

A Study on Health Status of Old age Person at Mntn Old Age Home in Cuddalore District

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Abstract:

India has not yet come out with an appropriate policy framework to provide social security for the elderly. According to projections by the UN Population Division, there will be two elderly persons for every child in the world by 2050. This implies that those aged 60 and above, which currently constitute less than 20% of the population, will account for 32% of the population by 2050. This growth in the size and share of the elderly population will affect many aspects of economic development, including national labor forces. Many older people have no savings, low wages, a lack of job security, poor health, no economic support from their children, just enough earnings to make ends meet, and little help from their friends and communities. The researcher selected the topic because of elders person has to take by their children. In India majority of the family members ignore elders in family and send to old age home. Old age home become increase more and more by day by day. The researcher strongly recommended that family member should spend time with elder's person in the family. This will help elders feel happy

I. Introduction:

Elderly or old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. People can be considered old because of certain changes in their activities or social roles. Also old people have limited regenerative abilities and are more prone to disease, syndromes, and sickness as compared to other adults. The medical study of the aging process is called gerontology and the study of diseases that afflict the elderly is geriatrics.

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 (United Nations, 1987). The plan of action specifically recommended that "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".

In view of the increasing need for intervention in area of old age welfare, Ministry of Social Justice and Empowerment, Government of India adopted '**National Policy on Older Persons**' in January, 1999. The policy provides broad guidelines to State Governments for taking action for welfare of older persons in a proactive manner by devising their own policies and plans of action. The policy defines '**senior citizen**' as a person who is 60 years old or above.

Definition of old Age: According to Hollon (2012), Old age is a risk factor for depression caused by prejudice (i.e., "deprejudice"). When someone is prejudiced against the elderly and then becomes old herself, her anti-elderly prejudice turns inward, causing depression. "People with more negative age stereotypes will likely have higher rates of depression as they get older."

II. Scheme for old Age person:

i. National Old Age Pension Scheme: The government of India has the National Old Age Pension Scheme as one of the sub-schemes of National Social Assistance Program. The scheme has come in to existence with effect from 15th August 1995. It aims to provide social assistance to the poor people in a house-hold who are above the 65 years of age as old age pension.

Eligibility for NOAP Scheme: The applicant should be 65 years of age or higher. The applicant must be a destitute in the sense of having little or no regular means of subsistence from own sources of income or through financial support from family members or other sources.

ii. Swarnajayanti Grama Swarozgar Yojana (SGSY) - Poverty eradication through self help Groups: Swarnajayanti Gram Sswarozgar Yojana Scheme is a holistic approach towards poverty eradication in rural India through creation of self-employment opportunities to the rural Swarozgaries. This scheme is implemented in the country through District Rural Development Agencies.

Objectives: SGSY came into existence in 1999-2000 duly merging the schemes of Integrated Rural Development Program (IRDP), Training for Rural Youth under Self Employment (TRYSEM) Development of Women & Children in Rural Areas (DWCRA) and Supply of Improved Toolkits to Rural Artisans (SITRA). The scheme aims to bring every assisted poor family above the poverty line by ensuring appreciably sustainable level of income over a period of time. This objective is to be achieved by organizing the rural poor in to Self Help Groups (SHG) through the process of social mobilization, their training and capacity building, and provision of income generating assets.

1. Training
2. Infrastructure
3. Revolving fund to SHG
4. Subsidy for Economic Activity

iii. Janani Suraksha Yojana (JSY): This scheme was started during the year 2005-06 with an objective to encourage pregnant women for an institutional delivery in Government / Private Institution which contributes for the reduction of Maternal Mortality and Infant Mortality. Under this scheme Rs.1000/- (Rs.700/- under JSY (GOI) + Rs.300/- under Sukhibhava (State) scheme) is being paid to rural BPL woman who under goes an institutional delivery. From 1st April 2006, JSY has been extended to BPL urban families also. 5,00,000 beneficiaries have been covered under JSY scheme during financial year 2006-07.

III. Concept of Ageing in India:

In most gerontological literature, people above 60 years of age are considered as 'old' and as constituting the 'elderly' segment of the population. In the traditional Indian culture, a human life span is one hundred years. Manu, the ancient law giver, in his Dharmasastra divided this span of life into four 'ashramas' or life stages. The first, 'brahmacharya' (life of a student) was to be spent at the teacher's (guru) house. This is the life of a celibate, to be spent in education and training. Once education was complete, the boy (grown into adulthood by now) would be ready to enter the 'grihasta' ashram. This was the life of a householder.

IV. Profile of the Ageing Population:

Demographic changes influence health, economic activity and social condition of people. As the age structure of developing countries changes, demands on resources by different segments of population are expected to grow. From the available information, two assumptions could be made. First of all, the prolongation of life span does not necessarily mean that 'life has been added' to these extended years. Secondly, the state is not likely to have adequate resources to meet the demands on its services created by a larger number of elderly people.

i. Health and Morbidity: The leading cause of death in old age in India is cardiovascular disease (CVD). Earlier in life, infections are still the leading causes of death but among older people most deaths are due to non communicable diseases (Guha Roy, 1994). The Indian Council of Medical Research (ICMR) has attempted to compile data on morbidity from different

sources. The total number of blind persons among the older population was around 11 million in 1996, eighty per cent of them due to cataract (Angra et al. 1997).

ii. Mental Health: Information about mental health of the older people is available from hospital and community based studies. The prevalence rate of mental morbidity among those 60 years and above was estimated at 89 per 1,000 populations, about 4 million for the country as a whole. The risk of specific psychiatric illnesses increases with age. The overall prevalence rate rises from 71.5 per cent for those over 60 to 124 for those in 702, to 155 for those over 80 years (Venkoba Rao & Madhavan, 1983)

iii. Families and living arrangements: Living arrangements of older people are influenced by several factors such as gender, health status, presence of disability, socio-economic status and societal traditions. Generations of older Indians have found shelter in the extended family system during crises, be these social, economical or psychological. However, the traditional family is fast disappearing, even in rural areas.

iv. Social status of older Indians: Social scientists report that there is a general lowering of social status of elderly people in India. Increasingly, older people may be perceived as burdens due to their disability or dependence. Rapid changes in the family system, even in rural areas, are reducing the availability of kin support. With modernization of the country, older values are being replaced by 'individualism'. The family's capacity to provide quality care to older people is decreasing. The Government had been complacent that the joint family system and traditional values would provide the social security cover in old age.

v. Gender and Ageing in India: Gender is a very important variable that influences quality of life at all ages. India is one of the few countries in the world where men outnumber women at all ages till about 70 years. As seen in Table 8, only in the very old age group, 80 and over (Dandekar, 1996) are there more women in the population than men. Most women perceive themselves as 'old' by the time they are 50 years old. This perception of self as old is based on the presence of grandchildren, widowhood, shrinkage of social roles and post menopausal status (Prakash, 1997).

vi. Urban and Rural differences: India is a country of villages, and nearly three quarters of its population is rural. Urban and rural areas provide striking contrasts in terms of living conditions, availability of resources and facilities. There are regional variations in the condition of villages but in general, most villages have poor sanitary conditions and less access to education and

health facilities. Most rural folk work on their own land or as agricultural labourers. There is no income security or any systematic provision for old age. Children are perceived as old age security. In most surveys, the urban old are found to have better health and better economic security than those in rural areas.

vii. Migrants and Refugees: Migration is a most important and worldwide phenomenon with multiple implications. It is estimated that there are 18 million refugees today in the world, and twice that number of individuals displaced within their own country. In India, major cities have grown in size due to the influx of refugee migrants since independence. Industries and developmental projects draw rural migrants to the cities.

viii. Slum dwellers: Slums have become part of the urban landscape in India. The population of slums is usually a mixture of persons from different religions, language groups and occupations. In a study of a well established slum, (Ara, 1996) found 33 per cent of people above 58 years. Most migrants had come from rural areas to escape famine in their native villages. Most of them were illiterate and very poor. In the older group, there were more females than male, and nearly half of them were widowed. Economic necessity forced them to work even in old age.

viii. Poverty among the Elderly: Elderly persons below the official poverty line. But, it is important for us to bear in mind, the many limitations of official poverty estimates. Despite the fact that official poverty there are no specific official data on the income of the elderly in India. The estimated number of poor persons in the total population of India was 272 million in 1984-85 (Government of India, 1986).

ix. Illiteracy: In India, literacy levels have increased between 1961 and 1981 in the general population and in the population aged 60 years and above. In 1981, among the elderly males, only 34.79 percent were literate as against 46.89 per cent in the overall male population. Among the female elderly, only 7.89 per cent were literate as against 24.82 per cent in the overall female population. Although there seems to be an increasing trend, it is disturbing to note the fact that, in 1981, majority of male and female elderly were remaining illiterate.

x. Employment: When we see the data pertaining to the employment of rural and urban elderly during the period from 1961 to 1981, there seems to be a marked downward trend. Kohli (1996) suggests that this decline may be due to adoption of new technology or methods of production difficult for the elderly or work conditions have become harder and unsuitable for them.

xi. Dependency: Little evidence exists on the income of the elderly individuals or of households with elderly heads, due to the difficulty of obtaining accurate (or any) responses to survey and census questions on these issues. Even if respondents were willing to report incomes, several factors complicate data gathering: seasonal variations in income; self-employment in agriculture; the extent of the informal or non-monetized economy in many countries; and the frequent pooling of household resources.

xii. Living Arrangements: Several authors have addressed the question of what it is about different living situations that causes them to be valued more or less highly, most comprehensively by Burch and Matthews (1987). Burch and Matthews note that each potential household living situation available to an individual conveys a distinct array of “component” household goods, including physical shelter; storage of property; domestic services (meals, laundry, cleaning); personal care (including, of special relevance to the elderly, assistance with everyday tasks including hygiene, locomotion, and so on).

xiii. Health Problems and Physical Disabilities: Ageing is associated with the decline in physiological effectiveness, which affects us all sooner or later and is an intrinsic part of growing old. Unlike the universal changes of senescence, disease is sporadic, a particular disease affecting only certain members of the population. However, multiple pathology is a characteristic feature of old age. Not only are the elderly persons at risk of particular age-related diseases; they may also suffer from a combination of several diseases and senescent changes.

V. National Policies & Programmes for the Welfare of the Elderly:

i. Administrative set-up: The **Ministry of Social Justice & Empowerment**, which is the nodal Ministry for this purpose focuses on policies and programmes for the Senior Citizens in close collaboration with State governments, Non-Governmental Organisations and civil society. The programmes aim at their welfare and maintenance, especially for indigent senior citizens, by supporting old age homes, day care centres, mobile medicare units, etc.

ii. Relevant Constitutional Provisions: **Article 41 of the Constitution** provides that the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want. Further, **Article 47** provides that the State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties....

iii.Legislations: The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in December 2007, to ensure need based maintenance for parents and senior citizens and their welfare. General improvement in the health care facilities over the years is one of the main reasons for continuing increase in proportion of population of senior citizens. Ensuring that they not merely live longer, but lead a secure, dignified and productive life is a major challenge.

iv.National Policy on Older Persons (NPOP): The National Policy on Older Persons (NPOP) was announced in January 1999 to reaffirm the commitment to ensure the well-being of the older persons. The Policy envisages State support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of their lives.

v.National Council for Older Persons: In pursuance of the NPOP, a National Council for Older Persons (NCOP) was constituted in 1999 under the Chairpersonship of the Minister for Social Justice and Empowerment to oversee implementation of the Policy. The NCOP is the highest body to advise the Government in the formulation and implementation of policy and programmes for the aged.

vi.Inter-Ministerial Committee on Older Persons: An **Inter-Ministerial Committee on Older Persons comprising** twenty-two Ministries/Departments, and headed by the Secretary, Ministry of Social Justice & Empowerment is another coordination mechanism in implementation of the NPOP. Action Plan on ageing issues for implementation by various Ministries/ Departments concerned is considered from time to time by the Committee.

vii.Maintenance and Welfare of Parents and Senior Citizens Act: The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in December 2007 to ensure need based maintenance for parents and senior citizens and their welfare. The Act provides for:-

- Maintenance of Parents/ senior citizens by children/ relatives made obligatory and
- justiciable through Tribunals
- Revocation of transfer of property by senior citizens in case of negligence by relatives
- Penal provision for abandonment of senior citizens
- Establishment of Old Age Homes for Indigent Senior Citizens
- Adequate medical facilities and security for Senior Citizens

viii. Central Sector Scheme of Integrated Programme for Older Persons (IPOP): An Integrated Programme for Older Persons (IPOP) is being implemented since 1992 with the objective of improving the quality of life of senior citizens by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing through providing support for capacity building of Government/ Non-Governmental Organizations/Panchayati Raj Institutions/ local bodies and the Community at large.

Research Methodology

Statement of the Problem: The elderly in the rural areas of India are suffering due to separation or loneliness resulting from urbanization and emergence or increase of nuclear families. Within the elderly population individuals differ, not only in their socio-demographic, economic and health characteristics, but also by their gender roles in various aspects of life. This research explores the gender differences of the rural elderly population in their socio-demographic, economic and health characteristics in Cuddalore district, Tamil Nadu.

Importance of the study: In India, over the past two decades a number of studies have focused on one or more issues of ageing people. India has not yet come out with an appropriate policy framework to provide social security for the elderly. So the researcher felt that ageing people very important for the family and society. The researcher selected this topic for the study.

Field of the Study: The study was carried MNTN old age home in Pathirikuppam in Cuddalore district. The major importance of chosen this old age persons. The enter research work was carried out with help of MATHAR NALA THONDU NIRUVANAM, OLD AGE HOME popularly known as MNTN, an organization started in 1981. MNTN currently working in Cuddalore District

Aim of the study: Elder people are discriminated from their house due inability of not proceeding their daily work. Maximum number of the elder are put in old age home. The researcher has special interest to find out reason beyond elder people in old age home.

Objectives of the study:

- To study the demographic profile of the respondents.
- To study the socio-demographic, economic and household characteristics of the rural elderly population;

- To explore gender differentials of the rural elderly population in their socio-demographic, economic and household characteristics.
- To understand the relationship of socio-demographic and household characteristics with economic satisfaction of the rural elderly population.

Research design for the Study: The researcher adopts descriptive research design for his study. Descriptive research concerned with describing the characteristics of a particular individual/group. It is also concerned with what and why of a phenomenon. It involves description and exploration of research problem.

Universe for the Study: It is total number of all units/ items in any field of inquiry, Universe for this study all men and women in MATHAR NALA THONDU NIRUVANAM old age home, Cuddalore District. The researcher used simple random sampling for his studies, it's comes under probability random sample method. The researcher selected fifty respondents from the population.

Tools for Data Collection: The researcher uses self prepare interview schedule for collection of data from the respondent's for the studies, Source for the study both primary and secondary data.

Data Analysis and Interpretation:

Table N0.01:

Demographic Profile of the Women

S.No	Respondents Profile	Number (N= 50)	Percentage %
1.	Age		
	1. 65 to 70	10	20
	2. 70 – 75	13	26
	3. 75 - 80	17	34
	4. Above 80	10	20
2.	Sex		
	1. Male	29	58
	2. Female	21	42
3.	Marital Status		
	1. Married	10	20
	2. Divorce	25	50
	3. Widow	07	14
	4. Separated	08	16
4.	Educational Status		

	1. Illiterate	11	22
	2. Primary School	12	24
	3. Higher Secondary/ Diploma	18	36
	4. Graduates	09	18
5.	Occupational Status		
	1. Daily Wager	20	40
	2. Coolie	12	24
	3. Government Employee	13	26
	4. Private Employee	05	10
6.	Income		
	1. Below 10000	28	58
	2. 10000 - 15000	15	30
	3. Above 15000	07	14
7.	No of Children in Family		
	1. Below 2	15	30
	2. 2 to 5	25	50
	3. Above 5	10	20
8.	Types of Family		
	1. Joint Family	14	28
	2. Nuclear Family	28	56
	3. Extended Family	08	16
9.	Religion		
	1. Christian	18	36
	2. Hindu	20	40
	3. Muslim	12	24

Table N0.02:**Health Status of old age persons**

S.No	Health Status	Number (N= 50)	Percentage %
1.	Reason for being in old age home		
	1. Poverty	10	20
	2. Family problem	13	26
	3. Orphan	17	34
	4. Disabled	10	20
2.	Old age home are very important		
	1. Yes	40	80
	2. No	10	20
3.	Old age pension Scheme receive from Govt		
	1. Yes	35	70

	2. No	15	30
4.	Relationship With family members		
	1. Yes	20	40
	2. No	30	70
5.	Own house		
	1. Yes	45	90
	2. No	05	10
6.	Problem faced in Family		
	1. Restless	30	60
	2. Stress	15	30
	3. Mental problem	05	10
7.	Vocational Activity		
	1. TV	15	30
	2. Games	23	26
	3. Reading News paper	12	24
8.	Satisfaction of facility provide in old age home		
	1. Very good	17	34
	2. Good	28	56
	3. Satisfied	05	10
9.	Physical Health problem		
	1. Lack of Appetite	20	40
	2. Lack of sleep	10	20
	3. Weight loss	12	24
	4. Felling alone	08	16
10	Mental Health problem		
	1. Memory loss	17	34
	2. Depression	15	30
	3. Hypertension	05	10
	4. Stress	13	26

Main Findings:

The study reveals that following major finding found from the study. Majority of elder person are suffering from physical and mental health problem. Physical problem includes lack of appetite, lack of sleep, weight loss and felling of alone. Elders person also expressed metal health problem includes memory loss, depression, hypertension and stress. The respondents strongly felt that orphan situation force into old age home. Maximum elders person are neglected form the family and family members. Even respondent have own house but staying in old age for death.

Suggestions:

- Welfare facility should improve to elder's person in terms of health and social
- Government should pass special bill for elder to take of them still death. This bill has to convert into Act.
- Government has to give free medical treatment for all elders person, without any discrimination to them.
- Government can start district wise old age home; it has to run by Sate Govt concern.

Conclusions:

Gender is an important aspect of ageing in part because women predominate among the elderly; lower mortality among women has resulted in an imbalance in the sex ratio among older persons in almost all countries with women out numbering men particularly among the oldest people. (Mason 2001). Gender also influences the relative access of older men and women to family assets both before and after the death of a spouse. Economic well-being depends both on the ability of current income and in kind services to meet consumption needs and on future income flows, assets and insurance holdings that can be drawn upon to cover the costs of uncertain contingencies. In addition, economic satisfactions also vary by gender.

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