

HEALTH PROBLEMS OF ELDERLY PEOPLE IN THANJAVUR DISTRICT-A SOCIOLOGICAL STUDY

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ABSTRACT

Aging is a natural phenomenon which has not only profound personal implication for the individual but also implication for the society. Population ageing is an obvious consequence of the process of demographic transition. The developed regions of the world have already experienced its consequences, while the developing world is facing a similar scene. Although the proportion of elderly-defined in terms of those aged 60 and above in a population-seems small in some of the developing countries, those countries have more elderly persons in absolute terms because of their large population bases. While the recent emphasis on studies pertaining to the elderly in the developing world is attributed to demographic transition, the deteriorating conditions for the elderly are a result of the fast-eroding traditional family system in the wake of rapid modernization, migration, and urbanisation. Health problems are supposed to be the major concern of a society as older people are more prone to suffer from ill health than younger age groups. It is often claimed that ageing is accompanied by multiple illnesses and physical ailments. The health status of the aged should occupy a central place in any study of the elderly population. In most of the primary surveys, the Indian elderly in general and the rural aged in particular are assumed to have some health problems. In this connection, the paper wishes to highlights the health problems faced by the elderly people in Thanjavur District of Tamilnadu.

KEYWORDS: Population Ageing, Adolescence

INTRODUCTION

In the past twenty years the size of the elderly population has increased steadily, and projections show that their numbers will keep growing in the years to come. The poverty, ill health, unemployment, and despair of old people now recognize as a serious social problem. But the problems of the elderly are shared by people of all ages. In developing an understanding of the social and biological process of aging, we gain insight into the problems faced by everyone in our society.

The transition from adolescence to adulthood, for example, poses many of the same problems as the transition from adulthood to old age. Sociologically, the problems of old age are merely the last of the many problems of aging that we face throughout our lives. Of all the problems that trouble older people, health seems to concern them the most. There is good reason for this concern- the elderly have more severe health problems than other age groups. According to a national health survey, 86 percent of all Americans aged 65 or over have at least one chronic illness such as arthritis or heart disease.³ surprisingly, older people have fewer acute illnesses (such as colds and infectious diseases) than others, but their recovery time from such illnesses is twice that of younger adults.

The elderly have trouble getting care and treatment for their ailments. Most hospitals are designed to handle injuries and acute illnesses that are common in the young, but are inadequate to treat the chronic degenerative diseases of the elderly. Many doctors are also ill prepared to deal with such problems. As Fred Cottrell points out,

“There is a widespread feeling among the aged that most doctors are not interested in them and are reluctant to treat people who are as little likely to contribute to the future as the aged are reputed to.”

Old people spend twice as much money on medical care as younger people, but their incomes are only half as large.” Thus, even with the help of Medicare, the elderly in the United States have a difficult time paying for the kind of health care they need.

REVIEW OF LITERATURE

There have been a number of studies on old age population worldwide. Social scientists have been attentive to the problems of elderly people. Some of the studies also endeavor to examine the factors that cause problems to health of the old age population.

Bagga (2002) explored the impact of some socio-demographic factors and deteriorating health conditions on mental health of the elderly. It was also concluded that socio-cultural factors such as widowhood, reduced or no income, educational level, issueless ness, death or migrations of children and living arrangements adversely affected the mental health elderly women. **Behera & Parida (1989)**, they pointed out in their book, In general, principle problems, of elderly people can be grouped as follows, Proneness to certain diseases such as cardiovascular diseases (hypertension, strokes, etc. Respiratory diseases (Chronic bronchitis, asthma, etc.).

Psychological disorders – mental depression, Suicide, dementias – Alzheimer’s disease, acute confessional states, personality changes, etc., mainly due to feeling of neglect and loneliness, financial insecurity – social isolation and boredom and Dental problems. Equally serious and frequent are mental health problems. Among the aged, anxiety states, depression, phobia, senile dementia and several other symptoms and diseases are reportedly widespread. **Borkan and Norris (1980)** carried out a profile of 24 aged – related physical parameters to assess biological age and found an association between physical activity and ageing. They concluded that physically active men were biologically more youthful than inactive men. **Halpert Zimmerman (1986)**, focussing on the health status of the “old-Old”, they question the universal applicability and utility of age groupings among the elderly and the predictions. Comprehensive health data from an elderly population in rural Minnesota show the “old-old” to be comparable to and in some respects better off than the ‘young-old’. Drawing on the nations of “Compression of morbidity” and survivor ship, this study suggests looking beyond simple age distinctions in order to identify groups with increased risk.

METHODOLOGY

Ageing is a biological process and it occurs in all living organisms. Man is no exception to this. It is a natural and irreversible process of human life. The proportion of elderly people in the human population is growing at an alarming rate and the aged form the fastest growing section of the population. The role of elders in the family is very essential and important. The role of elders in the family is very essential and important. The traditional social system accommodated the elders as the heads of the family and showered due respect them.

But now a day, the elderly people facing many problems, because of the forces of modernization, social mobility the migration of the old who stay behind, particularly for families which do no have dependent production assets (land, livestock or household industry) and are dependent primarily on their labor, and the major reason for the problems of the old age people is, the disorganization of joint family system. Behind these reasons, the old age people face many psychological as well as sociological problems.

There are various problems to suffer the old age people, health problems, (vision problems hearing problem breathing, nervous system problem etc.) economic problem, emotional and familial problems and socio- psychological problems, Thus in the light of this background the objectives of the present study have been formulated.

Objectives of the Study

- To study the demographic profile of the aged.
- To study the health problems of the aged.

Descriptive research aims to portray accurately various characteristics, behaviours and attitudes. The study aims to bring out various conditions relating to elder problems at home. The study describes, that the socioeconomic status of the elderly people in the villages, and also describes the problems faced by the elderly people. The sampling procedure for this study is "Simple Random sampling". Two hundred samples are collected from all the four villages of Thiruvaiyaru Taluk of Thanjavur District; the old age population in the four villages (Vilangudi, Konerirajapuram, Thirupalanam, Vaithyanathan Pettai) is 1157. The primary data are collected from the elderly population in the rural villages by the Interview schedule method. It is found to be more skilled, because the respondents are required to comprehend the right perspective of the questions and statements, with the help of the schedule the researcher could explain the questions and statement where ever necessary.

Findings of the Study

Table 1: Distribution of Age of the Respondents

Age	Frequency	Percent
60-69	105	52.5
70-79	63	31.5
80-89	25	12.5
90 & Above	7	3.5
Total	200	100.0

It is clear from the table that the average life span of the old age people is 60-69

Table 2: Distribution of Sex of the Respondents

Sex	Frequency	Percent
Male	101	50.5
Female	99	49.5
Total	200	100.0

Table 3: Distribution of Occurrence of Perennial Health Problem of Respondents

Health Problems Occurrence	Frequency	Percent
Not having	103	51.5
Having	97	48.5
Total	200	100.0

The above table summarizes the occurrence of perennial health problem of the respondents. It is easy to understand from above table that more than half of the respondents 51.5 percentage do not have any perennial health problems for which they are few in consultation with the physician, through the help of family members, still few of others are stay away from consultation.

Inference

It is notable that though half of the respondents did not have any perennial health problem but the other half of the respondents are suffering from some perennial health problems, among which few are devoid consultation too.

Table 4: Distribution of Perennial Health Problems Having by Respondents

Problems of Respondents	Frequency	Percent
Arthritis	28	29.0
Blood Pressure	30	31.0
Dementia	3	3.0
Body Weakness	25	26.0
Respiratory and Lung Infections	11	11.0
Total	97	100.0

The table shows the distribution of perennial health problems specified by the respondents. Among those respondents who are suffering from perennial health problems (48.5%) the following are specified by the respondents

- 31 percentage of the respondents are suffering from blood pressure
- 29 percentage of the respondents are suffering with arthritis
- 26 percentage of the respondents are suffering with body weakness due to old age
- 11 percentage of the respondents have respiratory and lung diseases
- Remaining 3 percentage of the respondents are having dementia

Inference

It is significant that nearly half of the respondents suffered by perennial health problems like blood pressure, arthritis, body weakness, respiratory and lung diseases and dementia.

Table 5: Ability to Continue the Job in the Old Age

	Frequency	Percent
Able	89	44.5
Unable	111	55.5
Total	200	100.0

The above table shows the distribution of the respondent's ability towards continuation of work after sixty years. From the above table it is clear that more than half 55 percentage of the respondents is not able to continue their works after sixty years. Especially some of the female respondents though after their sixty years try to support their spouse and children in their agricultural work with whatever work they are able to do. They have the special respect compare with other respondents, those who are not able to do the works. Even there is difference in providing food to old age people in the family. Food not given by the family members properly to not working respondents is unfortunate.

Table 6: Extent of Visiting the Doctor for Health Problem

	Frequency	Percent
Visiting	188	94.0
Not Visiting	12	6.0
Total	200	100.0

The table gives the distribution of respondents visiting the doctor by the respondents. The table depicts that the majority 90 percentage of the respondents visit the doctor among which few are accompanied by their family members and few others on their own, and remaining 6 percentage of the respondents could not able to visit the doctor due to various reasons like felt unnecessary towards doctor visit, physical weakness to reach hospital, unavailability of persons to take hospital

Table 7: Person Who Pay the Consultation Fee for Hospitals of the Respondents

Fees paid by	Frequency	Percent
Self	94	47.0
Spouse	25	12.5
Children	72	36.0
Neighbors	9	4.5
Total	200	100.0

It is notable that major share of the respondent's consultation fees is taken care by themselves.

Table 8: The Person Who Prepares the Food for the Respondents

Preparation of Food	Frequency	Percent
Self	58	29.0
Spouse	53	26.5
Children	25	12.5
Daughter-in-law	64	32.0
Total	200	100.0

Table 9: Sense of Satisfaction Attained From Food Serving

Sense of Satisfaction	Frequency	Percent
Satisfied	155	77.5
Not Satisfied	45	22.5
Total	200	100.0

Above tables show that majority 32 percentage of the respondents are getting their food cooked by their daughter in law and a major share of the respondents are satisfied with their food provided in their home in the aspect of nutrition and in taste.

CONCLUSIONS

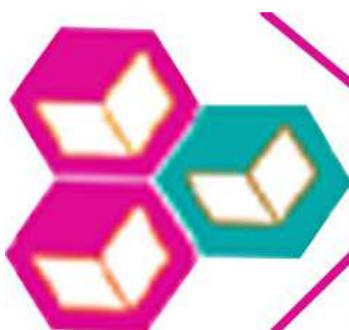
The study depicts the health status of elderly people in Thanjavur district. Now the villages are sprouting with the nuclear family system, due to this the elderly people are facing many problems one among the main problem is a health problem. The care rendered by the family members in the family to the old age people is not sufficient. In spite of minimal care given to the elderly population by the family members in the study area the elderly population tries to evident themselves to be taking care of their children for social recognition in a larger aspect. It is notable that though half of the respondents did not have any perennial health problem, but the other half of the respondents are suffering from some perennial health problems, among which few are devoid consulted too.

It is significant that nearly half of the respondents suffered from perennial health problems like blood pressure, arthritis, body weakness, respiratory and lung diseases and dementia. Nearly half of the respondents both male and female are able to work and assist their children after sixty years, still the other half of the respondents are not able to do any work after sixty years, which is a significant factor. All of the respondents wish to pass away while being healthy as family members does not provide physical support in their difficult and emergency situation. Even though the main desires of old

age is food and good health, they are giving more importance to money, love and affection too. Sufficient food, health, respect, social and emotional support, love and affection are the main desires of the elderly people in their old age. So we will try to fulfil their needs of elderly people in the family as well as in the society.

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