SOCIO-ECONOMIC CONDITIONS OF THE ELDERLY: A REVIEW

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Abstract

Researches in the field of ageing and the aged started in the sixties. Most of the researches identified have been conducted after seventies, which show the growing concern for the problems of the aged during this time. One of the reasons could be attributed to the demographic factors. In India, volumes of research on diversified aspects of aged have been well established from the literature. But as it is very difficult to cover up all these aspects in this research studies, few relevant cases with a heterogeneous dimension of situation are presented. Moreover, aged are by no means homogenious groups. Their needs and problems vary according to their age, family background, health condition, economic status and living arrangements (Swaminathan, 1996). Therefore, the findings from these studies are presented under the socio-economic aspects of the Elderly.

Key words: Morbidity, disability, psychological distress, socio-demographic variables

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Introduction

Old age is a universal phenomenon. The numbers of old people are increasing all over the world, both in absolute terms and in proportion to the population (Hobman, 1979). In India research on ageing and problems of the aged is in its infancy. Social surveys on the life and problems of the aged population in India have been conducted by a few sociologist, anthropologist, psychologist and demographers (Bhatia, 1983). Hence, it is observed that the increase in scientific concern for the old age is a result of rapid increase in the population of elderly persons above 60 years (Bhatia, 1983).

Irudayarajan *et al.*, (1999) made an attempt to obtain the view and perceptions of Indian elderly from different socio-economic settings on issues pertaining their needs and expectations from the family, the state and the society at large. The results from the five different group discussions carried out among elderly in Kerala and Tamil Nadu, highlight the differential needs and expectations depending on the familial, educational, occupational and residential background of the individual elderly. It was found that the perceptions of the elderly on their unmet needs depend on sex, education, occupation and residential background. And the female elderly favoured co-residence with children, which they felt was the best security in old age. But the males seemed to differ on this count. On the level of satisfaction in old age, the study revealed that there was more dissatisfaction among the elderly in a nuclear family set-up and among those who were financially dependent. Regarding old age homes, rural elderly favoured the concept of the old age home as alternative to home environment. But urban elderly, never approved of old age homes as a replacement for home environment.

In general it is seen that the concerns of the elderly are seen as a low priority since they are a relatively smaller proportion of the population. They are also a low priority from individual, family as well as societal point of view. Generally it is believed that the potential of contributing to the future by the elderly is limited (Karkal, 2000). Therefore the socio-economic conditions show those of the elderly, who have all along been poor, constitute the most vulnerable section of the population. The women among them are in a worse condition than men (Sureender *et al.*, 1996). Similarly those in rural areas are worse off than those in urban areas. Sandhya (1996) observes that the changing socio-economic scenario of our traditional groups



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particularly of the aged. At this juncture, most of the rural aged who are increasingly less active and resourceless feels insecure. As a result, the aged as a group has become socially vulnerable and need immediate attention of the society.

A considerable literature has now emerged regarding the nature of emotional, logistical and care giving support that families provide their older members (Brody, 1985). Rosow (1962) noted that marital status, health status, work and income are crucial factors for continued social integration. Younger elderly, those who are employed, well-educated and own homes, those who provide economic transfers to children, and those in more frequent contact with children (although not actually living with children) tend to be influential in family decisions than older elderly, who are not home owners, those who are not highly educated, those who are no longer in the labour force, those who do not provide economic support to their children, and those with infrequent contact with children (Williams and Domingo, 1993).

The role of marital status in the socio-economic conditions of elderly, as shown by that Johnson and Donald (1981), who identified from their study that marital status was found to be the major determinants of the quality of support the elderly received. It is also found that widow reported lower levels of psychological wellbeing and both men and women elderly who are without spouse are found to be considerably in a lower level of social support. A large number of elderly women are widowed (Asian women normally used to marry men 10 to 15 years older and consequently they had to have a longer period of widowhood). Their conditions are further precarious as they are unable to feed for themselves. "Abandonment of elderly widowed women, even from educated families is rapidly on the rise" (Chakraborti, 2002) as women did not have any income of their own. Illiteracy and socio-cultural practices such as 'Udyogam purusha lakshnam' (job is the duty of man) etc., made her dependent on male members of family for her livelihood. In the younger age, the gender based social, cultural inequalities and differential role attributed to men and women become the root cause for the vulnerability in old age (Sen, 1994). Thus in the family, the elderly couple must be given proper care and respect in order to lead a happy life. Hence, there are large gender differences, however, in the individuals available to the elderly as assessed by marital and household status that shows that significantly fewer men live alone, one-tenth of younger group and two-tenth of older men, proportions one-third that of women (Soldo, 1980).



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Studies conducted in North India and South India revealed the socio-economic conditions of elderly against the gender background depicting cases from Haryana state conducted by Goswami et al. (2004) and Singh (2005) they found that female elderly are economically dependent compare to male and the female illiteracy level is higher than male in term of livelihood female are more dependent. More numbers of female elderly are widows. In South India a study conducted by Audinarayana et al. (2002) found that the proportion of widowed, illiterates, non-working and thereby, not earning any income were significantly higher among females compared to males. Data from a multi-ethnic rural setting of Nadai district in West Bengal state (Chakrabarti, 2006) highlighted that, there was preponderance of widows over widowers particularly in the adult-old (70-79 years) and old-old (80+ years) age groups. In the case of literacy status, most males were literate as against females. The proportions of female elderly belonging to poor households engaged mostly in daily labour and cultivation as well as very economic categories as against male elderly who belonged to business and poor & middle economic categories. Hence, the situation of older women appears to be particularly precarious. Research in eight settlement colonies in India indicates that more older women than men consider their status with the family to have deteriorated with age (Gibson, 1985).

The socio-economic conditions of elderly with regard to gender differentials in education shows that studies like Rao (2007) found that a greater percentage (88 percent) of the elderly persons was illiterates such proportion were overwhelming among women than men, whereas the reverse trend was noticed in the case of those who studied upto primary school level. Half of the elderly were not working, one-fifth were working as agriculture labourers followed by cultivators and less than one-tenth were working in traditional occupations, skilled and unskilled works. Gender differentials in this regard were on the expected lines. Venkateswarlu and Laxmipathi (2007) observed that literacy is much higher among males as against females. More than half of the elderly were widowed followed by currently married, whereas the proportion of widowed was more than two-thirds among females as against males. Study in Tamil Nadu (Pappathi, 2007) highlighted that a greater proportion were illiterates, half of them were working in agricultural and related occupations, slightly more than fifty percent were in widowhood status, getting low and moderate personal income as well as belonged to low and average monthly family income brackets. Another study (Swarnalatha, 2008) in Andhra Pradesh state (at



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Chitoor district among 400 rural elderly women) revealed that a greater proportion of women (88 percent) were illiterates, whereas one-tenth had primary level education. Followed by 71 percent of elderly who were widowed, more than two-fifths were working as agricultural labourers and a greater percent of them were women whose annual income was less than Rs.11,000 (below poverty line), belonged to low socio-economic status and spend their leisure time activities mostly with peer group. The study by Sebastian and Sekher (2011) in Kerala revealed that a large number of elderly (83 percent) were literates and as expected the proportion was higher among males than females. On the other hand, while about half of the sample elderly were widowed, such proportion was large in the case of females than their male counterparts. In the case of their occupation, it was found that slightly more than sixty five percent of the elderly were not-working and around one-tenth were cultivators and casual labourers.

There is a contrasting issue of rural urban socio-economic conditions of elderly. The debate encircle the arguments with regard to the support from these studies conducted in India which shows it is possible that rural elderly need more assistance from family members than do urban elderly because of relatively fewer formal support services in rural areas (Scott and Roberts, 1987). Poverty in rural areas as well as greater geographic dispersion exacerbates problems for rural older adults. It is generally recognised that rural elderly have fewer economic resources, greater chronic health problems, transportation problems and more substandard housing than their urban counterparts (Youmans, 1977 and Kimmel, 1974). Older persons who live in small towns have been found to have lower incomes and poorer health than those in cities, where more than half have incomes near the poverty level (Lawton, 1980). Compared to their counterparts living in urban settings, elderly in sub-urban communities tend to have higher incomes, are less likely to live alone, and report themselves to be in better financial and health status (Logan and Spitze, 1988).

Most people in India live in rural areas and the proportion of elderly is higher in rural areas than in urban areas (Chadha and Easwaramoorthy, 1993). Rural society with its strong folk tradition is often distinguished from urban life by its emphasis based on strong bonds of kinship, neighbourliness and informal friendship ties developed as a consequence of the lengthy shared experiences of its members (Wirth, 1938 and Redfield, 1947). Herbert and Wilkinson (1979) report that elders in rural areas have good support systems such as friends, neighbours which are



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enviable in comparison to the apparent anonymity of the urban centres. However, the deprivations of rural elderly have also been well documented. For example, Chadha and Eswaramoorthy (1993) with research evidences have illustrated that rural elderly have less income, poor health, poor housing, poor access to health care and transportation. Thus the findings of studies have revealed many merits and demerits associated with living in rural areas. In rural areas elderly had contrasting views on their societal role as against their counterparts in urban areas. Again, they differed on the problems and constraints of life. The findings also reflected on the different concerns in old age between sexes. For instance, the female elderly favoured co-residence with children, which they felt was the best security in old age. But the males seemed to differ on that count, for they felt that the younger generation would ignore their role (Irudhayarajan *et al.*, 1999).

Rural-urban differences in social relations are particularly critical for the elderly population because social interaction has been shown to be related to a variety of measures of adjustment and emotional wellbeing among older persons (Larson, 1978 and Longino & Kart, 1892). Several studies have indeed found higher levels of social integration among older rural residents than among their urban counterparts (Lawton *et al.*, 1975 and Donnerworth *et al.*, 1978). Rural elders are stereotyped as having large and supportive friendship networks in contrast to stereotyped depictions of urban elders who rarely even know their neighbours (Stoller and Lee, 1994). Primary caregivers in rural areas are, in fact more likely to be spouse, but they are also more likely to provide care with fewer personal, financial and community resource when compared with urban caregivers (Stone, 1991).

There is a debate which shows that the elderly in traditional family were given respect and care but under modern society the elderly are seen to be in a vulnerable situation. Population research does not shown particular concern of the elderly due to small numbers. A micro level study found that the conditions among the elderly poor followed the deteriorating pattern of economic conditions. Rural-urban migration results in the abandonment of the elderly in rural areas. Those without close relatives and widows/widowers are the most in need of social supports. At present, most of the aged still live in joint families. Social changes are expected to reflect a decline in the high status given to the elderly in society. Researchers have recommended

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that Government address some problems of the elderly by establishment of health care units for the aged in general hospitals country-wide (Kabir, 1994).

Mahajan (1992) expressed that the lower segments of society, the working generation is not able to extend social and economic support to the aged, not because they do not want but because they cannot afford to it. It is this segment which becomes most vulnerable with increasing age. In Asian societies, the traditional norms and values laid stress on providing care and respect for the aged and elderly person. The traditional value system where age is to be respected and parents are to be obeyed is supported by religion, by the agrarian economy and by the institution of property in which elderly males continue to regulate/control the hereditary property of the family. In an average Indian household, it is usually the oldest male member of the family who is the head of the household and his decisions are rarely questioned. He owns the property, decides where and how to educate his children gets his children married when they grow; in fact, he brings under his umbrella his entire family, regardless of the age of the individual members and considers it his duty to direct, advice and guide till will the moment of his death (Ramani, 2002).

Although the traditional family values of respect and acceptance of responsibility for the elders still persist, the changing social and economic context due to modernisation and industrialisation have raised questions about the enduring role of the family as a source of support for its elderly. This process of nuclerisation of the family may have also affected the traditional bond of relationship between parents and children. Increasing rates of divorce, high rate of mobility among young adults, and increase in the labour force participation of women, the prognostication is that future elderly cohorts will have less opportunity for family support than present and previous generation of older persons (Fletcher and Stone, 1982).

Conclusion

The review of studies conducted in India at different rural settings portrays some of the major research related to ageing and its related issues. The need of the hour arises, as the elderly with regard to modernisation are found in destitution because they are left behind alone in village, where they feel socially helpless and economically unsecured and thereby they are

compelled to lead a life of uncertainty and difficulty (Behara and Mohanty, 2005). On the whole, in Indian context, though the research relating to ageing and its related issues was of the recent phenomenon, a number of studies are conducted with related to the size of elderly population and differentials in their demographic and socio-cultural sub-groups, viz., age, gender, rural-urban settings, marital status, etc., Moreover, the focus of the research themes also vary extensively since the researchers had diverse specialisations from different disciplines, like Sociology, Anthropology, Social Work, Psychology, Economics, Population Studies, etc. In this process, the size of the sample of elderly, the methods of data collection and the instruments of data collection vary from study to study, and thereby, the findings too may not be strictly comparable.

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