

Status of Elderly People in Pondicherry

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Abstract

Aging is a natural phenomenon. This has not only profound personal implications for the individual but also implication for the society. Every society has its own conception of aging and age groupings. The term 'ageing' has three different dimensions, biological, psychology and social. All the three aspects are inter-related. Old age is generally accompanied by a number of problems that the aged have to face and adjust with the varying degrees. The present study focuses on status of elderly people problems by elderly in transitional society is very complex. As well Indian society is expected to have a large number of elderly in the near future. The joint families which prevailed in the Indian society, structured the duty and responsibility's of the younger members of the family to take care of the aged people but with the passage of time, the joint family system is being replaced by the nuclear family system is being replaced by the nuclear family system, which is giving way for new kind of problems for both elderly and care givers. Hence there is a need of study both. It is found that the younger members are not providing adequate for their aged parents they are left to live on their own, some elder people are living alone on the street and slums area. There is a feeling of isolation and separation. All these and many other problems demand a detailed study of the problems of aged, study of the problem of aged, especially in a heterogeneous community like puducherry.

Keywords: Health Problems, Socio Economic, Awareness

Introduction

The human life could be divided into different stages namely childhood, adolescence, adulthood, aged. Traditionally, the term ageing is refers to the people who attained the age of 60. This varies from country to country to culture of age. However, for practical purposed, WHO call all people who are above 60 years of age. In the United States of America, the term elderly

refers to those who are above 65 of age. In India, age limit for the elder vary from 55 years to 65 year. In central government and its mostly state government, 60 years is the age limit. In the private sector and for self employment people age limit is related to the health condition.

The decennial census of India uses the cut off age of 60 years for classifying a person as old. Ageing is measured in many ways. To a layman, aged is a person who lives longer. Ageing refers to the process of growing older or the effect of age.

Population Ageing In India

India, now home to 1.2 billion people, is projected to overtake China in about a decade to become the world's most populous country. Bloom (2011) calls the share of India's population ages 50 and older relatively small at 16 percent, but notes that India will experience rapid growth among this age group. The United Nations Population Division projects that India's population ages 50 and older will reach 34 percent by 2050 (UN 2011). Between 2010 and 2050, the share 65 and older is expected to increase from 5 percent to 14 percent, while the share in the oldest age group (80 and older) will triple from 1 percent to 3 percent. As per census 2011, the population of Senior Citizens in the country has increased from 7.7 crore (7.5%) in 2001 to 10.38 crore in 2011, which is 8.6 % of the total population. A statement showing State/UT wise details of elderly population (aged 60+) as per census 2011 is given below

Review of Literature

Kam Ping-Kwong (2002) made a study on powerlessness among older people in Hong Kong and examined the subjective sense and experience of powerlessness among older people. It examined how, in contemporary society, people experiences old age affecting their sense of power and control over daily life. It analyzed the structural factors that are concerned with the economic, social and political structures interplay to condition powerlessness. He concluded that the above said structures play a crucial role in attaining well-being in older people. The failure of such structures may improve the feeling of powerlessness.

An important variable frequently associated with the adjustment of the elderly is religiosity (Cherian, 1999). It is believed that religions become increasingly important with the onset of later life. For many elderly people, spiritual well-being can relate to basic life and death questions that may become more frequent and urgent in the later years Both Western as well as Indian studies have reported that religiosity is a salient feature in the lives of the elderly, despite the lack of organized religious participation Researchers acknowledge that elderly people are

tended to be more religious in their later life and there was higher incidence of faith in God among older Studies by Kumar (1987), Kaur et al., (1987), Mathew (1993) and Cherian (1999) also have found a similar trend in their studies.

Older people give more importance to rituals and church worship, dogmas and observances (Gangarade, 1988). The reason for this can be viewed from two angles, namely, the desire to experience the fullness of life in a socially acceptable manner in the later years, and to seek more social and communal support, when the physical strength is getting degenerated (Palmore, 1969).

Methodology: Objectives

1. To find out socio-economic conditions of old age people.
2. To study the health problems of the old age people.

Research Design

The study is broadly descriptive in nature. The present study aims to describe the various the issues faced by elders at their family level. The present study is confine only to Puducherry region, which included urban and rural village.

Sampling Method

Purposive sampling was adopted and the criteria was selected the respondent should be aged 60 and above. The size of the sample for the present study is 50. 25 male respondents and 25 female respondents were selected. All are above the age of 60, the entire respondent identified were living with family members.

Tools for Data Collection

The primary data are collected from the elderly by the use of interview schedule method. The researcher explained the question and statement wherever necessary. The local Tamil language was used for interviewing the respondents.

Limitations of the Study

The researcher had to establish contacts with the aged and collected the data. Many of the elderly respondents are unaware of their real age and the researcher had to depend on others to obtain the necessary information in connection with the age.

Result and Discussion

Table No: 1 Respondents by Socio economic profile

N=50

Socio economic profile		Number of respondents	Percentage
Age	60-65	28	56.00
	66-70	11	22.00
	71-75	8	16.00
	76-80	3	6.00
Sex	Male	15	30.00
	Female	35	70.00
Religion	Hindu	43	86.00
	Christian	07	14.00
Community	OBC	9	18.00
	MBC	13	26.00
	SC	28	56.00
Marital Status	Married	24	48.00
	Separate	04	08.00
	Widow/widower	22	44.00
Educational Status	Literate	12	24.00
	Illiterate	38	76.00
Occupation before aged	Agriculture	24	48.00
	Coolie	9	18.00
	Watchman	11	22.00
	Petty shop	6	12.00
Monthly income (before)	1000-3000	38	76.00
	3001-5000	10	20.00
	5001-7000	2	4.00

Source: Primary Data

The tables says that most of the respondents (56.00%) belong to the age group of 60 – 65, 22.00% more than one fifth of the respondents age group of (22.00%), 16.00% of the respondents age group 71 – 75 and the remaining a small proportion of the respondents age group 76 – 80. The Respondents by sex wise distribution. The majority of the respondents (70.00%) of female members, and remaining (30.00%) of the respondents are male members. Regarding illustrates the marital status of the respondents. Among the 50 respondents, except solitary Muslim respondents and a miniscule proportion of the Christian respondents (4.00%), remaining a sizeable proportion (86.00%) are Hindus. Nearly half proportion (48.00%) are married, (44.00%) of the respondents are belong to the Widow/Widower, and remaining (8.00%) of the respondents are belonging to separate. Portrays that the community of the respondents.

Among the 50 respondents, more than half proportion (56.00%) belong to the scheduled caste, one fourth of the respondents (26.00%) belong to the Most Backward caste, less than one fifth of the respondents (18.00%) belong to the Other Backward Caste. Marital status of the respondents. Nearly half proportion (48.00%) are married, (44.00%) of the respondents are belong to the Widow/Widower, and remaining (8.00%) of the respondents are belonging to separate. Respondents of the Educational attainment. Majority of the respondents (76.00%) are illiterate and remaining (24.00%) of the respondents are literate.

Nearly half proportion(48.00%) of the respondents are working as agriculture, (22.00%) of the respondents are working as watchman, less than one fifth of the respondents (18.00%) are working as coolie, and remaining (12.00%) of the respondents are working as petty shop. Majority of the respondents (76.00%) are have the monthly income 1000-3000, one fifth of the respondents (20.00%) are have the monthly income 30001-5000 and remaining (4.00%) of the respondents are have the monthly income 5001-7000.

Table No: 2 Respondents by living with health problems

Sl. No	Health Problem	Number of Respondents	Percentage
1	Yes	36	72.00
2	No	14	28.00
	Total	50	100.00

The table discloses that among the 50 respondents a majority of them (72.00%) are live with health problems and the remaining 28.00% have no health problems at all.

Table No: 3 Nature of Health Problems of aged

Sl. No	Nature of Health Problems	Number of Respondents	Percentage
1	Asthma	07	14.00
2	Diabetes	10	20.00
3	Eye problem	05	10.00
4	Earring problem	06	12.00
5	Chronic diseases	04	8.00
6	Psychological upsets	13	26.00
7	Cardiac and BP	05	10.00
	Total	50	100.00

The table indicates that the nature of health problems of aged. (26.00%) of the respondents are belong to the psychological upsets, (20.00%) of the respondents are affected in diabetes,(14.00%) of the respondents are affected asthma, (12.00%) of the respondents are affected earring problem , (10.00%) of the respondents are cardiac and BP and eye problem, and remaining (8.00%) of the respondents are affected chronic diseases are old age people.

Table No: 4 Respondents by place of treatment

Sl. No	Place of treatment	Number of Respondents	Percentage
1	PHC	32	64.00
2	GH	18	36.00
	Total	50	100.00

PHC - Primary Health Centers

GH – General Hospitals

The table mentions that the respondents where they get the treatments for healing. More than three-fourths are getting the treatments from the locally available Primary Health Centers and the remaining 36.00% visit General hospitals.

Table No: 5 Respondents by regular health check up

Sl. No	Regular health check up	Number of Respondents	Percentage
1	Yes	33	66.00
2	No	17	34.00
	Total	50	100.00

The table no. 4.15 brings out the results that respondent whether they are going to hospitals for regular checkups or not. Most of the respondents (66.00%) do regular health checkups, and the rest (34.00%) not involve themselves in regular health checkups.

Table No: 6 Respondents by getting financial support for health assistance

Sl. No	financial support for health assistance	Number of Respondents	Percentage
1	Self	40	80.00
2	Spouse and others	10	20.00
	Total	50	100.00

The table discloses that a majority of the respondents (80.00%) are not in a position to get any financial support for health maintenance they themselves do something and the remaining 20.00% get the financial support from spouse, friends, relatives and children.

Table No: 7 Respondents by smoking habit

Sl. No	smoking habit	Number of Respondents	Percentage
1	Regularly	12	24.00
2	Occasionally	7	14.00
3	Not at all	31	62.00
	Total	50	100.00

The table brings out results that the smoking habit of the 50 respondents. The majority of the respondents (62.00%) do not have smoking habits. A miniscule proportion of the respondents (24.00%) smoke regularly and the remaining meager proportion (14.00%) smoke occasionally.

Table No: 8 Sources of care for the respondents
N=50

Sl. No	Sources of care	Number of Respondents	Percentage
1	Spouse	33	66.00
2	Son and daughter	42	84.00
3	Son and daughter-in-law	28	56.00
4	Relatives	22	44.00
5	Friends and neighbors	19	38.00

The table explains that the caregivers for the elderly. The study which has been conducted in rural areas of Salem brings out the results that the elderly could not find any difficulty with regard to care giving is concerned. The spouses, children, relatives, friends and others also come forward to extend their needed care.

Table No: 9 Respondent's Opinion about the Awareness Programmers

Sl. No	Aware	Number of Respondents	Percentage
1	Yes	37	74.00
2	No	13	26.00
	Total	50	100.00

The above table describes respondent's awareness about the welfare programme (74.00%) of the respondents are told they know the awareness programmes, (26.00%) of respondents don't know about the awareness programme.

CONCLUSION

Ageing is a biological natural and irreversible process. Ageing is second childhood stage of every human life. The Indian culture known for its unique feature gives a great reverence to the elders. Moreover the traditional joint family system of us a shelter home to the needy including elders. The changing scenario brings down the importance of elders and considers them as unwanted useless things. The rural areas over also bring change in leap and bound

manner. The perception if youngsters towards elders are changing. According to the study, it was observed that the socio economic condition of the elders in the study area was more or less equal. Secondly, the issues of elders were different. All the respondents' one or another way they have health, economic and emotional issues. The conscience is the god. Everyone should know their moral responsibility to look after the concerned old parents. The moral responsibilities also appear the problems of elders.

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