HEALTH PROBLEMS OF AGED PEOPLE

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Abstract

Aging brings about a number of physiological changes. It not only affects a person's looks, but also becomes a cause of physical deterioration. This study was undertaken to understand the health status of elderly people and to gather some information about their perceived health needs using the information and over of Puducherry district. The present study is descriptive in nature. Herein, an attempt is made to describe the situation and major health problems faced by the elderly from 213 elderly population of aged 60 and above in three rural communes of Puducherry. Findings reveal that majority of the elderly, both male and female, are unhealthy. The most common health problems aged people face include eye sight, hearing, joint pains, nervous disorders, weakness, heart complaints, asthma, tuberculosis, skin diseases, urinary problems and others. More health problems were reported by women compared to men.

Key words: Rural Aged, Health Problems, Geriatric, Unorganised Sector, Support System.

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Introduction

The ageing of population is on the increase world over in recent times. Advancement in medicare, improvement in living conditions and the general quality of life and effective measures for birth control could be attributed to this emerging global phenomenon. A population is said to be ageing, in demographic terms, which the proportion of the older people increases and the proportion of youth and children decreases.

India is passing through technological, social, cultural and demographic transition. Consequently increase in awareness of health care among the people took place, which led to the improvement in the quality of health care facility. Eventually the mortality rate has come down due to an increase in the life expectancy, which ultimately leads to the increase in elderly population. Along with the growing number of the aged, the traditional family support system is fast disappearing from the Indian society. The aged are one of the most vulnerable and high-risk groups in terms of health and socio-economic status in the society today. Elderly are the senior citizens of the nation leading their lives in a transitional phase. The transition from middle to old age is a period of critical biological and social emotional fabric of the society and consequent changes in the living arrangements have created more problems for the aged to adjust with the changing conditions in living. India is an agriculture-dominated economy where is dependent on agricultural and allied occupations. The aged (60+) represent about seven to eight percent of the population, most of them living below the poverty line. The aged in the unorganized sector like agriculture workers, casual workers and landless labourers are in economically family responsibilities and unharmonious relations are the major problems needs of the family and their personal requirements they have to work as long as they live. Moreover, the problems become more complicated when their children start neglecting them and elderly people face phycho-social problems coupled with economic and health problems.

Population ageing has resulted in the emergence of ageing as a social concern. The "Squaring of Demographic pyramid", affects most aspects of our lives – economy, labour force, health care, social welfare, social attitudes and social institutions to mention a few. Thus, ageing in its varied ramification has acquired importance worldwide. In India, by and large, the number of elderly population aged 60 years or older is steadily increasing. Such trend is more conspicuous after 1961 onwards mainly because of the significant reduction in death rate and

consequent improvement in the life expectancy of persons. From Table 1.1, it is evident that the per cent of aged population (60+ years) noted to be 5.6 during 1961 census period, which has increased consistently over a period of time and reached to a level of 7.44 by 2001 census period. One may perceive that this percentage share is small at each consecutive census periods, if you take into consideration the actual number of elderly persons, the figures are 24.7 million and 76.6 million during the corresponding census periods.

Another point to be noted here is that the share of female elderly persons, on the whole, appears to be larger than their male counterparts over a period of time. Such gender differential in the share of aged population is more striking during the recent census period (2001). This is because of the higher life expectancy of females as against males after 1990s. When such differentials in the share of aged population is examined across their place of residence, it is pertinent to note that on the one side, such share is always higher in rural areas as compared to urban areas; on the other side, the percentage share between the rural-urban is noted to be much higher mostly decreasing side between 1961-1991, whereas such difference has declined by 1.04 percentage points.

Table 1: Per cent Distribution of Persons Aged 60 years and above by Gender and Place of Residence in India, 1961 – 2001

Census Year	Total	Gender		Place of Residence	
		Male	Female	Rural	Urban
1961	5.63	5.46	5.80	5.82	4.73
1971	5.97	5.94	5.99	6.21	4.97
1981	6.32	6.23	6.41	6.83	5.36
1991	6.70	6.69	6.71	7.10	5.75
2001	7.44	7.09	7.82	7.74	6.70

Source: Registrar General & Census Commissioner, India (1996; 2006)

The decadal rates of growth of the elderly population in India indicate that the elderly population has exploded in the 80 plus age range; this group has experienced a growth rate of above 50 percent in 1981-91 compared to 32 percent in 1971-81. The older people constitute the fastest growing age group, from 77 million in 2000, it was projected that the population of aged will increase to 179 million by 2026 and 21 percent of the country's population will be 'aged' by 2050. The trends in growth, structure and composition of elderly population reveal the emergence of aging as a concern.

Literature review

Rao et al., (2003) in a study of health status of the rural aged in Andhra Pradesh, found that health problems tend to increase with advancing age and very often the problems aggravate due to neglect, poor economic status, social deprivation and inappropriate dietary intake. A high proportion of the total respondents stated that they were suffering from illness seriously. Lack of medical facilities in the village and poor economic conditions might be responsible for the low health status of the villagers (Rao et al.,2003). This is corroborate by the finding of Singh (2005) in his study in rural Haryana. Hence, majority of landless rural aged were suffering from one or the other health problems and physical disabilities.

Ketshukietuo Dzuvichu (2005), in the paper "Health problems of aged among the Angaminagas" mentioned that health is not only a biological or medical concern but also a significant personal and social concern. In general with declining health, individuals can lose their independence, lose social roles, become isolated, experience economic hardship, be labeled or stigmatized, change their self perception and some of them may even be institutionalized. Achir (1998), in the paper "Strategies to formulate Family Support System and Community based services for the care of the old" showed although, changes are good indicators of development, dilemma for support capacity of the family towards the elderly is inevitable. With many women entering the work force, available support for the elderly has significantly reduced. As a consequence, the International Year of the Family has appealed to the world to maintain, strengthen and protect the family to ensure continuity of its vital role in preserving dignity, status and security of its ageing members. Pappathi et al. (2005) In the Paper "Psycho-social characteristics and problems of Rural Aged" showed that the psycho-social perspectives and problems and strategies to welfare of the rural female aged found that a majority suffer from joint pain, blood pressure and chest pain. A few complaint of asthma, piles, lose of weight, diabetes and skin diseases. Only 30 per cent among the rural aged where in good health.

Vasantha (1998), In the Paper "Nutrition and Health Problems" found that the rural aged suffered from nutritional, psychological and other problems, when compare to urban aged. The aged employed privately and those self employed had more of health problems then not gainfully employed person. In general, the male members were found to be literate, economically independent and had less physiological and nutritional problem when compare to the female

counter parts, when literacy level, income level and employment status improve, they seem to have better health. Nair (1989), a study on "The Aged in Rural India: A study of the Socio-Economic and Health Profile", revealed that the incident and prevalence of chronic as well as non- chronic disease are more in rural elderly that is 1) respiratory diseases, 2) loco-motor illnesses and 3) blood pressure. The majority of the aged comparatively longer among males.

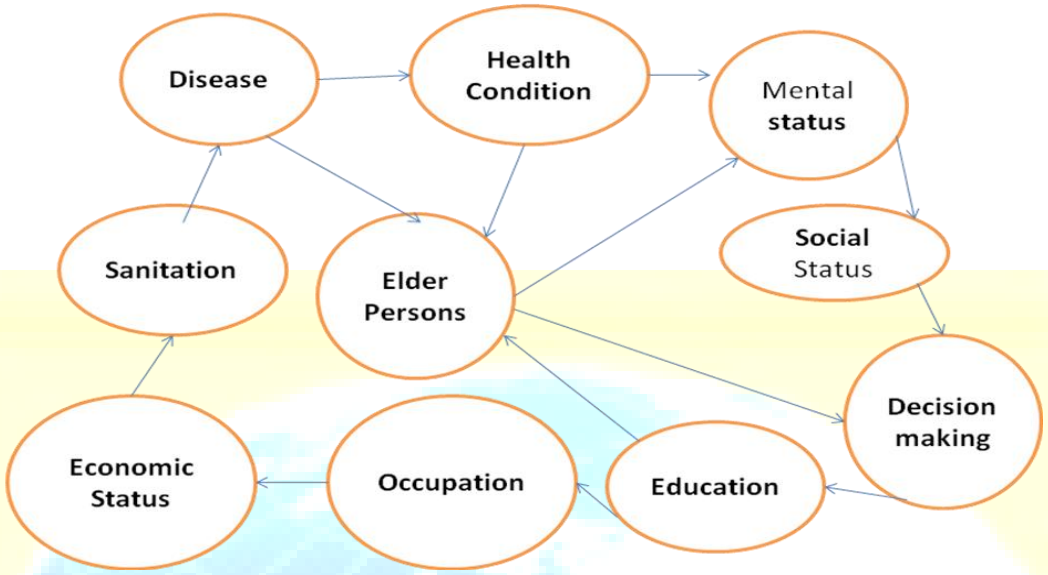
Methodology

A rapid increase in the number of the elderly as well as their proportion in our population, has led us to being more conscious of the many social, economical, psychological and health problems of the elderly in our country. Of these problems, health and medical problems are generally considered to be important as they affect a large majority of the elderly. It is very important to understand the health needs of the elderly and so solicit their opinion in improving the existing health care system in the country. This article was undertaken study the problems of the elderly with a special focus on the health issues in Puducherry rural area.

Conceptual Framework

In this study, the health status of the elderly, which is measured by the consideration whether the elderly population suffered from any physical problems, is the dependent variable. Health status of the aged population as the dependent variable is influenced by a number of factors. Generally we can say that education is the determinant of occupation. It is obvious that every educated person would like to hold service as a major occupation. On the other hand illiterate persons cannot hold a job. Hence most of them are farmers. In this way, education influences occupation. In Bangladesh, better occupation means better economic status and better sanitation facility (Rahman, 2009). Sanitation facility mostly affects diseases. Diseases also influence health condition. Those who have sound health have also better mental and social status. That is, there is a close relation between them. Education, diseases and health condition significantly affect the older persons. Mental status, social status and decision making influence aged persons. In lieu of these factors the status of health of the elderly can be analyzed by using a simple framework.

Fig. 1: A conceptual framework of the interrelationship between social-economic variables and health status of the elder persons



Objectives

1. To study the background and socio socio-economic status of the rural elderly.
2. To know the social and health problems faced by the rural elderly.

The present study is descriptive in nature. Taking a purposive sampling method, a total of 213 respondents have been taken for this study. Herein, an attempt is made to describe the situation and major health problems faced by the elderly in rural areas of three communes Mannadipet, Nettapakkam and Bahour of Puducherry. There are rural villages where elderly are maximum residing. The dwellers of the areas are basically are agriculture labours and engaged in informal sector where there is inadequate social security measure for the elderly.

Results

Old age characterized by declining physical capacities, is usually associated with many diseases. For the purpose of the study, the health status of the respondents is ascertained by asking questions about the extent of loss of vision, hearing and other health problems faced by them. Table -2 show that a major fraction of the population was in the age group of 60-69 years old, while a small fraction (2.8 percent) were 80 years old or older. Males and females formed an almost equal proportion of the study sample. A majority (89 percent) of the respondents were Hindus. This reflects the true picture of the population based on religion at the local and national

level. A joint family system was seen to be the most common (56.8 percent) among the population interviewed followed by the nuclear family. Only 12.1 percent of the elderly men were widowed while 67.8 percent of the women were widows. The unmarried group of 2.2 percent was comprised of only men. Literacy was found to be low in the study population.

Table 2: Demographic distribution of the respondents

	Males (N=110)	Females (N=103)	Total (N=213)
Age (years)			
60 – 69	61.8	80.2	72.2
70 – 79	33.9	18.1	25.0
> 80	04.3	01.7	02.8
Marital status			
Married	76.1	25.6	47.4
Single	05.4	00.0	02.2
Separated	06.5	06.6	06.6
Widow/Widower	11.0	67.8	43.8
Education			
Illiterate	22.8	62.0	45.1
Just literate	01.1	00.8	00.9
Primary	42.5	31.1	36.6
Secondary	15.2	04.1	08.9
High school	14.1	01.7	07.1
Intermediate	02.2	00.3	00.9
Graduate	01.1	00.0	00.5

Nearly, one third of the respondents reported no illness. However, more than half (52.4 percent) of the elderly reported having minor illness and around 10 percent are found to be seriously ill. It is evident from Table -3 that the health status of women is poor compared to that of men. Also compared to men, women are represented more in different categories of illness and less in the category of no illness i.e., 28.3 percent of women against 42.7 percent of men. The relationship between illness and gender is found to be statistically significant.

Table 3: Gender wise percentage distribution of respondents by their health status

Health status	Males (N=110)	Females (N=103)	Total (N=213)
No illness\	42.7	28.3	36.0
Minor illness	48.2	59.4	52.4
Serious illness	09.3	11.4	10.3
Incapacitated	00.8	01.9	01.3

The eyesight of the majority (65 percent) of the respondents is reported to be good with or without spectacles; more than one third (34.1 percent) of the respondents, of whom, a majority are women, reported difficulty in seeing (Table – 4).

Table 4: Gender wise percentage distribution of respondents by their eye sight

Eye sight	Males (N=110)	Females (N=103)	Total (N=213)
Good without glasses	45.0	31.1	38.5
Good with glasses	25.8	27.4	26.5
Difficulty is seeing	28.4	40.6	34.1
Blind	00.8	00.9	00.9

Table – 5 shows that about 2 percent of the respondents are deaf. Unlike incase of eyesight, good hearing ability is claimed by three fourths of the elderly. However, more number of women compared to men reported difficulty in hearing.

Table 5: Gender wise percentage distribution of respondents by their hearing

Hearing	Males (N=110)	Females (N=103)	Total (N=213)
Good	80.0	67.9	74.3
Difficult	17.5	30.2	23.5
Deaf	02.5	01.9	02.2

Table – 6 indicate that More than half of the elderly represented by a slightly (more number of women than men) reported various physical problems. The problem of joint pains is common for both men and women. However, it is evident that nervous disorders, heart complaints, disorders relating to chest like tuberculosis and asthma, skin diseases and problems relating to urinary tract infection are more common in men whereas general weakness is found to e reported mostly by women.

Table 6: Gender wise percentage distribution of respondents by their health problems

Ailment	Males (N=70*)	Females (N=77*)
Joint pains	59.5	67.3
Nervous disorders	25.3	11.0
Weakness	21.8	32.3
Heart complaints	11.2	02.8
Asthma	09.7	06.8
Tuberculosis	03.9	01.7
Skin diseases	07.5	06.3
Urinary problems	11.2	06.7
Others	13.1	24.6

*the percentage does not add up to 100 because of multiple responses.

The rural areas, it is a common practice among older people to use walking stick as age advances. However, in the present study a majority (78 percent) of the elderly respondents are not

using walking sticks. About 22 percent use walking sticks only when they go out. In the evident from table - 7 that compared to men, the percentage of women who cannot perform regular tasks such as dressing, bathing and going to toilet, without help from others, is more. A majority of the elderly can perform their physical work without any difficulty. However, there is also a significant percentage of elderly who reported that they are able to perform these tasks with difficulty.

Table 7: Gender wise percentage distribution of respondents by their ability to perform physical work

Ability	Bathing			Dressing			Going to toilet		
	Male (N=110)	Female (N=103)	Total (N=213)	Male (N=110)	Female (N=103)	Total (N=213)	Male (N=110)	female (N=103)	Total (N=213)
Can do without any difficulty	84.2	78.0	81.2	86.7	78.3	82.7	84.8	78.3	81.4
Can do with difficulty	13.7	11.4	12.6	10.8	12.3	11.5	13.0	15.1	14.2
Cannot do without help	02.1	10.6	06.2	02.5	09.4	05.8	02.2	06.6	04.4

The elderly, who are not able to attend to their personal tasks such as ablution dressing, etc, are usually helped mostly by their family members such as grandchildren, sons, daughters, daughters-in-law and spouse. The data show that the elderly respondents are helped to attend to these needs by their grandchildren, daughters, and spouse in that order. In the case of 12 respondents, others such as neighbours and relatives helped them. While 174 of the respondents needed assistance because of either total or partial incapacitation to take care of them, only 47.9 percent of them reported receiving any such assistance.

Discussion

The traditional norms and values of Indian society stress respect and provision of care for the elderly, however, the ongoing processes of urbanization, industrialization, modernization, globalization and their concomitant processes have led to changes in the traditional support base of the elderly. This has resulted in declining possibilities of family care is on the decline, co-residence has become difficult and a separate existence is challenging due to issues of access to

basic facilities and physical security. In this study found that about one tenth of the respondents reported that they were seriously ill. Further, 52.4 percent of the elderly respondents reported having minor illness and nearly one third respondents no illness. Gender wise differences were found in the health status of the elderly respondents. Compared to men, the health status of women was found to be poor. This might be due to under nourishment associated with cultural practices in India especially in rural areas. Women in rural areas, generally take meals only after their husbands and children have had their food. They contend with whatever that was left, which most of the time would not be sufficient diet for them. Moreover, the diseases specific to women and other natural biological processes, which the women may undergo, could be some of the reason for the overall low health status of women.

Compared to men, more number of women reported difficulties pertaining to vision. However, nearly two thirds (65 percent) of respondents reported having good eyesight with or without spectacles. While three fourth claimed good hearing ability and only 2 percent of the respondents were deaf. As in the case of vision, most women than men reported having also reported deterioration in their visual and auditory capacities during later years. For instance, in a study by Kaur et al. (1987), a majority of elderly persons reported poor eye sight (48 percent), ill health (30.7 percent) and general weakness (29.3 percent). Nair (1989) found that 6 percent of the respondents of are study were totally or partially blind and about 3 percent were hard of hearing. Similar findings were reported in a study conducted by James (1994).

Gender wise differences were observed among the problems relating to physical health reported by respondents. Nervous disorders, heart complaints, tuberculosis, asthma, skin diseases and urinary problems were more commonly mentioned by men of the study sample and most of the women reported suffering from general weakness. However, the problem of joint pains was found to be commonly reported for both men and women.

A majority (78 percent) of the elderly respondents were no using walking sticks. Of the remaining, who reported use of walking sticks, majorities were men. With regard to the performance of day-to-day activities relating to personal care such as ablution, dressing etc, it was reported that more women compared to men were not able to perform these tasks without help others. However, a majority of the elderly respondents could perform these activities without any assistance from others. Nair's (1991) study revealed that 8 percent to 44 percent of his study

sample had difficulty in performing physical tasks. Their grandchildren, daughters and spouses in that order helped a majority of the respondents who could not perform these activities. It was found that of the total respondents needing assistance in these tasks, only about half (47.9 percent) were receiving it. It may be because some of them did not have any family members and were living along and in case of others it might be due to the apathy of their family members.

The support systems for the elderly include self-care, informal support (care from family members and friends) and formal support systems (public health and social services) formal care includes both primary health care (provided at community level) and institutional care (provided in hospitals and nursing homes). Most elderly persons prefer to be cared in their own homes by their kith and kin. All over the world traditionally family members, friends and neighbours provide the bulk of the support the elderly who require assistance. Such informal support is more cost effective and satisfying to the elderly than the public support systems, which are often not accessible to the poor. However, public support systems are unavoidable to take care of the needs of those who need institutional care. A balance has to be struck between this different support system.

Conclusion

In conclusion, it is observed that the number and types of variable and their extent of influence on the health status (both perceived and actual) of the elderly vary. Further, these are certain common specific factors that influence the health status among the elderly belonging to gender wise distribution. Hence, these findings raise a number of issues for formulating appropriate health policies for the elderly. Similarly, the pattern of various inputs for developing the appropriate social policy for the welfare of the elderly may also have to be suitably modified in view of the living conditions of the elderly. Thus, the findings are unique in many respects and should have far-reaching, theoretical, methodological, policy and programme implications in the programmes meant to improve the quality of life of the elderly.

Reference

Achir, Y.C. 1998, *Stragegies to Formulate Family Suppoert Systems and Community based Servicves for the Care of the Old* in Technical Reports Series Monograph, No. 93. pp.26.

James, K.S. 1994, *Indian Elderly: Asset or Liability?* in Economic and Political Weekly, Vol. 29 No. 36, pp. 2335-2339.

Kaur, M., Grover, R.P., & Aggarwal, K. 1987, *Socio-economic profile of the rural aged* in M.L. Sharma & T.M. Dak (Eds.), Aging in India, Ajantha Publication, Delhi.

Ketshukietue, D. 2005, *Health Problems of the Aged among the Angaminagas* in Journal of Health Ecology, Vol. 17, No. 2.

Nair, P.S. 1989, *The Aged in Rural India; A Study of the Socio-Economic and Health Profile* in S.N. Singh, M.K. Premi, P.S. Bhatia and Ashish Bose, Population Transition in India, vol.2, B.R. Publishing, Delhi.

Nair, T.K. 1991, *Community care of the elderly* – A study of family and community based services in Madras in Unpublished Doctoral Thesis, Andhra University, Visakhapatnam.

Pappathi, K. and Sudhir, M.A. 2005, *Psycho-social Characteristics and Problems of the Rural Aged* in Research and Development Journal, Help Age India, Vol. 11, No. 1.

Rahman, M. M. 2009, *Health Status and Health Needs among the Aged Population in Chapai Nawabganj District of Bangladesh* in Indian Journal of Gerontology, Vol. 23, No. 1. pp. 32 -41.

Rao, et al., 2003, *Health Status of the Rural Aged in Andhra Pradesh; A Sociological Perspective* in *Help Age India - Research & Development Journal*, Vol.9, No. 2.

Registrar General of India. 1996, *Ageing Population of India: An Analysis of the 1991 Census Data*, Office of the Registrar General of India. New Delhi.

Registrar General of India. 2006, *Socio-cultural Tables of India, 2001- Data on CD*, Office of the Registrar General of India New Delhi.

Singh, C.P. 2005, *Socio-economic Status and Health Conditions of Landless Rural Aged in Haryana* in Help Age India - Research & Development Journal, Vol.11, No. 1.

Vasantha and Premakumar. 1998, *Nutrition and Health Problems of Aged*, Paper presented at National Seminar on Psycho-social Characteristics, Problems and Strategies for the Welfare of the Aged in Rural India, Department of Applied Research, Gandhigram Rural Institute, March 11-13, 1998.