

**ATTITUDE TOWARDS LIFE OF THE GERIATRIC
POPULATION AND FACTORS INFLUENCING THEM: A
SOCIOLOGICAL STUDY**

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Abstract:

Different aspect of the body begins to decline at different times. Old age is the last phase of human life cycle. It is unequivocally a universal & irreversible process. Getting old mean changes occurring in the physical, psychological, socio-cultural and economic aspect of person. This in turn brings about a change in status & authority of the aged in society. These changes vary from society to society depending upon the level of economic development, ecological condition, occupations & socio-cultural & religious background of the group. Whether developed or developing, the aged people face a number of problems. This is due to occurrence of change in their personal life negatively & seriously & many began to think that they have become unwanted dependents. Sometime they have this negative perception about themselves but some time we make them realize that they are not more useful for us. Many times, they are considered as a burden because they are not economically productive. Further, their dependence on the young's brings a number of maladjustment & conflicts in day to day life.

So the main objective of the study is to examine the social support system and to elicit the attitude towards life and factor influencing them. For the purpose of Present study the cross sectional community based study design has adopted.

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The present paper is based on empirical information collected from 700 aged Persons, among them 380 males and 320 female were selected through simple random sampling. The Universe of study consists of age 60 years and above residing in seven ward of urban Varanasi.

Interview schedule and non participatory observation will be used as primary sources and as secondary sources government reports, books, Paper, Magazines etc. has been used.

On the basis of this study it can be concluded that social support system of geriatrics population has weakened so the attitude towards life of geriatrics population is become negative.

Key Word: - Aged population, Attitude towards life, Factor influencing them,

Introduction:-

In Indian culture aging gracefully is perceived as a golden period. In a traditional Indian society senior persons were looked upon with a sense of honor and authority. Decision making in the family and community were largely assigned to them. The role of aged in initiating the younger generation towards socialization by transmitting cultural, social and moral values. But in the present era on the one hand the population of the aged 60 years plus has increased over the successive decades on the after hand, the traditional family based support system for the aged has not only weakened but started showing the signs collapse.¹

Current forces of changed the values of traditional Indian society which resulted into changes of role and status of the old people. The forces of industrialization, urbanization, modernization and technological innovations have affected all aspects of life.²

Traditional safeguard of family care for the elderly are being threatened and becoming weak because of changes in family structure from joint to nuclear, migration dual careers, growing consumerism and so on. All these phenomena lead to many physical, psychological and sociological problems.³

In present days getting old mean changes occurring in the physical, psychological, socio-cultural & economic aspect of person. This in turn brings about a change in status & authority of the aged in society. These changes vary from society to society depending upon the level of economic development, ecological condition, occupations & socio-cultural & religious background of the group. Whether developed or developing, the aged people face a number of

problems. This is due to occurrence of change in their personal life negatively & seriously & many began to think that they have become unwanted dependents. Sometime they have this negative perception about themselves but some time we make them realize that they are not more useful for us. Many times, they are considered as a burden because they are not economically productive. Further, their dependence on the young's brings a number of maladjustment & conflicts in day to day life.

Social scientists report that there is a general lowering of social status of elderly people in India. Increasingly, older people may be perceived as burdens due to their disability or dependence. Rapid changes in the family system, even in rural areas, are reducing the availability of kin support. With modernization of the country, older values are being replaced by 'individualism'. The family's capacity to provide quality care to older people is decreasing.⁴

In recent years India is passing through technological, social, cultural and demographic transition. Consequently increase in awareness of health care among the people took place, which led to the improvement in the quality of health care facility. Eventually the mortality rate has come down due to an increase in the life expectancy, which ultimately leads to the increase in elderly population. The expectation of life at birth has increased from about 32 years in 1941-51 to 62.8 years for males and 63.4 years for females in 1996-2001⁵ and According to census 2011 life expectancy at birth increased about 65.77 years for males and 67.95 years for females.⁶

As per census 2011 age of 65 years and over is about 5.5% of total population, where population of male is 30, 831, 190 and Female is 33, 998, 613.⁶ Along with the growing number of the aged, the traditional family support system is fast disappearing from the Indian society. The old people face problem due to the weakening of the family and community ties, lack of care and concerned by their children who go out of the family leaving old people alone. During the prime of their age the elders had an active life leading their family and kin group, now becoming an inactive, dependent and physically sick & weak. This is alarming situation. With the prospect of this situation worsening in the coming decades, ways and means of managing the stress effectively needs to be examined.⁷

This study was thus conducted with the following objectives:

1. To elicit socio demographic profile.
2. To elicit the attitude towards life and factor influencing them.

Methodology:

The present paper is based on cross-sectional community based study design and the empirical information collected from 700 aged Persons, among them 380 males and 320 female were selected through simple random sampling. The Universe of study consists of age 60 years and above residing seven ward of urban Varanasi. These are (1) Habibpura (2) Ramraypur, (3) Nevada, and (4) Loco-chittupur (5) Pandeypur (6) Sibra (7) Bhadaini.

The information was collected through a pre-designed and pre-tested interview schedule which considered socio demographic information and attitude towards life and factor influencing them.

Result and Discussion:-

In the present paper, the total study population was 700, out of these 380 were male and 320 were female. As shown in **table 1** majority of the study population (47.7%) were between 60-69 years age group but proportion of females between 70-79 and 80+ years was higher than males. Majority of male in the study population (82.1%) were married and most of the female (51.2%) were widow. Further, (58.7%) male were literate in comparison to (5.6%) literate female.

Singh reported 60.7% males and 70.67% female in a survey of landless aged in Haryana. The level of education of the aged was analyzed large number of the aged are illiterate. 32.33% males and 39% females were illiterate. Only 22% of the respondents were literate out of which 14% were males and 8% females: 3.67% males and 3% females had no formal Education but they were able to read and write⁸. Lena et al reported only 12.1% of the elderly men were widowed while 67.7% of the women were widows⁹.

Table 2 deals with Socio-economic profile of study population where most of the study population belonged to General caste and joint family. Majority of respondent's per capita income was between 1001-2000 thousand.

When we talk about attitude towards life of study population (**table 3**) there was significant association found between gender and feeling of declined authority. While proportion of (58.2%) male and (49.6%) female respondents feels that their authority has declined in the family. Almost half (44.9%) respondents have withdrawn from day to day affairs of family life. (35.9%) respondents are not very happy from their life at present.

In his study, Goel, *et al* mentioned that 55.1% of the respondents had a negative attitude towards life¹⁰. Lena *et al* reported almost 98% of the respondents felt that old age had affected their day-to-day life. Among these, 86.4% felt that age had partially affected their daily activities. Half of the people interviewed felt neglected by their family members, while 47% felt unhappy in life and 36.2% felt they were a burden to the family. An unfavorable attitude was observed to be more among females than males⁹.

According to Mohapatra 92.9% of the respondents expressed unhappiness with life. 89.3% of the respondents felt that they were not loved by their family members¹¹.

Further the factors influencing the attitude towards life of the study population was analyzed in (table 4) there was no significant association found between gender and behavior of family member and their experience of marital life. No significant association was found between gender and exhibit reciprocity of relationship of family members. More than half (52.3%) study respondent feels that the family is a better health care supportive agency.

Balamurugan and Ramathirtham reported that only 79.9 percent of male and 84.1 percent of female elderly had experienced abusive behavior from family members¹². while Prakash, *et al* reported 17.3% having feelings of neglect¹³. Mohapatra reported that about 21.4% Respondents were being neglected by their family members. About 85.7% of the respondents felt themselves to be a burden on their family¹¹.

Conclusion: -

The above study was an endeavor to study the attitude of elderly people regarding their life as well as the factor influencing them. Their authority has declined. Attitude towards life of study population was significant associated between gender and feeling of declined authority. Respondents are not very happy from their life at present. Social support system of geriatrics population has weakened so the attitude towards life of geriatrics population is become negative.

References

- 1) Sivamurthy M, and Wadakannavar A.R. *Care and support for the elderly population in india: results from a survey of the aged in rural north karnatka (india)*. Paper submitted to the IUSSP General Population Conference held in Salvador (Brazil), during 18th- 24th August, 2001.
- 2) Jamuna D. *Issues of elder care and elder abuse in the Indian context*. J Aging Soc Policy.2003;152:125–42.
- 3) Sahoo, AK., Rajan S.Irudaya, “Sociology of Aging: A reader” Rawat Publication 2009, New Delhi p.12
- 4) Indira Dr Prakash Jai. *Ageing in India prepared for WHO* By Professor of Psychology Bangalore University, Bangalore, India world health organization Geneva1999 p. 14
- 5) Joshi, A.K.:– “Rural Aged: Living arrangement, Problem and Care” in “Older persons in India” (ed.), Serial Publication, Serial Publication, New Delhi 2005
- 6) <http://www.mapsofindia.com/india-demographics.html>
- 7) Tremethick MJ, Thriving, not just surviving. *The importance of social support among the elderly*. J Psychosoc Nurs Ment Health Serv. 1997 Sep;35(9):27-31.
- 8) Singh, C.P., *Socio-economic Status and Health Conditions of Landless Rural Aged in Haryana* in Help Age India - Research & Development Journal, 2005, Vol.11, No. 1.
- 9) A Lena, K Ashok, M Padma,¹ V Kamath, and A Kamath., “Health and Social Problems Of the Elderly: A Cross-Sectional Study in Udupi Taluk,” Karnataka. Indian J Community Med. 2009 April; 34(2): 131–134
- 10) Goel PK, Garg SK, Singh JV, Bhatnagar M, Chopra H, Bajpai SK. *Unmet needs of the elderly in rural population of Meerut*. Indian J Community Med, 2003, 28:165–6.
- 11) Mohapatra T, Health problem of the elderly and their attitude towards life : an empirical study in twin-city of Odisha, Help age India- research and development journal vol. 18 no. 2 may 2012
- 12) Balamurugan J and Ramathirtham G, *Inequality to elderly in social support at familial level: A socio-economic perspective*. Indian journal of gerontology 2012, vol.26, no.2.pp. 161-170.
- 13) Prakash R, Choudhary SK, Singh VS. *A study of morbidity pattern among geriatric Population in an urban area of Udaipur, Rajasthan*. Indian J Community Med. 2004; 29:35–9.

Table 1 Personal Details of the study population according to Gender

Variable	Categories	Distribution					
		Male (n=380)		Female (n=320)		Total (n=700)	
		No	%	No	%	No	%
Age (yrs)	60-69	184	48.4	150	46.9	334	47.7
	70-79	161	42.4	139	43.4	300	42.9
	≥ 80	35	9.2	31	09.7	66	09.4
Marital Status	Presently married	312	82.1	156	48.8	468	66.9
	Presently not married	68	17.9	164	51.2	232	33.1
Educational Status	Illiterate	21	05.5	178	55.6	199	28.4
	Just literate	136	35.8	124	38.8	260	37.2
	Literate	223	58.7	18	05.6	241	34.4

Table-2: Socio-economic profile of study population

Variable	Categories	Distribution	
		No.	%
Caste/Religion	General	294	42.0
	OBC	271	38.7
	SC	97	13.9
	Other	38	05.4
Type of family	Joint	630	90.0
	Nuclear	70	10.0
Occupation	Unemployed	44	06.3
	Business	118	16.8
	Retired	223	31.9
	Housewife	315	45.0
Socio-economic status (per capita monthly income)	≤1000	190	27.1
	1001-2000	272	38.9
	>2000	238	34.0

Table 3. Attitude towards life of the study population according to Gender

Variable	Categories	Distribution						χ^2	df	p
		Male (n=380)		Female(n=320)		Total (n=700)				
		No	%	No	%	No	%			
Do you feel that your authority in the family has declined	Yes	221	58.2	126	39.4	347	49.6	34.080	2	0.001
	No	127	33.4	126	39.4	253	36.1			
	I can't say	32	8.4	68	21.2	100	14.3			
Withdrawal yourself from the day to day affairs of family life	Yes	205	53.9	109	34.1	314	44.9	33.046	2	0.001
	No	134	35.3	139	43.4	273	39.0			
	I can't say	41	10.8	72	22.5	113	16.1			
Description of life at present	Happy	143	37.6	129	40.3	272	38.9	1.150	2	.563
	Neutral	94	24.8	83	25.9	177	25.2			
	Not a very happy	143	37.6	108	33.8	251	35.9			

Table 4. The factors influencing the attitude towards life of the study population according to Gender

Variable	Categories	Distribution								
		Male (n=380)		Female (n=320)		Total (n=700)		χ^2	df	p
		No	%	No	%	No	%			
Behavior of family Members	Satisfactory	148	38.9	149	46.5	297	42.4	5.182	2	.075
	So-So	125	32.9	101	31.6	226	32.3			
	Unsatisfactory	107	28.2	70	21.9	177	25.3			
Experience of marital life	Satisfactory	197	51.8	170	53.1	367	52.4	4.845	2	.089
	So-So	147	38.7	134	41.9	281	40.2			
	Unsatisfactory	36	09.5	16	05.0	52	07.4			
Exhibit reciprocity of relationship	Yes	156	41.1	159	49.7	315	45.0	5.434	2	.066
	I can't say	127	33.4	95	29.7	222	31.7			
	No	97	25.5	66	20.6	163	23.3			
Do you feel that the family is a better health care supportive agency	Agree	193	50.8	173	54.1	366	52.3	1.032	2	.597
	Neutral	81	21.3	68	21.2	149	21.3			
	Disagree	106	27.9	79	24.7	185	26.4			