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Examining socio-economic aspects of ageing: A sociological study

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Abstract

The demographics of old age (above 60 years) population in the country constitute at 7.4 percent of total population (as per 2011 census) and it is increasing at an unprecedented rate. For a developing country like India, such trends have the potential pressures with regard to socio-economic, medical and psychological problems. Gerontology, the study of ageing and the elderly, deals not only with the physical process of ageing, but also with the related social and cultural factors. Change in socio-economic status and various health problems (psychological) adversely affect an individual's standard of living and their 'lived-experience' during old age. The psychology of ageing is clearly influenced by the general attitude towards the elderly. Social psychology indicates the changing attitude towards them. At the same time, social implications of ageing should be viewed in a wider context of their individual well being and their social interactions/ engagement. The present paper attempts to address the following research objectives through primary data of select elderly population of Belgaum city, Karnataka state and secondary data.

Research Objectives

- To examine the socio-economic background of the elderly
- To analyse the social problems and health issues of the elderly
- To understand their attitude towards life

Keywords: ageing, gerontology, well-being, attitude.

Introduction

In India, the demographic change of the elderly (60 years of age and above) is remarkable for its speed. The highly advancement in the field of medical cure and care systems has made the improvements in survival and the declines in fertility over such a short period of time are unparalleled. India as the second most populous country in the world has 76.6 million people at or over the age of 60, constitute above 7.7 percent of the total population. This group of elderly has always been an integral part of the family, especially in the Indian society. With the advent of various modern trends in the life of the Indians, there is declining social support, care and failing health has exposed the aged into various socio-economic problems. They are placed in a highly vulnerable position within the family itself. This is how the problem of ageing appears to be a most important issue in the present society.

The major area of concern is the socio-economic and health of the elderly with multiple medical and psychological problems. Physical- falls are one of the major problems in the elderly and are considered one of the "Geriatric Giants". Frequent physical- falls are an important cause of morbidity and mortality in the elderly and are a marker of poor physical and cognitive status. Gradually, the phenomenon of population ageing has become a major concern for the policy makers, from the past few decades. The United Nations World Assembly on Ageing, held at Vienna in 1982, formulated a package of recommendations which gives high priority to research related to developmental and humanitarian aspects of ageing (Moneer, 2004) [1]. The plan of action specifically recommended, "International exchange and research cooperation as well as data collection should be promoted in all the fields having a bearing on ageing, in order to provide a rational basis for future social policies and action. Special emphasis should be placed on comparative and cross-cultural studies in ageing" (Rajan, *et. al.* 1999) [4].

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There is a general presumption that the better health care conditions will lead to a higher proportion of the aged and the same applies to urban India. According to 2011 Census, the aged constituted a smaller proportion of the urban population (5.7 percent) as compared to the rural population (7.1 percent). This is further reflected in the proportion of all aged resident in urban areas, which was 21.9 percent in 2011, lower than the urbanisation level for the total population (25.7 percent). The smaller proportion of the aged in urban India, despite the higher life expectancy at birth and a faster decline in fertility than in rural India, is an interesting note-worthy fact, in this context. Differential undercount of the aged might also be a contributory factor. Censuses are known to suffer from net undercount, which tends to be higher in urban areas than in rural areas. The Post-enumeration checks, conducted after the 1981, 1991, 2001 and 2011 Censuses, also indicated a higher than average net omission rate for the aged females; and the direction of the age-specific differences was reversed but it was small among males.

Old –Age Dependency

Population growth in India since independence has been accompanied by an increase in the number as well as the proportion of person's aged 60 and above. According to the data available from the decennial censuses up to 1991, the number of the aged has increased from about 19.8 million in 1951 to 24.7 million in 1961 and to 57.2 million in 1991 or by 189 percent over the 40 year period. Their share in the total population has increased from 5.5 to 6.8 percent, or by 24 percent. If the proportion of the aged in the population had not risen, the number of the aged would have grown to 46.5 million or 135 percent. In effect, nearly 71 percent of the increase in the number of the aged between 1951 and 1991 is attributable to population growth, whereas, the balance 29 percent has been due to the ageing of the population or the increase in the percentage of the aged in the population. Prima facie, the above figures are a fair description of the ongoing changes in the age structure of the Indian population.

The data from the survey indicate that nearly 30 to 31 percent of the aged males in urban areas reported that they were fully dependent on others. The corresponding figures for females in urban areas were 71 and 76 percent, respectively. Considering both sexes together, between 51 and 53 percent of the aged were fully dependent on others; 14 to 16 percent were partly dependent; and the remaining 30 to 31 percent were 'not dependent on others'. The percentage of those not dependent on others was much lower (11 to 12 percent) for aged females and higher (48 to 52 percent) for aged males. The greater dependence of aged females on others presumably reflects the high incidence of widowhood among them, their high illiteracy rates as well as the patriarchal nature of Indian society, in which women rarely inherit any property and are expected to be looked after by their children or other male relatives.

The partly or fully dependent aged are likely to face considerable hardship in finding adequate allocation of household resources for taking care of their chronic illnesses and other needs. The associated tensions and psychic costs cannot easily be tackled by external sources of assistance. It is also likely that the effective control of the aged on the household resources might be less than indicated by the reporting of a large proportion of the aged males as the heads of their households.

De-facto, in India, persons aged between 15 to 59 years of age are supposed to form the population of working ages and at the age of 60, people generally retire or withdraw themselves from their job. As a result, the old age dependency ratio is defined as the number of persons in the age group of 60 or more per 100 persons in the age group of 15-59 years.

Objective of the Study

- To examine the socio-economic background of the elderly.
- To analyse the social problems and health issues of the elderly.
- To understand their attitude towards life.

Methodology of the Study

The key findings of the proposed study are derived through structured questionnaire administered to elderly population in the Belagavi city, of Karnataka State, India. The paper studies 135 elderly respondents, who are 60 years of age and above, randomly selected and interviewed. In addition to collecting data through questionnaire, series of observations were also accounted during the survey. These observations provided insights to some of the responses received through the questionnaire. The case-in-point i.e., the elderly in the city of Belgaum was purposively picked as a case considering the larger proportion of number of elderly people residing and comparatively it was interesting to study the socio-economic aspect of ageing among the elderly. Hence, the proposed paper is collects data through structured-questionnaire, selective observations and case study along with basic profiling of the city of Belgaum.

Socio-Economic Conditions

Both the share and size of elderly population is increasing over time in the country. From 5.6 percent in 1961 it is projected to rise to 12.4 percent of population by the year 2026. The city of Belgaum as a case in point constitutes majority of 51.85 elderly population between the age group of 70-79 years old; 33.33 percent from 60-69 years age group, 05.92 percent were from 80-89 years and 08.88 percent of the elderly respondents were of 90 years and above age. With regards to the sex composition, men constitute 48.99 percent and majority of women respondents with 51.11 percent. Further, 51.85 percent of the respondents resided in the joint family, followed by 48.14 percent residing in the nuclear family. With regards to the marriage, majority of 81.48 percent were married. Among the married respondents, 22.72 percent of the elderly women were widows and 27.27 percent of the men were widowed. Literacy was found to be average as 22.22 percent of the women and 20.74 percent of the men respondents were literate.

Health Issues of the Elderly

The survey conducted for this study, illustrates that the respondents (i.e., the elderly population) had many health issues, the most common being Cataract (44.44 percent); Diabetes (41.48 percent); Bronchial Asthma (30.37 percent); Anemia (21.48 percent); Hypertension (17.77 percent); Osteoarthritis (17.03 percent); and Skin Problems (14.81 percent). Paper reveals that most of the respondents had more than one health problems. Diabetes, Bronchial Asthma and Cataract were found to be the most common amongst

the respondents respectively. The study states that, only meager of 14.81 percent of the total respondents reveal themselves to be in excellent health, while the majority of 74.07 percent express, they are in poor health condition. While, remaining respondents report themselves to be in neither good nor bad health condition.

Attitudes towards Life in Old Age

Ageing is judged by different decisive factors in diverse societies. The transition to old age is acknowledged with several factors such as chronological age, ill health, retirement, physical and mental deterioration, death of spouse and etc. The paper identifies that; majority of 77.77 percent of the respondents felt that old age had affected their day-to-day life. Among these respondents, 31.11 percent felt that, age had partially affected their daily activities. 30.37 percent of the respondents felt neglected by their family members, while 28.88 percent felt miserable in life and 27.40 percent felt that, they were a burden and troubled to the family. Of the total respondents, 46.66 percent of them had an unfavourable attitude towards their life. The paper reveals that, 64.44 percent of the female respondents and 53.33 percent of the male respondents had a very poor perception regarding their social security towards their financial condition. While around 65.92 percent were deprived of financial protection. Majority of 57.03 percent of the respondents interviewed had feelings of lack of confidence and insecurity.

Of the total respondents, interviewed, majority of 64.44 percent of the respondents felt depressing mainly because of illness followed by poverty with 30.37 percent. Other reasons for feeling distressing were unmarried daughters (07.40 percent), financial loss (10.37 percent), illness of children (07.40 percent), not owning a house (20.74 percent), children staying away from them (56.29 percent), death of children (06.66 percent).

It was understood in the study that majority of 51.85 percent of the respondents felt that old age affected their responsibility and position in their family. 48.14 percent of the respondents felt they were not discussed nor consulted by their family members for making any important decisions related to any matters of the family. The respondents somehow felt they were ignored and unnoticed by their family members because of their illness and too much economic dependence. In spite of all these issues, the respondents preferred to stay in their house then going to an old age homes. The study examined that very meager of 16.29 percent were aware of the government welfare schemes for the elderly.

Series of case studies were compiled as part of the survey of the around 10 elder people living in the city of Belgaum in order to understand their attitude towards old age, ways of adjusting to day-to-day life, their life events, support systems, health, hopes, dreams, etc. The interviews beautifully captured the diverse mindsets of the elderly about their life expectations. Old age is, "When a person has fulfilled his or her domestic responsibilities, is a time for leisure and relaxation. It is a time when we can live our life the way we want to..."

For instance one widower opines, "*I enjoy housekeeping and gardening. I not only maintain my own garden, I have also developed two parks in my residential colony. I water the plants, grow seasonally flowering plants and keep it green all the year through*".

Another elderly, on his views of utilisation of time, articulates that, "*I always feel that if one remains busy and involved with those around you, then there is very little time to think about what one has not got. Work and helping others is a remarkable pass time and the best is that if you do things for others they always reciprocate in some way or the other...*" However, to keep busy with work, one has to be healthy and active. The willpower to indulge oneself in creative work gradually erodes if one faces repeated stress like health breakdowns, dissatisfaction in family life or lack of love from close ones. For instance, one old woman says, "*I am diabetic...I have a problem with my knees...over the years the pain in my knees has affected my mobility...Old age is a path of loneliness*".

A lonely man who resides in an old age home for the past eight years says, "*Nobody from my immediate family has visited me. Our society is very selfish, the moment people realise that you are of no use to them, they ignore you, disrespect you and cut you from their life...*"

Social exchange theory establishes that people will maintain stable relationships only if they find it profitable to continue their exchange. With advancing age, old people have less to offer to the relationship, which makes them feel awkward and ultimately adversely affects their well-being. The most frequently reported ailments were the same in both 1986-87 and 1995-96: 'problem of joints' (commonly termed arthritis), cough, and high or low blood pressure. These chronic ailments would raise the needs of the aged for medical or health-related expenditure. The extent to which they are actually able to meet their needs remains to be examined.

Conclusion

The outcome of the study showed that there is a growing need for involvement to guarantee the health of this vulnerable group i.e. elderly and to create them a policy to meet the love, care and needs of the disabled elderly. Further research, especially qualitative research, is needed to explore the depth of the problems of the elderly. The paper shows, the need for geriatric i.e. old age counseling centers that can take care of their physical and psychological needs properly.

Further, to conclude, the characteristics of the aged presented here highlight the enhanced needs of the aged for health care as well as the mechanisms available to them to meet those needs. The nature of work opportunities available to a majority of the Indians does not carry with it any assurance of social support after the person is no longer able to work. The dispersal of over 70 percent of the Indian population in almost 6,00,000 villages over a continental country substantially raises the real cost of an effective delivery of social services and social security. The temptations for misuse of resources or corruption are very high in this situation. The Indian society has traditionally assigned the role of supporting the aged to their offspring, particularly to sons. With the decline in the size of the family as well as the increase in the frequency of mobility or migration among the urban population, the aged certainly face a difficult situation. In this context it is interesting to note that the 'Help Age India' report (2014) ^[5] on old age abuse provides statistics based on a sample of 1,200 people from six Tier I and six Tier II cities in India. The report suggests that old age is a frightening prospect, ecology of violence where over half the elderly interviewed experience

abuse within the family. The report states: “Old age, once a sign of status, a rite of passage to dignity, is now redundant or pathological, a problem for policy and social work, not for the family which states its indifference ruthlessly” (Help Age India report, 2014) ^[5].

The potential demand for old-age homes appears quite large, even though only less than 1 percent of the aged living alone seems to be willing to move to the old-age homes. The prospective increases in longevity are not very large; but a sizeable increase in the number of both the ‘young-old’ and the ‘old-old’ seems inevitable, and a majority of them will be resident in rural areas. Given the high incidence of chronic disease and disability among the aged, their health needs are not easy to take care of, and the financial as well as the psychic costs of decisions to allocate the necessary funds for the purpose will be quite high.

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