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Social, economic & health status of elderly: A study of Marianagar village

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Abstract

Ageing well is conceptualized using different contemporary theoretical frameworks in the last decades, including healthy aging, positive aging, productive aging, active aging. These theoretical frameworks integrate both biological and social sciences, considering social participation, psychology, lifestyles, activities, finances and other domestic and environmental factors. The state of wellbeing is a multifaceted phenomenon in the older population which generally involves happiness, self-contentment, satisfying social relationships, and autonomy. The increasing number of older people worldwide, promoting health and wellbeing becomes priority for ageing well. Wellbeing and physical and mental wellbeing are closely related. With advanced age, wellbeing might be adversely influenced by declining physical health and functioning due to age related changes, older adults may consequently encounter more challenges in pursuing aging well.

Keywords: Wellbeing, advanced aging, lifestyles, social participation

Introduction

Maintaining good physical health and functioning plays an important role in facilitating mobility and enables older adults to perform more integrated functional tasks which include activities of daily living, fulfillment of social roles, and recreational activities. Older adults are strongly concerned about cognitive health in terms of keeping good memory and prevent cognitive decline. Therefore, cognitive functioning was contributor of aging well. Good cognitive health is linked to social connectedness, independence and life activities. With aging the ability to do daily activities declines to some degree in every person. Also older people tend to have more disorders and disabilities than younger people. Many social issues influence an older person's risk and experience of illness like familial status, living arrangements, financial status, work history, education, history of losses, traumas, sexual assault etc. Social gerontology refers to a specialized field of gerontology that examines the social aspects of aging. So a research survey was conducted in Marianagar village. Through this survey we have tried to study the old age people through sociological and gerontological perspective which also aids educational aspects of the students. The present study concentrates on educational, Income, Poverty level, health status, and dependency factors to analyze the old aged through structural perspective and field studies. The data collected here is through questionnaire method. The physiological effects of the aging differ widely among individuals. However, chronic ailments, especially aches and pains are more prevalent than acute ailments, requiring older people to spend more time and money on medical problems than younger people. The rising cost of the medicines has caused a growing concern among older people and societies, in general resulting in constant reevaluation and reforms of institutions and programs. Life expectancy has increased today the number of people who survive over the age of 65. Therefore, the instances of medical problems associated with aging, such as certain kinds of cancer and heart disease, have increased, giving rise to greater consideration, both in research and in social programs, for accommodating this increase. Certain aspects of sensory and perceptual skills, muscular strengths, and certain kinds of memory tend to diminish with age, rendering older people unsuitable for some activities. Also standard of living and education are closely associated with old age counts very much.

Statement of the study

This study aims at the health and social wellbeing of the elderly people with reference to the Marianagar village of Arkalgud Tq, Hassan District. Majority of the elderly have health issues such as diabetes, hypertension, Arthritis, anemia, cataract, asthma, also many expressed that the attitude of the people towards the elderly was neglect. They were also physically and verbally abused in some cases. Many of the elderly people are under below poverty line in this rural area. Studies also showed that most of the elders suffering from various ailments, also many of them are deserted by their children too. The universe selected here for the study is Marianagar village of Arkalgud Tq, Hassan District.

Review of literature

1. A study was conducted by Behura and Mohanty (2000) among the aged within the urban fringes of the Bhubaneswar town. The respondents consisted of social class retired ageing persons, sixty seven men and eighty one ladies (totaling 148), happiness to twenty one caste. Hindu villages they found that the aged were thought-about to be a social and economic burden by their sons and in-law. The aged contemplate the issues related to such social and economic, relations additional depressing than the very fact of ageing itself. The authors blame the breaking apart of the joint family for several of those issues also because the high value of living and a western-oriented education system. They raise community level socialization to still instill habits of taking care of the old and community penalisation on its non-compliance and organization based mostly direction of deviants. The recent square measure condemned, within the gift context, to —suffer from social and emotional isolation.
2. Mehrdad Ayathi & ArezouAzarani [2014] this work a 'Paths to Healthy Aging' a collaboration between a geriatrician and physiologist cuts through the debate to address many unsolved questions. It covers key topics in aging, nutrition, mental health, physical health, medications and choosing the right physician with proper proposed action plans for each. Here the author contains clear explanations of important aspects of the science of aging. This study is transformative, guiding reader toward creating a joyful and sustainable lifestyle to take individual towards the path to healthy aging.
3. Peters, Sandi [2020] discusses how ageing can bring new worries, challenges, and concerns in his book 'Aging with Agency: Building Resilience, Confronting Challenges, and Navigating Eldercare.' Physical and cognitive changes might make us feel alone and afraid. Sandi Peters demonstrates that ageing does not have to signify the end of personal development. The development of one's inner life, argues Peter, is the key to ageing. As a result, one's attitude toward the ageing process changes. His work draws on history, philosophy, psychology, gerontology, and spirituality to deepen and expand our understanding of what it means to grow old in twenty first century. Sandi Peters offers practical advice on issues such as assisted living and home care, and a refreshingly new perspective on matters of memory and cognitive change. The work here is interesting because it provides matters in the sense of offering practical information that needs to be widely known in our society as the cohort of aged people increases.

This is an essential guide for all who seek to age well.

4. Dr. Nisha Marya [2016] [3]. In her work Aging in India, she discusses the distinct and unique challenges that the Indian elderly face. According to the author, the problem of the elderly has been exacerbated by the extraordinary speed of socio-economic transition, which has resulted in a slew of changes in various elements of living conditions. The elderly's requirements and difficulties differ substantially depending on their age, socioeconomic level, health status, living situation, and other factors. Her research focuses on the socio-economic and health conditions of the elderly in India, as well as the socio-economic and demographic dynamics of the elderly. It also examines and reviews the policies and programmes implemented by the government, non-governmental organisations, and other institutions to improve the socio-economic and health status of the elderly.
5. Shakuntala P, Sunanda I, [2014] explained aging as inevitable development phenomenon bringing along number of changes in the physical, psychological, hormonal and social conditions of the persons. So the differential study was conducted out on 140 senior citizens belonging to 60 years and above age group in Hubli-Dharwad. The study was conducted with objective to know the influencing factors on distress among institutionalized and non-institutionalized senior citizens. From the regression analysis, among selected demographic variables, gender was found to be most significant influencing factor on distress status of senior citizens.
6. All India Senior Citizens Confederation [AISCCON] survey shows that 60 % of elderly people living with their families face abuse and harassment, 66% are either very poor or below poverty line. And 39% have been either abandoned or live alone. The associated mental health issues of living alone, especially for elderly are so serious.

Methodology

Here in this study various methodological perspectives have been analyzed to understand social reality, so this approach is very handy for sociologists. The present study of Marianagar village have adopted structural functional approach. Because in a social system to understand gerent logical issues this approach is the best suited. For any social reality there is a structure and this structure is made of many interrelated parts. So, the study of the elderly people is made up of various parts and interrelated to each other.

The main aim of the study is to study the health and social status of the elderly in Marianagar village the field work for data collection was conducted. In this study total of 90 respondents were interviewed. The respondents were chosen from Marianagar village. The samples include 44 men and 46 women who were interviewed. A systematic random sampling technique was adopted for selecting the respondents.

Objectives of the study

1. To study the educational background of the old aged.
2. To understand the Income status of the old aged.
3. To study the institutional benefits that reached the old aged.
4. To study the health status of the old aged.

The respondents were divided on basis of their age group like 60-65, 70-75, 80 & above. To understand the exact problems and issues related to three segments of elderly people.

Table 1: Age group classification of the respondents

SI. No	Age-group	Particulars	Percentage
01	60-65	28	31.11%
02	70-75	48	53.33%
03	80&above	14	15.55%
04	Total	90	100

In the current study the table 1 shows age group of 60-65 have 28 respondents [31.11%] are considered as young-old, the age group of 70-75 comprise 48 respondents [53.33%] considered as middle-old. And final group are elderly also considered as octogenarians are around 14 [15.55%] called as old-old group. In this study we witnessed seriousness of ailments, quality of living, well being based on the age group segregation. As they reached the ripened age they face various challenges such as physical, social and psychological issues which requires greater care from society.

As we approached the various age groups as respondents we find that the people in the age group of 60-65 still active except few. But the age group of above 80 years surely needed both mental and physical support to live. Among 12 samples only 02 people were free from all ailments. Most of all the age groups here have age related ailments. Also percentage of illiterates also belong to this age group more.

Table 2: Education qualification of the respondents

SI. No	Qualification	Particulars	Percentage
01	Illiterate	62	68.88%
02	10th	28	31.11%
03	12th	-	-
04	Graduation & above	-	-
	Total	90	100

The above table 2 reveals that majority of the respondents are illiterates among 90 samples 62 of them [68.88%] reveals the same. Also 28 respondents which constitutes to 31.11% of the respondents studied only matriculation class. Mainly due to education initiative taken by the Christian missionaries in the village. But it is to be noted that none of them have 12th grade qualification nor graduation in the samples available. As a result of this the representation in government jobs from the village is almost nil. Most of them were resettled in the village when the major dam project was taken up four decades ago. Hence majority of them are illiterates who missed primary education in search of their livelihood. The result of this is seen in their social life like believing in divine powers too much, lack of scientific temperament, shaman rituals, orthodox beliefs etc. They in fact living a life of subsistence livelihood.

Table 3: Occupation of the respondents

SI. No	Type of occupation	Particulars	Percentage
01	Self-Employed	45	50.00%
02	Employed	18	20.00%
03	Dependent	27	30.00%
	Total	90	100

As of the table 3 reveals 45 respondents that is [50%] of them are self-employed in sense they cultivate their own lands, indulged in farm activities and also engaged in animal

husbandry. Majority of them are engaged in agricultural and allied activities. Even around 20% of them are employed they have meagre jobs in construction activity, some work in coffee plantations in neighboring Coorg district as laborer. Around 30% of the respondents are dependent on their families for their livelihood. Since they are in advance ageing stage, they can't work or self-dependent especially elderly women are totally dependent on their children.

Table 4: Annual income of the respondents

SI. No	Annual income	Particulars	Percentage
01	Up to One Lakh	84	93.33%
02	01-03 Lakhs	06	6.66%
03	03 Lakhs & above	-	-
	Total	90	100

The table 4 indicates that majority of them are poor class and hold BPL cards. In this study about 84 respondents income accounts only for up to one lakh per annum. That is an whopping 93.33% of the samples interviewed in the village are poor people and leading a poverty ridden lifestyle in spite of many freebies given by government agencies. Only around 6.66% of the people in village have slightly more income that can satisfy their daily chores. The public distribution system evolved in management of food grains at affordable prices through fair price outlets.

Table 5: Marital status of the respondents

SI. No	Marital status	Particulars	Percentage
01	Married	86	95.55%
02	Unmarried	04	4.44%
03	Divorced	-	-
	Total	90	100

From the above table 5 it is notable that all most every elderly has been married and have family of their own. It is the traditional setup of the family to get married compulsorily and continue the lineage forward. In spite of having family and children many of the old-aged are suffering from the loneliness and isolation since the new generation people are not compatible with the elderly in many social aspects of living. About 95.55% of them are married are not able to find the solace among their social setup. Either their health, mental condition, care, love and affection everything has taken back step. Due to this socio-psychological indulgence has been reduced resulting in marginalizing the elderly. The two respondents who are not married are elderly women and they are dependent on the siblings and their children. The unmarried women feel very insecure in them they neither have strength to work nor property to offer to support their livelihood. This makes their life miserable and pathetic.

Also in this study of elderly another key objective was to study and understand the health status of them, in village life will be very simple but yet gets complicated once the issue of health arises. Because the accessibility to the healthcare facilities are remote. Also many cannot afford the cost of the treatments at noted hospitals and healthcare facilities which makes them vulnerable to the age related problems which are numerous. So with this background the present study tries to study and analyses the health and social wellbeing of the elderly. To understand this we took up the causes for diseases, habits they possess, elderly people's dependency on medicines and type of ailments they suffer from.

Table 6: Health status of the elderly marital status of the respondents

Sl. No	Health status	Particulars	Percentage
01	Good	34	37.77%
02	Ill-Health	52	57.77%
03	Sick	04	05.55%
	Total	90	100

Among the respondents in this study available only 34 of them have stable health condition that amounts to 37.77% only. The table 6 shows that fact clearly, also about the elderly reeling with ill-health around 52 respondents are suffering from one or the other kind of ailments it is visible that more than half of the sample respondents which means 57.77% are facing health issues. There will be various contributing factors in this such as lack of medical awareness, poor maintenance of health and hygiene practices, unable to bear the health expenses to concerned ailments/diseases may all contributed for this. Also 5% of the people in the given universe are seriously sick and needs immediate medical attention and care. Many are dependent on medications the same has been indicated in the next table with data analysis.

Table 7: Respondents dependent on medicines

Sl. No	Dependent on medicines	Particulars	Percentage
01	NO	44	48.88%
02	Daily	28	31.11%
03	Weekly	08	8.88%
04	Occasionally	10	11.11%
	Total	90	100

In this table 7 we can make out that about 44 respondents [48.88%] of them are not dependent on any medication also notable aspect is in this majority of them are women respondents. The reason for this is naturally women are away from addictions of alcohol, smoking etc. also due to their engagement in rigorous manual laboring in farms and agricultural fields makes them immune to ailments. The dietary pattern they practice also adds to the well-being of the elderly. In rural areas since they also don't consume junk foods instead, they depend on traditional food habits. But even they use tobacco in chewing, but at negligible amount. About 28 respondents means 31.11% of them are dependent on daily medications the reason for which will be explained in the next table. 08 respondents [8.88%] take medications on weekly basis. About 11.11% of respondents occasionally use medicines only for minor ailments.

Table 8: The elderly respondents on habits

Sl. No	Habits of elderly	Particulars	Percentage
01	Smoking	23	25.55%
02	Alcoholic	25	27.77%
03	Other Habits	-	-
04	No Habits	42	46.66%
	Total	90	100

In the table 8 the field work reveals that majority of the elderly especially the male respondents have one or the other habits such as smoking that amounts to 25.55%, but alcoholism is the issue one need to get addressed. About 27.77% of the respondents in the given study consume alcohol, it may be due to de-stress themselves from the daily hardcore manual laboring. Due to consumption of alcohol they have become addicted many are also facing health issues related to alcoholism. But there is no drug or any other kind of banned substance consumption witnessed during this study. A notable

fact is that a considerable amount of respondents do not have any kind of addiction especially elderly women respondents. It amounts to 46.66% which means nearly half of them have healthy lifestyle free from negative addictions.

Suggestions and Recommendations

1. Strengthening social participation of elderly through voluntary organisations.
2. Educate and inform about health policies for the elderly to health care workers especially in rural areas.
3. Need to generate emotional support facilities for active and healthy ageing.

Conclusion

Active social welfare measures to ensure life with dignity for elderly is a need of the hour. Whereas the old aged are neglected who live in rural areas in India, healthcare providers, should be educated about the benefits to the elderly of increased autonomy and friendships in villages also. It is high time that public should be made aware of this growing problem. The solution to the old age problem, demands integrated measures to tackle the problem of individuals in senescence period. So the whole society should address the issues of the aged in holistic manner.

Elderly people are crucial link in transferring values and moralsto next generations acknowledging seniors' contributions would make our society more age-inclusive society. Institutions in the country needs to address the social challenges to elderly carein order to improve their quality of life. Ageism takes place at various levels in the realms of ideas and beliefs, interpersonal relations and so on.

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