SOCIAL, ECONOMIC AND PHYSICAL PROBLEMS OF OLD AGE PEOPLE: A CASE STUDY OF PATNADISTRICT

Meeta Kumari
Home Science Department, Patna University, Patna

Abstract

India qualified as an "ageing nation" in 2001, when the proportion of elderly crossed 7 percent of India's total population. The proportion of the population aged 60 years or more in the country has been increasing consistently over the last century, particularly after 1951. The Indian aged population is currently the second largest in the world. According to 2011 census, 8.4 percent (104.2 million) of the total population constituted the elderly in India. These changes in the demographic composition of the population can be attributed to improvement in health facilities leading to the eradication of infectious diseases, better awareness and healthier lifestyles. These achievements in the fields of medical care and nutrition have resulted in drastic reduction in mortality rates and substantial increase in the life expectancy at birth and increase in the overall span of life. The average life span which was just 31 years at the time of independence has now gone up to 64.2 for females as against 62.6 for males (census 2011). The faster increase in the elderly population will result into a higher dependency ratio of the population in the non-productive age group and in furtherance the old-dependency ratio mounted from 10.9 percent in 1961 to 13.1 percent in 2011 for India as a whole. On the other hand, Indian society is undergoing rapid transformation under the impact of industrialization, urbanization, technical and technological change, education and globalization. Subsequently, the conventional values are in the process of erosion, resulting in the weakening of intergenerational ties which characterized the Indian society and which played a pivotal role in meeting the physical, psychological, social and financial needs of the elderly. Industrialization has replaced the simple family production units by the mass production and the factory. In agriculture based traditional society like ours the elderly enjoyed unparalleled sense of honour, respect and legitimate authority in the family or community. The transition from the traditional – preindustrial to modern phase of development of Indian society has in many ways changed the social context of the adjustment of the aged. The whole idea of inter-generational support and caring for older generation is under serious threat. Their economic utility is being questioned. The elderly suffer from financial insecurity, emotional worries and neglect. The very welfare character of Indian state is also getting diluted particularly since 1991 when Indian economy was liberalized. Hence, the growing number of old people has started emerging as a major social problem in India today. It is in the context of these drastic changes taking place in Indian society in general, an attempt was made in the present study (Patna) to find out the socio-psychological well-beings of elderly aged 65 and above. The findings of the study reveal that elderly in Patna are valued and respected in the family and society. The feeling of 'loneliness' and isolation was found to be significantly low among the elderly in Patna. One of the possible sociological explanations for this phenomenon may be that Bihar is still a traditional society and social fabric of Patna reflects the features of both traditional as well as modern society. Though change has taken place in Bihar but the pace of change is not as drastic and radical in metropolitan cities. Secondly, Bihar is the least urbanized state. The urbanization ratio is just 11.3 percent as of 2011 census, vis-à-vis 31.2 percent for all India. The occupational diversification is also very low in Patna.

Key words: Social Problem, Economic Problems, Physical Problems of Old Age People.

Introduction

Ageing is a continuous, irreversible, familiar process, which begins off evolved from thought until the loss of life of an individual. However, in gerontological literature, human beings above 60 years of age are taken into consideration as 'vintage' and as constituting the 'aged' section of the populace. The age at which one's efficient contribution declines and one has a tendency to be economically based can in all likelihood be handled because the onset of the elderly degree of lifestyles. Old age is the final segment of human lifestyles cycle, that's once more universally true. The use of the words 'aged', 'older persons', and 'senior citizens', in each famous and scholarly painting offers the affect that they're a homogeneous organization, however in truth there's big variant among and amongst numerous classes of older human beings however additionally among societies and epochs. In the conventional Indian culture, a human lifestyles span is a hundred years. The Manu, the historical regulation giver, divided this span of lifestyles into four 'ashramas' or degree of lifestyles. The first 'Brahmacharya' degree becomes to be spent on the teacher's house. This is the lifestyles of the celibate, to be spent in training and education in ethical values. Once training becomes complete, the boy now grown into maturity might be equipped to go into the 'grihastha'. This becomes the lifestyles of a householder. A guy become to marry, have children, shoulder the duties of a mean citizen within side the society. He became to discharge the money
owed he owed to the parents (Pitrurina) with the aid of using be getting sons and to the gods (deva rina) with the aid of using acting yajnas (rituals). This becomes the degree whilst a person might fulfil his primary dreams for love, marriage, for parenthood, bodily and social needs. When a person's head grew to become gray and wrinkles appeared, he becomes to surrender these lifestyles of householder and flip to vanaprastha. A mature and aging guy might regularly surrender his worldly pursuits, flow far from the mundane recurring of householder and flip inward searching for non-secular growth. Finally, whilst he becomes spiritually equipped, he might resign the sector absolutely and input the degree of 'sanyasa' or asceticism. However, gerontologists have regarded aging in specific context because the final results of biological, demographic, sociological, mental or different processes. The WHO defines the ones elderly 60-seventy four years as aged. In 1980 the UN encouraged 60 yrs. because the age of transition for the aged section of the populace, and has been categorized below:

1. Young vintage - among them a long time of 60-seventy five years
2. Old-vintage - among them a long time of seventy five-eighty five years
3. Very vintage - eighty five years and above.

World populace information sheet-2002 considers elderly populace as populace within side the age organization of 65+ as vintage. In the Indian context, the age of 60 yrs has been followed with the aid of using the census of India for the cause of classifying someone as vintage, which coincides with the age of retirement in authorities sector. The phrases young-vintage for 60 to 69, vintage-vintage for 70 to seventy nine and oldest vintage for eighty to 89 had been used.

### Percentage of population in the age group 60 years and above to total population by sex and residence, India and Bihar, 2011:

<table>
<thead>
<tr>
<th>Residence</th>
<th>Total</th>
<th></th>
<th>Rural</th>
<th></th>
<th>Urban</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>India</td>
<td>8.4</td>
<td>7.7</td>
<td>8.4</td>
<td>8.1</td>
<td>7.8</td>
<td>8.4</td>
</tr>
<tr>
<td>Bihar</td>
<td>7.0</td>
<td>7.2</td>
<td>6.7</td>
<td>6.9</td>
<td>7.2</td>
<td>6.6</td>
</tr>
</tbody>
</table>

Source: Census 2011

### Changing social structure and the elderly

Indian society is present process speedy transformation below the effect of industrialization, urbanization, technical and technological change, schooling and globalization. Consequently, the conventional values and establishments are within side the system of abrasion and adaptation, ensuing within side the weakening of intergenerational ties that had been the hallmark of the conventional own circle of relatives. Industrialization has changed the easy own circle of relatives manufacturing devices with the aid of using the mass manufacturing and the factory. Economic transactions at the moment are among individuals. Individual jobs and profits supply upward thrust to earnings differentials in the own circle of relatives. Push elements consisting of populace strain and pull elements consisting of wider monetary possibilities and present day verbal exchange purpose younger human beings immigrate mainly from rural to city areas. With the hastily growing range of elderly compounded with the aid of using disintegration of joint households and ever growing have an impact on of modernization and new existence styles, the care of aged has emerged as an vital difficulty in India. Providing take care of the elderly has in no way been a trouble in India wherein a price primarily based totally joint own circle of relatives became dominant. However, with a developing fashion toward industrialization, the vulnerability of aged is hastily growing. The coping capacities of the more youthful and the aged individuals at the moment are being challenged below diverse situations ensuing in forget about and abuse of aged in lots of ways, each in the own circle of relatives and the outside. Sociologically, growing old marks a shape of transition from one set of social roles to another, and such roles are difficult. Among all function transformation in direction of growing old, the shift into the brand new function of the 'vintage' is one of the maximum complicated and complicated. In agriculture primarily based totally conventional society like ours, wherein kids accompanied their parent's occupation, the aged loved remarkable feel of honour, respect, valid authority within side the own circle of relatives or network, had choice making obligations within side the monetary and political sports of the own circle of relatives. The elderly had been dealt with as 'repositories' of revel in and wisdom. The motives for this had been many: first, the principal oral subculture of information in maximum agricultural or people's societies with superior age, one loved close to monopoly on competencies and information important in agricultural societies consisting of tilling, sowing, rotation of crops, irrigation and protection of fertility of soil etc. Only expedition and age gave get entry to to human beings to medication, fitness care and manage of diseases. The overall performance of spiritual or social rituals too became executed with the aid of using the oral subculture of the network mediated with the aid of using the older individuals of the network. Demographically, because of a completely excessive loss of life fee within side the conventional societies because of epidemics, herbal catastrophe and shortage of present day medication etc. existence expectancy became low and less individuals attained the reputation of the elderly within side the network. And folks who did achieve vintage age had been seemed upon with reverence. Old age had a mystique of its own.
Economic problems among the old age people

Economic trouble may be very important at some stage in the antique age. In our conventional social system, antique age changed into taken into consideration knowledge personified the fruit of a nicely spent lifestyles and commanded unquestionable power, authority and appreciate. The safety of the joint own circle of relatives changed into a reassurance for the aged. The duty of searching after antique people, widows and different dependents changed into taken for granted. The elderly may want to disengage themselves from lifestyles to any extent, even to the futility, and but maintain their function of appreciate. An mindset of reverence closer to the elderly changed into taken into consideration a distinctive feature and not anything essential may want to take area within side the own circle of relatives without the sanction and blessing of the antique. The aged have been taken into consideration as asset-each in phrases of financial and social importance. However, in current society, antique age isn’t any extra the longed coveted length that it as soon as used to be. The introduction of modernization, industrialization, urbanization, occupational differentiation, consumerist way of life and the increase of person philosophy have eroded the conventional values that vested authority with aged. These have brought about defiance and decline of appreciate for older humans amongst participants of more youthful technology and the aged are very frequently appeared as a legal responsibility in preference to an asset. Today the various troublesome of the aged in our society, the financial troubles occupy the maximum essential function. Economic dependence is one of the fundamental elements that very frequently have an effect on the nicely-being of older humans. The ministry of social justice and empowerment, Govt. of India (1999), in its record on National coverage for older humans concluded that one 1/3 of the populace in 60 plus age institution lives under neath poverty line. Economic dependence is manifested in ways. First, the repute of financial dependence can be because of retirement for someone hired within side the formal area. Secondly, for someone within side the rural area or city casual sectors, it can end result from their declining cap potential to paintings due to reduced bodily and intellectual abilities. Sometimes older humans also are confronted with financial dependence while control duties for topics regarding finances, belongings or commercial enterprise are shifted to children, pushing older man or woman into a brand new repute of financial dependence. The maximum prone are people who try this very own efficient assets, have very little financial savings or profits from investments made in advance don’t have any pension or retirement benefits, and now no longer sorted with the aid of using their; or they stay in households that have low and unsure earning and a big wide variety of dependents. Nearly ninety percentage of the entire group of workers in India is from the unorganized area. Retiring with none economic safety like pension or different post-retirement benefits (Siva Raju, 2005), a majority are pressured to maintain in a few career to preserve their households research carried out in fundamental cities (Desai & Naik, 1972; Soodan, 1975; Siva Raju, 2000) verify that a sizable percent of retirees soak up re-employment especially because of economic constraints. The paintings participation charge amongst aged in India is round forty percentages (Vijay Kumar, 2000). More aged guys take part within side the financial sports as opposed to girls aged. The participation is excessive in rural regions as compared to city regions. The bulk of the 60 plus employees are engaged in agriculture. Studies carried out to decide the financial situations of the aged (Nair, 1990) and Srivastava (2004) located that majority of aged in India leads terrible financial lifestyles and the widows go through the maximum.

Physical problems among the elderly

Health issues are pre- supposed to be the important difficulty of a society as older human beings are extra at risk of is afflicted by un-well fitness than more youthful age groups. It is regularly claimed that the getting old is followed through more than one contamination and bodily ailments. Besides, bodily contamination, the elderly are much more likely to be sufferers of negative intellectual fitness which arises from senility, neurosis and quantity of lifestyles satisfaction. Thus, fitness popularity of elderly need to occupy a valuable area in any examine of aged populace. In maximum of the number one surveys, the Indian aged in well-known and the agricultural elderly specially are assumed to have a few fitness issues like cough, negative eyesight, anaemia and dental issues. The percentage of the unwell and mattress ridden the various aged is discovered to be growing with advancing age, the important bodily disabilities being blindness and deafness. Besides, bodily contamination, psychiatric morbidity is likewise every day amongst massive percentage of aged. Given the superiority of un-well fitness and incapacity the various aged, there may be additionally loss of the supply of scientific aid, and right familial care, in addition, at the same time as public fitness offerings are inadequate to fulfill the fitness desires of the aged. Since a massive majority of older Indians stay in rural areas, dialogue of getting old in India is largely a dialogue of getting old in rural areas. Almost 8 out of ten older human beings in India stay in rural areas. According to 2001 census, seventy eight percentage aged human beings in India are living in rural areas. Women incorporate a barely better percentage than men, essentially because of better woman expectancy at birth. Passive poverty and inequalities of income, coupled with a completely insufficient protection net, has supposed that majority of older folks end up marginalised or maybe destitute. The negative amongst aged human beings were dropping out at the same time as financial improvement is taking area within side the nation as a whole. Ageing is predominantly a ladies’ hassle. Not best do ladies stay longer however maximum of them as widows. They face critical discrimination with appreciate to their rights and are over careworn with familial responsibilities. This adversely influences their fitness, nutrients and intellectual well-being. Irrespective of financial, marital or academic popularity, aged ladies face an emotional void of their lifestyles. A lady cause of misery amongst aged woman is the ‘empty nest syndrome’. The empty nest length can also additionally certainly carry in melancholy within side the route in their diminishing position within side the family. Extra provisions of care and assist are required to redeem them from their depressing plight. Added
The foremost problem of the ageing is vision shadowed by movement and hearing impairment. About one ninth of the elderly aged 60 and above and one fifth the elderly aged 80 and above had multiple disabilities. Movement disorders are more prevalent among the elderly aged 60 and above years compared to females. This may be because of most of the household duties are done by the females rather than males and are more active at their early days of old age. As the age grows the gap in mobility among males and females decreases which increases the functional disabilities. Most of the female elderly suffered multiple disabilities compared to the male elderly. Though negligible, about 1.7 percent elderly have mental illness, especially female elderly. Thus, in almost all the cases women elderly are at considerable risk. Dependency with disability makes them the most vulnerable.

**Conclusion**

As a result of the change in the age composition of the population over time, there has been a progressive increase in both number and proportion of the aged population. The share of the population 60 years or more in the country has been increasing consistently over the last century, particularly after 1951. According to 2011 census, 8.4 percent (104.2 million) of the total population constituted the elderly in India. The growing number of elderly in India is a major concern for the nation as well as society, as the elderly need not only financial support but also physical and mental support as they grow old. Traditional joint families are breaking into nuclear families. The strong bonds of the family, kinship and the community which characterized the Indian society and which played a vital role in meeting the physical, psychological, social and financial requirements of the elderly are rapidly getting diluted. Due to the shift from the joint family or large family to the nuclear or small family system with both husband and wife being employed, it is likely that the elderly may get less attention in future. It is in the context of these radical and far-reaching changes taking place in Indian society in general, the present researcher has carried out a study in Patna to find out the socio-psychological conditions and well-beings of the elderly. The analysis of the data in the present study reveals that the elderly in Patna are better off in comparison to the older persons in metropolitan and mega polis. It was found that elderly in Patna are valued and respected in the family and society. The feeling of 'loneliness' and 'isolation' among the aged was found to be significantly low. This may be due to the fact that Bihar is still a traditional society and there exists a certain traditional values along with modernity in Patna. Had this study been conducted in Mumbai, Bangaluru and other metropolitan cities, the outcomes/ results of the study might have been different to what have been found in the present study. As has been mentioned earlier life in metropolitan cities is very fast and individualistic. After going through a large number of relevant literatures in this field the present researcher found that the areas covered under 'ageing' are mainly: Problems of adjustment and coping of elderly in the family and society, Postretirement life satisfaction, care giving, social and financial support, intergenerational conflict etc. The present work sought to examine objectives which are mainly: to study the socio-psychological problems of elderly and to study the proportion of elderly feeling lonely etc. These
are mainly: emotional support from relatives is beneficial for
the psychological well-being of the elderly; rapid economic
growth and migration have an adverse impact on
sociopsychological well-being of the elderly etc. Patna, the
capital city of Bihar, served as the universe of the present
work. The unit of study in the present work is elderly aged 60
years or above. Income, occupation, migration, changing
value patterns of society, living arrangements of the
respondents served as independent variables and diminishing
social status, loss of authority in the family, loneliness and life
satisfaction or dissatisfaction of the respondents as dependent
variables.

References

Wason, Neelam and Jain, Karuna (2011). Malnutrition and
Risk of Malnutrition among Elderly, Indian Journal of

Yadav JP (2004). Elderly in India, the Struggle to Survive.
Anmol Publications, New Delhi.

UNFPA - Population and Family Study Center (1999).
Population Ageing: challenges for policies and
programmes in developed and developing countries.
UNFPA and Population and Family Study Center New
York and Brussels.

Bibliography in Search of Answers In the Year of the
Older Persons, Vol. 2. Documentation Cell. Centre for
Health Studies, Tata Institute of Social Sciences, Deonar,
Mumbai.

research agenda. Harmony - Celebrate Age. Mumbai.

Institutional Provisions and Care for the Elderly.
Perspectives from Asia and Europe. Anthem Press, New
Delhi.

Pathak JD (1975). Inquiry into Disorders of the Old, Part I:
Medical Research Centre, Bombay Hospital Trust,
Bombay.

Lakshminarayan TR and Prithvikashini P (2015). A study on
Adjustment as Related to loneliness among the Elderly.
Journal of Guidance and Research, November.