

# Problems of Rural Elderly Need of Social Work Intervention

**B.Venkatas Subba Reddy**

Research scholar,  
Dept. of Population studies and Social Work,  
Sri Venkateswara University,  
Tirupati - (A.P).

**Dr. D. Sai Sujatha**

Professor  
Dept. of Population studies and Social Work,  
Sri Venkateswara University,  
Tirupati - (A.P).

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## ABSTRACT

The socio economic problems of the elderly are aggravated by factors such as lack of social security and inadequate facilities for the health care, rehabilitation, and recreation. Also, in most of the developing countries, pension and social security is restricted to those who have worked in the public sector or the organized sector of industry. The 60<sup>th</sup> National Sample Survey (January-June 2004) collected data on the old age dependency ratio. It was found to be higher in rural areas than urban areas. With regard to the state of economic development a higher number of males in rural areas, 313 per 1000, were fully dependent as compared with 297 per 1000 males in urban areas. For the aged female, an opposite trend was observed (706 per 1000 per females in rural areas compared with 757 for females in urban areas). On an average 30% male and 73% females in geriatric group are economically dependent, mainly on their children. Against this backdrop, a research has been conducted to know the problems of the rural elderly. The main objectives of the study are to know the socio-demographic and economic profile of elderly, to assess the health status of elderly and to study the problems experienced by the elderly. An empirical study is made in Nellore district of Andhrapradesh with a sample of 100 randomly selected respondents. A structured interview schedule along with a Problem Inventory for Older People (Ramamurti P.V 1969) and Inventory to assess health status (Ramamurti, 1996) was used for data collection. Data thus collected is analyzed, and conclusions are drawn, also suggests measures for tackling the problems. Following are the major conclusions emerging from the present study. Most of the respondents are in the age group of 60-70 years and are able to read and write. Further the study revealed that most of the respondents are from Hindu religion and belong to S.C community. Regarding family details half of the respondents are staying in joint families and own concrete roof houses with Laverty and bath room facilities. They are having enough recreational recourses and all moderately satisfied with living arrangements. It is also observed from study that three fourths of the respondents are having moderate health status.

**Key Words:** Elderly Need

## Introduction

Ageing is a phenomenon that has been of interest to scientist as well as to the common man, from time immemorial. The apparent phenomena as thus brings changes across lifespan of beginning with conception and ending with death is the result of process of growth is the earlier phase of life, and of destruction or decline in the later phase of life. The ageing process, as defined by Gorman (2000), is a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. In the developed world, chronological

time plays a paramount role. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age.

Getting old is the result of the interplay of biological, social psychological and ecological factors. Old age is the last phase of the human life cycle and the timing of the phase; its impact on role relationship and the meaning attached to it vary in different societies and even in different subgroups of society. In the process of aging the phase is considered as decline and death: and in this phase majority of the aged face economic,

social, psychological and health problems which vary from individual to individual, further the determination of old age differs from society to society in accordance with the social organization including the cultural beliefs in vogue on one hand and the level of economy, standard of living and health services on the other. Given the trend of population aging in India the elderly face a number of problems which range from absence of ensured and sufficient income support to themselves and their dependents, to ill-health, to absence of social security, to loss of a social role and recognition and to the non-availability of opportunities for creative use of free time. The trend clearly reveals that aging will become a major social challenge and vast resources will need to be directed towards the support, care and treatment of the elderly. On the process of individual aging this increased interest had led to the development of a large body of research in the field of social gerontology.

Subbarama Raju (2013). In his study on the aged and social exclusion; a study among scheduled caste women in A.P. study results revealed that children feel that they are more crucial to their parents well being, where their parents are more dependent on them. The adult children may feel more oppressed and frustrated by lack of positive and emotional response from their parents. The daughter in-law have been commanding their mothers-in-law and father-in-law by disobeying their requests and eating at the beginning, without giving food to aged family members. further the study revealed that the respondents of different case studies reviewed above and of focus group discussion held at thimmapur revealed a large number of the respondents were illiterate and dependent upon the family income and old age pensions for their basic needs including health. Health is the last priority for majority of the people . The old people also do not consider minor health problems as health problems and overlook them and majority of them suffering from one or other health problems and also don't have any secured source of livelihood. Majority of them were dependent on family income (labour work) and old age pension. Gradually for the large number of such

respondents, the old pension became the only source of livelihood.

### Review Literature

Chakrabarti (2006) explored that in the case of literacy status, most males were literate as against females. There was not a single female elderly who had education beyond the school level. Above one-fifth of the elderly were earners and as expected, dependency was greatly pronounced among the female elderly as well as adult-old and old-old age groups as against their counterparts. Obviously, the proportion of the female elderly belong to households engaged mostly in daily labour and cultivation as well as very poor and poor economic categories as against male elderly who belonged to the business and poor and middle economic categories.

Ghosh Maulik,(2006), expressed that elderly person experiences certain changes in social, economic and public estimation. In the present discussion is based on data of 989 elderly persons living in Cuttack city.The paper focused on problems felt by the aged displacement from family authority will be examined in this article. The examination of data gathered from 504 rural and 482 urban aged persons in Orissa, revealed a difference in pattern of losing family authority with advancing age. Retaining authority up to 64 years by the urban elderly is as high as 82.44 per cent compared to 73.14 per cent by the village gerents. The decline of authority is faster in the village than in the city, with increase in age. In the village, only 12.86 per cent and in the city 22.22 per cent octogenarians retained authority. In the total sample, 47.22 per cent of aged persons in rural areas and 61.0 per cent of aged in the urban areas retained authority in their families.

Rao, (2003). Conducted a study on 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. It was found that a higher proportion of the total respondents (sample of 300 elderly) stated that they were suffering from serious illness and lack of medical facilities in the village and poor economic

condition might be responsible for the lower health status of the village.

Hema Nalini et.al (2002) in her study found that joints are main problem followed by failing eyesight and cardiac problems. It is interesting to note that in spite of the high level of prevalence of diseases among the elderly at most 63 per cent of them reported that their health status was good.

Susuman, (2005) stated that Gender is a very important variable that influences the quality of life at all ages. The population over 70 years of age, more than 50 percent suffer from one or more chronic conditions. Lack of social support, breaking up of joint family system, changing lifestyles; all aggravates health and nutritional problems in the elderly age group. While elderly people in India may have reasonable access to family care, they are inadequately covered by economic and health security

#### **Needs for the Elderly**

- Provision of good housing and living arrangements with their family members is must.
- An encouragement for close association between the younger generations.
- Aiding from friends and families especially during illness.
- Should be allowed to participate in youth gathering if so wish.
- We provide (satisfy) the primary needs and secondary needs.
- Primary needs means we satisfy the Biological, Psychological, Health & Economic needs.
- Secondary needs means we satisfy the occupational, spiritual & cultural needs etc.

#### **Problems of Elderly**

Some people accept old age gracefully. They are happy with their children and grand children. But, some are likely to home some of the problems:

- Health problems
- Psychological problem
- Economical problem
- Living arrangement problems
- Social Problem

#### **Health problems**

Cardiovascular diseases, hypertension, stroke, diabetes, Cancer, Muscular skeletal conditions

(such as arthritis and osteoporosis), mental health conditions (mostly demention and depression). Visual impairment etc.

#### **Psychological Problem**

Bereavements are a major crisis: The loss of a husband or wife or a close family member is the single, most stressful event in an elderly person's life. Death of spouse can hit an older person extra hard because of the sheer length of the relationship involved. There is no easy way to deal with the loss of a loved one especially of a life time partner. Depression is common condition among the elderly. Its symptoms include loss of appetite, fitful sleep, early morning wakening, weight loss, lack of energy and motivation, sometimes even suicide.

#### **Economic Problem**

In most cases, income diminishes considerably because of superannuation or self-retirement from occupation. For their livelihood they depend on the children. In the developing countries they are unable to maintain themselves, even with the available pensions.

#### **Living arrangement Problem**

Though housing is a problem common to all the age groups. Elderly have special problematic situations; with the movement of younger population into cities and towns and because of non-availability of accommodation in urban area. Mostly in rural atmosphere many elderly people not having adequate living arrangements like separate room for sleeping, bathing e,tc.,

#### **Social Problems**

- Lack of information about the programs and services for the elderly.
- Lack of home care and support.
- Lack of support services, weak family, social and community networks.
- Lack of participation in recreational, social and community activities.

#### **Care of the Elderly**

The aged in traditional societies occupied a permanent place and were venerated because they were repositories of wisdom, experience, custom and property rights. Their contributions in the field of education, socialization, social control, transmission of cultural values, social heritage to the future generations was valued. But, gradually with the advent of industrialization, migration to

the cities with better employment opportunities, in the urban sector, it all began to change. The current interest in ageing and gerontology all over the globe has been stimulated by the growing proportion of the aged; both in the developed and developing countries and by public concern with the aged as a social challenge. At the same time the care of the aged is also assuming greater importance with general increase in longevity, particularly in the developed countries. The developed countries have organized systems that include pensions schemes, old age assistance, institutional care, clubs for senior citizens, homes for the aged, meals on wheels friendly visiting home helps etc.

### Population of the Aged

In the present day, the aged population is increasing because of various factors. Troise (1998) pointed out that world's elderly population is increasing by about one million persons monthly. Developed countries like Australia, United States of America, Japan and United Kingdom are also adding more elderly population yearly which shows the need to take special concern for the aged. Globally the share of older people (aged 60 or older) increased from 9 percent in 1994 to 12 percent in 2014, and is expected to reach 21 percent by 2050 (World Population ageing 2013 UN, 2013). From 1994 to 2014, Asia added the largest number of older people (225 million) accounting for almost two thirds (64 %) of global growth. Graying population is one of the most significant characteristics of the 20<sup>th</sup> century.

In Indian rural society the elderly are facing many problems due to lack of ample support from their children. The second reason for their suffering is that they had not saved enough money for their future life when they reach old age. Despite, the property is in the name of aged people, it has been looking after by their children. As a result the aged are unable to enjoy the fruits of the property they legally owned. The heirs who enjoy the property of their parents are financially exploiting them. For the elderly reduced income along with acute and chronic illness, inadequate housing, loss of physical fitness, inaccessible public services and in-

sufficient social support is leading to dependence on others.

### Welfare Programmes of the Aged

The elderly citizens all over the world are alarmingly increasing and facing different problems when their needs are not met in the context of an ongoing socio - economic change. The concept of old age and social security has also been changing being detrimental to the well - being of the elderly. Breakdown of joint family was also due to the changes in marital union when marriages were organized by parents either from relatives or otherwise they had enforceable social control over the young couple. Modernization also weakened several beneficial value systems, namely respect, obligation, love and affection that existed in most of the traditional societies. Modernization also led to occupational mobility and migration of children to far off urban areas in search of new jobs.

One of the basic problems for a large number of aged all over the world is the protection against insecurity in economic, social and psychological status during the later years of life. Earlier the family and kin groups were the main agencies to provide security and protection to the aged. With the growth in the processes of industrialization and urbanization, family and kinship organizations are fast changing. Leading to the inadequacy of the traditional arrangements for providing security and services to the aged is also becoming apparent now.

The problems of the Aged can be mitigated by providing necessary welfare facilities to them by way of:

- National Council for Older Persons
- Legal Support:
- The Maintenance and Welfare of Parents and Senior Citizen Act 2007
- National Old Age Pension Scheme (NOAP)
- Annapurna
- Concessions and Facilities Given to Senior Citizens
- Voluntary Organizations for the Care of the Elderly

### Need For the Present Study

In India, the elderly account for 11% of the total population, of which two-thirds live in villages

and nearly half of them in poor conditions. In India, the life expectancy has steadily gone up from 32 years at the time of independence to over 63 in 2001. The recent trends, for example urbanisation, industrialization, nuclearisations of family, and migration are making care of the elderly more and more of a personal and social problem in India.

The socio economic problems of the elderly are aggravated by factors such as lack of social security and inadequate facilities for the health care, rehabilitation, and recreation. Also, in most of the developing countries, pension and social security is restricted to those who have worked in the public sector or the organized sector of industry .The 60<sup>th</sup> National Sample Survey (January-June 2004) collected data on the old age dependency ratio . It was found to be higher in rural areas than urban areas. With regard to the state of economic development a higher number of males in rural areas, 313 per 1000, were fully dependent as compared with 297 per 1000 males in urban areas. For the aged female, an opposite trend was observed (706 per 1000 per females in rural areas compared with 757 for females in urban areas). On an average 30% male and 73% females in geriatric group are economically dependent, mainly on their children.

### Methodology

#### Objectives of the Study

The Researcher has put forth the following objectives.

1. To understand the socio-demographic and economic profile of elderly
2. To assess the health status of elderly
3. To study the problems experienced by the elderly

### Place of the Study

The study area Nellore district comprises three revenue divisions namely Gudur, Nellore and Kavali. From each division one mandal were selected and a total of 3 mandals were included in the study. Later from each mandal one village was identified and the total elderly population was listed by consulting panchayath personnel.

### Sampling

The universe of the present study consists of 600 elderly from Vidavaluru, Venkatachalam and Manubolu mandals. From each mandal one village was identified and included i.e. Vutukooru, village of Vidavaluru mandal, Kasumuru, village of Venkatachalam mandal and Cherlopalli village of Manubolu mandal of Nellore district. From the above villages, samples of 100 elderly were selected by the method of simple random sample with proportionate allocation.

### Tools Used in the Study

The researcher used interview schedule to collect the information regarding socio-economic and demographic details, A Problem Inventory for Older People (Ramamurti P.V 1969) and Inventory to assess health status (Ramamurti, 1996) to know the problems faced by elderly persons .

### Analysis of data

The collected data was tabulated and percentages were calculated, statistical tests were carried out whenever necessary with the help of SPSS 16.0.

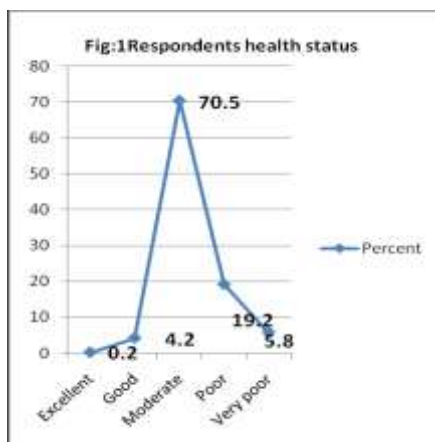
### Results and Discussion

Demographic and socio-economic characteristics of the elderly are very important to understand the problems among the elderly which are presented in Table.1

**Table 1: Socio-Economic and Demographic Characteristics of the Respondents**

S.NO	Characteristics	Majority Percentages
1	Age	64 % in 60-70 years age group
2	Religion	72% Hindus
3	Caste	54% belongs to Scheduled community
4	Type of Family	49% were from joint family.
5	Education	64% does not having any formal education
6	Occupation	70% are not involved in any gainful job at present
7	Income of the respondents	66% are not having any income at present
8	No. of Children	54 % are having 2-3 children
9	Staying	55% are staying with family

10	Type of house	89% are staying in semi structured houses
11	Ownership	54% are in own houses
12	Facilities available	46% are having bathroom and lavatory facility
13	Recreation	59% are having Radio/ Television for recreation
14	Social participation	92% are not participating in any social activities
15	Intake of diet	55% are taking rice/Ragi and dal in main meal daily
16	Choice of food	40% said choice of food is available "sometimes"
17	Living arrangements	60% are moderately satisfied with the available living arrangements



It is observed from the fig No.1 that most of the respondents 71% are having moderate health, followed by poor health 19%, good health 4% and 6% are having very poor health. This indicates that the respondents are having health problems and that they are depending on family for health care support.

**Table No.3 Respondents Distribution According to their Problems**

S No	Problems related to health	Very Frequently	Frequently	Moderately	Occasionally	Rarely
1	Troubled by eye and hearing defects	44.4	41.8	10.2	02.2	01.8
2	Troubled by muscular, joint pains & swellings	15.8	70.2	12.0	01.5	00.5
3	Troubled by problems of digestion and excretion	02.8	21.5	68.2	04.5	03.0
4	Troubled by weakness ,lack of energy ,lassitude and sleepless	03.5	21.8	57.5	09.5	07.8
5	Frequently troubled by illnesses	04.5	58.8	28.0	06.0	02.8
<b>Problems related to Family</b>						
1	Differences of opinion with family members	4.5	14.2	54.5	7.8	19.0
2	Troubled by decreasing authority over family members and family matters.	8.8	25.2	52.8	6.5	6.8
3	Interference in family matters more than what is needed	3.5	21.8	57.5	9.5	7.8
4	Need an independent source of income	9.8	53.2	16.5	15.0	5.5
5	Problem of adjusting with in-laws & lack of adequate emotional support from children	4.2	11.0	43.8	36.0	5.0
<b>Problems related to Economic</b>						
1	Absence of a fixed continuing Income	10.	18.5	46.2	15.8	9.2
2	Problems concerning lack of resources to meet medical and other pocket expenses	09.8	10.8	71.2	3.5	4.8
3	Financial dependency on others	09.0	37.8	32.0	16.5	4.8
4	Need an independent source of income	09.8	53.2	16.5	15.0	5.5
5	Lack of resources to meet children's education and marriages	00.8	6.8	53.8	31.8	7.0

<b>Problems related to Religious and social life</b>						
1	Interest in religion and god	15.5	42.5	32.5	4.8	4.8
2	Loss or decreased social status and loneliness	10.5	44.2	20.5	19.0	5.8
3	Facilities not available for worship and to participate in social, religious gatherings	3.8	11.2	56.5	22.8	5.8
4	Lack of sufficient financial support from children	9.8	53.2	16.5	15.0	5.5
5	Shrinking of required interactions with society members and Fading interest in social activities	.8	8.0	47.8	33.5	10.0
<b>Problems related Personality</b>						
1	Inability to concentrate	2.2	24.8	42.2	23.2	7.5
2	Presence of a feeling of generalized anxiety and worry	11.0	21.0	44.8	10.2	13
3	A Growing feeling of loneliness	5.5	15.2	37.8	32.0	9.5
4	Troubled by (self conscious of) change in physical appearance	1.5	12.2	50.8	29.5	6.0
5	Aspiration to earn money and develop property	4.5	58.8	28.0	6.0	2.8
<b>Problems related to Personality Betterment</b>						
1	Desire to remain young	2.0	16.2	16.2	22.8	22.8
2	Troubled by failing memory	15.8	70.2	12.0	1.5	0.5
3	Not knowing how to behave in certain situations	0.5	8.0	60.5	25.0	6.0
4	Decreased affectional ties with grownup children and increased in affectional ties with grand children	0.5	9.5	62.5	21.2	6.2
5	Difficulty in adjusting to the changes in situations and habits	0.8	12.2	22.5	48.8	15.8

**Table No: 4 Respondents Distribution According to Their Health Status and frequency of problem scores**

Variable	Health status	N	Mean	S.D	Score	Df	Mean Score	'F' Value	'P' Value	Result
<b>Health Status &amp; Frequency of problems</b>	Excellent	7	2.1429	.37	Between the groups	4	.827	4.789	0.000	Significant at 1% level
	Good	34	2.1765	.38						
	Moderate	27	2.1111	.32						
	poor	16	2.5000	.51	Within the groups	95	.173			
	Very poor	16	2.5700	.51						

ANOVA test has been performed to find out whether the health status of the respondents differ significantly with regard to elderly problems. The results from table no 4 indicates that there is significant difference among mean scores of respondents frequency of problem scores The respondents who are having excellent health status are with low mean score (2.1429) which indicates better less frequency of problems score and high mean score (2.5700) was found in the case of elderly who possess poor and very poor health status. The results revealed that health status of respondents differs significantly with regard to their problems and wellbeing at 1 percent level. It can be concluded that the economic and health status of respondents influence their frequency of problems.

**Need of Social Work Intervention:**

To promote elder wellbeing, it is essential to establish more counselling centres to educate the family members on how to cope with the elderly problems vice- versa educate the elderly on how to cope with the family for graceful ageing.

The social worker has to provide interventions to enhance adjustment to role change, family support, financial sources and awareness on physiological changes. Dietary and health counselling should be provided to elderly

regarding regular exercise and preventive and curative health care management measures. More awareness is to be created through print and electronic media to sensitize the community about elder problems and recognize early signs of mistreatment. Further it is essential making the elderly aware about welfare measures and their accessibility and utilization procedures. Implementation of existing laws into with the help of community action teams is need of the hour.

#### **Conclusion:**

The result of the study revealed that most of the elderly are possessing poor health status. Further study indicated that there is a significant association between psycho-social problems and elderly health status, vice-versa on their wellbeing. Even though the ageing process cannot be stopped, being aware of the changes and adopting a healthy lifestyle can reduce its impact on their wellbeing. It is essential to provide Social work intervention with regard to dietary counselling, education about welfare services, preventive measures, recreational activities, suggestions about financial support systems, measures to improve family dynamics, create awareness about stress reduction and adjustment.

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**The ability to convert ideas to things is the secret to outward success.**

**~ Henry Ward Beecher**