

Dimensions of Ageing and Regrated Social Space

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Abstract: From the nomadic life man became permanent settler and thus he not only introduced in family life and social system, he became thinker, philosopher for the stability of society, peace and happiness in family; also introduced social norms, customs, beliefs, developed attitude of respect, affection, morality and what to establish a societal man. With the progress of civilization, spread has become increased-in terms of movement, interaction, thoughts- and generally became modern nomade and distancing ourselves from an ideal social man and transforming ourselves as selfish being and speedly loosing the social value, norm, customs, attitude of honesty, dignity, co-operation, kindheartedness, duty, morality etc. The traditional norms and value system of Indian Society laid emphasis on showing respect and concern for the elderly. Now a considerable proportion of the aged persons confront a great deal of problems and facing maladjustments in varying degrees. The needs and problem of the aged population differs significantly according to their age, socio-economic status and other such background characteristics. The present purpose of this paper is to analyse the multifarious problem of ageing in rural India. Special attention has been given to cover the vulnerable elderly like widowed females, disabled and those from the unorganized sector under the frame of investigation.

I. Introduction

The measuring condition of the elderly as published by different Governmental organizations and NGOs distinctly shows that the constitutional directions and safeguards are not being properly implemented or projected upon the aged people. Many pan-India surveys reveals the fact that about 30 per cent of the Indies elderly are subjected to some form of abuse or neglected by their families. Ironically, in spite of this only about one of the six abused elderly report the injustice to Police Station or resort help to the Honourable Court. The rapidly spiral in injustice against elderly clearly indicates rapidly changing social landscape where elders the toppers of demographic ladder are becoming marginalized. ‘Elderly who are dependent financially or emotionally, and living with the families may sometimes be neglected regarding their material or emotional needs and are the victims of elderly abuse’. (Kapoor & Kapoor: 2004). Life has many seasons, from neonatal to senescence Phase differences usher in changes-positively, modifiably or subtractively Consolidation is expected at the end phase. Hence regarding this urge for identity-formation, can there be a review of ageing to reorient us for a while? Since the issue of identity-formation belongs to personality domain and is particularly reflected in psychological aspects of life, a psychoanalytical perspective has been chosen at the present juncture .To reach close to their problems & to find ameliorative measures to their problems, the issue should be looked through the mirror of Social Justice. Social Justice is not merely an autonomous theoretical content. It is meant by a system of statements, backed by epistemological justification, ontological delimitation and especially empirical exemplifications, establishing a definite range of positions that express something approaching a consistent set of viewpoint The National epic both Ramayana and Mahabharata contain the same verse which explain the eternal social truth.

sā na sabhā yatra na santi vrddhā
na te vrddhā ye na vadanti dharmam|

Rāmāyana – 7.3.33

(That is not an audience where the elders are not present
They are not elders who dosen't speaks about wisdom)

nāsau dharmo yatra na satyamasti
na tat satyamb yacchalenābhyupetam||

Mahabhārata – 5.35.58

(That is not knowledge which has no truth
And that is not truth which is incorporated with lies.)

II. Ageing Situation of India.

The ageing situation of India is faster than any developing countries. According to the Projection of the United Nation the number of elderly population in India by 2025 would reach approximately 17 crore 74 lakh and this number will constitute 15% share of the elderly in the globe. According to this report the percentage share of the elderly to the total population between the age group 60 to 70 and above 70 would be 12 and 3 percent respectively.

The share of elderly in our country has been growing at a phenomenal rate since Independence. According to 1951 census the elderly population constituted 2 crore and 10 lakh, the percentage share to the contemporary population was 5.40%. In the next two decades the ratio increased to 22.40% and 32.30% respectively. The projected population aged 60+ by sex according to the technical group of Population Projection constituted by the National Commission on Population, published by the Office of the Register General of India (2010) is furnished as under

Table 1. Projected Population of elderly in India

Year	Male	Female	Total
2016	58.11	59.99	118.1
2021	70.6	72.65	143.25
2026	84.62	88.56	173.18

Not only in urban areas but in rural sectors combating the problem of elderly has now emerged a great challenge before the nation and appropriate solution to this problem is the most difficult task before the society. As the major sections of elderly population are rural counterparts so in this respect they demand most attention.

The special features of ageing scenario in India are-

- (a) Majority of them (80%) are in Rural areas, thus making service delivery a challenge.
- (b) Feminization of the elderly population (51% of the elderly would be women by the year 2016)
- (c) Increase in the number of elder (>80 years) &
- (d) A large percentage (30%) of them are below poverty line. Most of the elderly are rural counterparts. Poverty has added additional dimension of aging to them.

III. A Case Study On Population Ageing And Health Situation of 3 Villages In Hooghly District, West Bengal

Material and Methodology

A community based cross sectional study was undertaken in rural areas of Polba block of Hooghly District between April 02 to April 22, 2010. Three villages namely Mahanad, Rahimpur, Kotalpur were selected for study the elder population. The list of aged persons were prepared from the electoral roll and interviewed. An enquiry has been made in the study villages to identify the pattern of ailments of elderly and separate table has been prepared to conceptualise definite patterning of morbidity according to sex category. A total sample frame of 307 elderly were identified from the electoral register. Participants fully ambulatory were also included in the present enquiry. Until recently the focus of womens health Research and policy has been on productive health, but new public health issues have emerged that must be addressed. Among them are a need to examine the basic biology of sex differences in health and disease and a mandate to take care for a growing population of ageing women. In the study villages 307 aged persons (defined as aged >60 years) were interviewed. Among them 141 are males and 166 females. Among the study population 51 were SCs, 14 STs, 36 OBCs and 23 were of minorities (Muslims).The present analysis is based on the data derived from the interview of the aged persons (>60 years of old)

In the study villages the elder persons were asked to state their known ailments. It was found that they were prone to several pathologies. Average morbidity was found high among the females (3.20) as against males (2.90).

The predesigned and pretested questionnaire was used to collect the data. The questionnaire included information on socio- demographic variables, behavioural factors, morbidity pattern; present known illness including utilization of Health services. Each household was informed about the purpose of the study.

Table: 2 Age-Sex Distribution of the Study Population

Age Group	Male	Female	Total
60-64	47	46	93
65-69	30	39	69
70-74	24	31	55
75-79	23	23	46

80and above	17	27	44
Total	141	166	307

The age –sex distribution of the study elderly clearly shows that in the age group 80 and above the female proportion is considerably higher than males. This attribute to the higher life expectancy of females than males. The eldest person among the study population was found to be a woman aged 110 years named Adar Bala Mondal of Mahanad.

Table: 3. Education of the Study Population

	Male	%	Female	%
Literate	112	79.43	72	43.37
Illiterate	29	20.57	69	56.63

Economic Dependency of the study elderly

Nearly 49% of the study elderly were found to employed in unorganized sector like Bidi making, Rickshaw puller, Daily labour, construction workers etc. When they retire from their gainful economic service they do not receive any financial and post retirement benefits. Most elderly men in the study villages were found to participate in the gainful economic services compared to women. Women were found more likely to depend on others, given lower literacy and high incidence of widowhood.

Table: 4 Economic Dependency of the Study Elderly (n=307)

Dependence	Male (%)	Female (%)
Not Dependent	66.67	17.47
Partially Dependent	10.64	34.94
Fully Dependent	22.69	47.59

Data Source: Field Survey

The position of single persons particularly widow females are found more vulnerable in old age as few persons are willing to take care of non linear relatives. So also the situation of widows has no independent source of income, do not own assets and are fully dependent. They were asked whether they receive old age pension scheme. Only 3 female respondents said yes. 44.25% of the study elderly were included in BPL category. So there is a need to include all the vulnerable aged in Old Age Pension Scheme.

Living Arrangement among the study elderly

The living arrangement for the elderly is often regarded as the basic indicator of the care and support from the family. Family type of elderly is indicative of social support system (Kumar, 1995).

Table: 5 Living arrangement among the study elderly

Living arrangements	Male	Female
Living Alone	14	38
Spouse only	43	42
Living with married son and family	57	54
With married daughter	01	07
With other family members	20	19
With others Family	06	06

Data Source: Field Survey.

In the past joint family system particularly in Rural India provided adequate care and support system to the aged persons. But the effect of modernization and individualism has brought some eliminative changes in our traditional value system & therefore is the root cause behind the disintegration of joint family. Isolation of elderly persons from family particularly after the male children is married is not only an urban scenario but has hovered in rural arena also. Among the study elderly who were living alone the percentage share of female

is found considerably high as compared to male. Most of them (20 out of 38) were found widow. They were found to live under acute financial crisis. A few of them (only 3) were found to include under old age pension scheme. In the study villages 57 out of 141 male respondents & 54 out of 166 female respondents were found to live with their married son and family.

In the study villages 7 widow females were found to live with their married daughter and most interesting to note 5 had male child who refused to take care of their aged mother.

36.16% of the study population are living with their married sons & 12.70% lives with other family members.

It is apparent from the table above that there is clear cut gender disparity in terms of literacy rate among the study elderly. Prevalence of illiteracy is high among the females (56.63%) as compared to male (20.57%).

This pattern seems to have resulted from the changed social behavior of family members in Rural Society. As long as the elderly father who is considered as the head of the family is alive, all the children whether married or unmarried, live with aged parents. When the father dies the family gets disintegrated and specially married children often start living separately after distributing the property among them. The mother is forced to live separate.

Perception of the elderly towards the support and care from their family.

Since family is the most important social unit which is the major source of care and support to the aged persons. Group life ultimately provides social and economic security for one another. Hence Home and Family are considered as correlated concept. (Behura, Mohanty, 2005)

The result presented in **panel 1** of **table 6** indicate that about 32% of the respondents said that their treatment by the family members was not cordial. It is very interesting of the study said that about 52.56% of that male respondents said that their treatment was respectful as against 45% of the female respondents. It is being apparent from the study that there is a clear-cut gender disparity in terms of elderly treatment in the study area.

The result presented in **panel 2** reveals that majority of the aged persons said that their main problem in old age is health, While economic crisis and adjustment with family and society was given 2nd and 3rd priority respectively. This response may emanate from the striving economy of the study elderly as majority of them are or were or are engaged in an organized sector where after retirement from gainful economic services there is no provision of pension scheme. The health problem was found a major problem and most surprising is that there is no Primary Health Centre in the study area. Most of the elderly have to depend on quack doctors and even a major proportion depends on pharmacists when ailments emerge in initial stage.

Table: 6

Description	Male	Female	Total
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Panel 1. Attention of family members to them.

Caring	41(52.56)	36 (45)	77(48.73)
Normal	12 (15.39)	20 (25)	32(20.25)
Not Cordial	25 (32.05)	24 (30)	49 (31.02)

Note : (for the present analysis those who were living alone or spouse only and living with others family were excluded)

Panel 2. What they recognize the main problem in Old Age?

Economic	70 (49.64)	67 (40.36)	137
Health	51 (36.17)	84 (50.60)	135
Adjustment with family	20(14.19)	15(9.04)	35

Panel 3. Whether they receive proper treatment and assistance from their family when they get ill?

Yes	41%	39%	100%
No	59%	61%	100%

Note: for this analysis (panel 3) only those who are living with family and married sons were counted only.

Morbidity Condition of the Study Elderly

Health problems and Medical care are a major concern among a large majority of elderly in India. It is obvious that people become increasingly susceptible to multifarious pathological disease and reduced physiological reserve as they experience a restrictive environment. It forms the basis of comprehensive

geriatric assessment. Multiplicities of diseases are common among the elderly ranging from chronic bronchitis to diabetes etc. In addition to the multiple disabilities caused by the diseases themselves, complexity may also rise due to the drug treatment prescribed. The analysis of National Sample survey Data 1986-87 reveals that about 45% of rural elderly are chronically ill among them 45.01% are male and 45.85% females. An enquiry has been made in the study villages to identify the pattern of ailments of elderly and separate table has been prepared to conceptualise definite patterning of morbidity according to sex category. Until recently the focus of womens health Research and policy has been on productive health, but new public health issues have emerged that must be addressed. Among them are a need to examine the basic biology of sex differences in health and disease and a mandate to take care for a growing population of ageing women. In the study villages the elder persons were asked to state their known ailments. It was found that they were prone to several pathologies. Average morbidity was found high among the females (3.20) as against males (2.90).

Table 7. Morbidity Pattern among Aged Male & Female Population.

Morbidity condition	Aged Male		Aged Female	
	No	%	No	%
Joint pain /Arthritis	50	12.22	85	16
Asthma	22	5.38	17	3.20
Tuberculosis under treatment	3	0.73	6	1.30
Dental problem	58	14.18	72	13.55
Reduced Visuality	84	20.53	105	19.72
Generalized body pain	52	12.72	66	12.43
High blood pressure	17	4.16	21	3.94
Gastrointestinal problem	33	8.08	52	9.78
Chronic cough	46	11.24	46	8.65
Known cardiac illness	34	8.31	36	6.78
Urinary symptom	3	0.73	7	1.30
Impaired hearing	7	1.72	18	3.35
Total morbidity	409	100%	531	100%
Average morbidity prevalent	2.90		3.2	

Data Source: Field Survey.

Major Health Issues among the study elderly:

Reduced Visuality: Presbiopia or Reduced Visuality was found a common problem of he study elderly. Reduced Visuality in old age is mostly due to cataract, macular degeneration and chronic glaucoma. It occurs with age as the flexibility of eye lenses decreases and refraction of different layers gets changed. This problem was found to be associated with 20.53% of males as against 19.72% of females.

Arthritis: Arthritis or Joint Pain was found a major problem to the Aged, both men and women. Among the Study population 12.22% males and 16% females reported that they were suffering from joint pain and Arthritis. A very few of the study population reported about Anchalioging Spondelitis i.e.: pain in spine.

Dental Problem: Dental problem is a major problem among the study elderly. 14.18% of male & 13.55% of females are suffering from dental problem.

Asthma: Asthma is accompanied with respiratory problems along with sudden attack of labored breathing, chest constriction and coughing. It is common chronic inflammatory disease. Symptoms include wheezling, cough, and chest tightness and shortness of breadth. Although Asthma is a chronic obstructive condition, it is not considered as a part of chronic obstructive pulmonary disease. It was found that 0.73% males and 1.30% females were suffering from Asthma.

Chronic cough is associated with acute upper respiratory track infection. It was found that 8.65% females and 11.24% males were suffering from it.

Tuberculosis: Tuberculosis is an infectious disease that affects lungs and other tissues of human body. The most widely observed is the tuberculosis of lungs. It is caused by *Mycobacterium tuberculosis*. It is spread through air by a person suffering TB. 1.30% of females as against 0.73% of males were suffering from this disease. Most of them were found to belong in lower caste group and were previous smoker. TB infected was asked whether they are under treatment of DOT therapy. DOT means Direct Observe Therapy. Trained health worker or other designated individual provides the prescribed TB drugs and watches the patients swallow every

dose .All the respondents said that they were under treatment and under a state of isolation from the family as TB is infectious, the neighbours also keep distance from them.

High blood pressure: Blood pressure increases with age as because the artery becomes stiffer. Thus HBP is a very common symptom among the elderly. The more the arteries become stiffer, the more the maximal blood pressure (the systolic one) increases compared to the minimal one (diastolic), which involves an increase in the difference (pulse pressure). For example, a blood pressure of 17/9 (170/90 mm Hg), corresponds to a rise of systolic blood pressure. Among the elderly 141 male respondents and 166 female respondents 17 and 21 reported about HBP.

Cardiac Illness: As a person ages the heart undergoes subtle physiological changes, even in the absence of disease. The muscles of the aged heart may relax less completely between beats; as a result, the pumping chambers (ventricles) become stiffer and may work less efficiently. In old age, the heart may not pump as vigorously or as effectively as it once did.

Limitations of Morbidity study among the study elderly:

The study of the morbidity pattern among the study elderly is presented based on their known ailments. Laboratory tests on the study elderly such as examination of Hemoglobin level, random blood sugar test, urine examination, Electrocardiogram, Halter etc. can represent a quite prominent picture of morbidity among them. Impaired memories, resistance to change are some of the common mental changes of the elderly. Elderly people are more prone to mental morbidities due ageing of the brain and problem associated with cerebral pathologies. This pattern is difficult to present in quantitative terms and lack of proper methodology to study the psychiatric conditions of the study elderly restricted the enquiry of mental morbidity among them.

IV. Conclusion:

The result of this study showed that a considerable proportion of the study elderly were out of work force, partially or totally dependent on others and suffering from health problems with a sense of neglected by their family members. The most vulnerable were found the aged women particularly widows. There is a need for interventions to ensure the health and well being vulnerable group and to create a policy to meet the care and needs of these elderly.

There is no doubt that average life span / longevity has increased manifold with the help of scientific development but their is another point of view in this matter- the question of Social security of the aged population. Especially in rural areas provision should be made for aged population to have the facilities of health insurance and provident fund. In the meantime the West Bengal Government has undertaken a project called “sahay” which considers largely about this vast aged population. A human effort is must to make this project successful

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