100

Table 3: Marital Status

Marital Status	Frequency	Percentage
Unmarried	0	0
Married	201	67
Widow/Widower	99	33
Total	300	100

Table 4: Educational Status

Educational Status	Frequency	Percentage
Illiterate	129	43
Literate but not formal education	96	32
PUC	48	16
Graduate	27	9
Total	300	100

Socio – Psychological Problems

The traditional Indian value system used to place a heavy emphasis on the prestige associated with old age. The process of industrialization, urbanization, social mobility and individualism are the predominant factors involved in transforming the traditional way of life in the community. The younger people migrate to urban areas leaving behind their congenial rural habits. Under such predicament, the old who stay behind cannot be taken care of nor do they have the same prestige and honor that they used to enjoy earlier.

As a part of the data collection the respondents were asked about their close friends in the neighborhood and the answers were encouraging, 86% of them have friends and 14% of them have no friends. In the majority of the cases the friends belonged to the same age and sex as they lived very near to or within walking distance from the respondent's place of residence. To the majority of the respondents feels friends are their source of strength.

Senior Citizens are asked about their leisure time, majority (38%) of them spend their time with grand children, 20% of them spend their leisure time with their friends, 19% of them will go for a walk, 8% of them will visit the worshipping centers and the remaining 15% will do any other activities. To list of unfavorable things in life that we listed to the respondents as the possible negative factors in their present life and their replies were noted, 42% of the respondents felt that they are ill – treated by their close kins (son/daughter/spouse) while 11% of them felt that their grand children ill – treated them, 9% of them felt bad for the loss of spouse, 12% of them consider loneliness and depression as their negative factor and the rest 26% have other problems.

Care –giving is assumed as the most vital level of the serving the Senior Citizens and its quality and quantity will be the touchstone of intergenerational relationship. The amount of care given by the family members to the Senior Citizens is noted as a part of data collection, 40% of the respondents gets excellent care, 32% of them gets very good care, 17% of them gets adequate care and 11% of then gets minimum care from their family members.

Economic problems

The primary issue concerning older people in India is their economic empowerment, which determines, directly or indirectly, several factors contributing to their general status. From this study it was found that the majority of the respondents (52%) have no financial independence. when a question was posed on the amount of income that they spend on themselves and their spouse, majority (44%) of the respondents spend only below Rs.2000 monthly, 39% of them spend Rs.2000 – 4000 monthly, 11% of them spend Rs.4000 – 6000 monthly and only 6% of the respondents spend above Rs. 6000.

On enquiry whether they have a saving habits, it is found that 89% of the respondents need a savings and 11% of them does not need a savings. 65% of the respondents have no debt at all. The purpose of the debt incurred by the remaining respondent are related to medical treatment, education of their children, household expense etc., which is clearly shown in Table 5. Respondents are asked about if they getting any Government benefits they said that, 47% of the respondents get Government benefits and 53% of them does not get any benefits from the Government.

Table: 5 Causes of debt

CAUSES	NO. OF RESPONDENTS	PERCENTAGE
Education of the children	6	2
Marriage of the children	15	5
Household Expense	42	14
Housing Loan	15	5
Medical Treatment	27	9

Health Care and Health Problems

Old age in general is associated with multi-dimensional problems. The problems which are associated with old age and care of Senior Citizens are not exclusively the problems of social and economic ramifications rather they include health and medical problems also that affects the life of a community as well.

As a part of data collection the health condition of the respondents were noted, 12% of the respondents have poor health condition, 55% of them have fair health condition, 27% of them have good health condition and only 6% of them have excellent health. It is also noted that 95% of the respondents visits the hospital when they are ill and 5% of them does not visits. The most (68%) of the respondents visits private hospitals followed by the government hospital (27%) and very few (5%) were self medicate. Enquiry about the chronic diseases, it is found that common diseases among them is Eye problem (89%) followed by High blood pressure(69%), Difficulty in breathing(66%), Arthritis(65%), Depression(57%), Diabetes(52%), cholesterol (46%), Asthma(42%), Hearing problem (41%), Chest pain (22%) and cancer (3%).

SUMMARY

The findings of the study are summarized below:

Economical Profile:

- Majority (36%) of the respondents has a family monthly income is below Rs. 10,000.
- Majority (60%) of the respondents are non workers.
- Majority (44%) of the respondents spend below Rs.2000 monthly.
- 35% of them have debt. Major cause of the debt is household expense.
- There is a positive association between the gender and Government benefits.
- Family monthly income and money spend monthly by the respondents are dependent.
- The proportion of respondents who feels that they need savings is 90%.

Health Condition:

- Majority (55%) of the respondent's health condition is fair.
- Majority (68%) of the respondents visit the private hospitals.
- Majority (60%) of the respondents are taken care by their children when they are ill.
- Majority (89%) of the respondents have eye problem and it is followed by high blood pressure (61%), arthritis (50%), depression (42%), diabetes (31), blood cholesterol (30%).
- Diseases are not equally spread among male and female.

Psychological Profile

- 86% of the respondents have friends.
- 46% of the respondents feel that friends are their greatest strength.
- Majority (38%) of the respondents spend their leisure with the grand children.
- Majority (42%) of the respondents feels bad for the ill treatment by their close kins (son/daughter/spouses)
- Majority (36%) of the respondents gets excellent care from their family members.
- Gender and care taken by the family members are dependent.

CONCLUSION

Elderly life span brings in its wake a host of changes in body and mind of individuals with a consequent impact on the life style and social relations. The position of the senior citizens in a family was determined by a

complex mix of the socio economic and cultural development. In the case of support system to the Senior citizens of Salem city, the study shows that the family acts as an active support mechanism even after they have ceased employment. As age increases, the degree of satisfaction in life tends to decrease. Though the traditional family bonds and solidarity were change in any improvement in the general well being of the aged must begin from within the context of the family.

There was a great need to consolidate the family bonds in the society where these have been snapped, and where the process of loosening of these bonds has already started. There was a need of proper social intervention so that these bonds get consolidated and strengthened. The future of the aged in India as in any other country depends to a great extent on how the aged look at the own predicament and prepare for the sunset years.

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