

## Assessment of Problems among Elderly Females of Ludhiana City

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**ABSTRACT** The present study was conducted in Ludhiana city to explore the problems faced by elderly females and to seek suggestions by them to overcome these. A random sample of forty elderly women above the age of sixty years was carved out from two localities each i.e. BRS Nagar and Civil Lines area of Ludhiana city, thus, making total respondents as eighty for the study. The data were collected through personal interview. Major physical problems faced by elderly females were reduced vision (81.25%), dental decay (77.50%), body weakness and pain (68.75%) whereas major economic problems were medical expenditure (85.0%) lack of freedom on spending (77.50%), reduced personal income (65.0%) etc. Amongst socio-psychological problems, stress and strain was the prominent problem (85%) followed by declining authority (77.50%), loneliness (72.50%) feeling of neglect (65.0%) and so on. The relationship between age and physical problems of elderly females was found to be non significant (2.824) whereas it was significant with respect to socio psychological problems (13.981).

### INTRODUCTION

Old age is generally the chronological age, a universal phenomenon and a challenge to everyone, who reaches it irrespective of occupation, skill or learning (Tungdim et al. 2002). In most gerontological studies, persons above sixty years of age are coined as old and comprise the elderly sector in India. The population projections made by the UNESCO indicates that the proportions of the aged above 60 is likely to go up from 7.1 per cent in 1991 to 12.3 per cent in 2025 in India alone. We therefore, need to pay proper attention to the quality of life of the older persons. In almost all the countries of the world, elderly women outnumber the elderly men.

Rapid ageing trends present new challenges to government, families and the elderly themselves, Ramachandran and Radhika (2006). The problem of senior citizens has become a social problem in Indian society. The changes in the demographic structure during the last few decades in developing countries have made the aged a socially more noticeable section (Bhatia 1983). Moreover, modern society has undergone a vast transformation due to breaking up of joint family system, technological revolutions and attitude of younger generation towards old age. All these have accelerated the problems of elderly, particularly women. The economic inadequacy of the nuclear family is resulting in the neglect of its members. The traditional roles are slowly being replaced with insignificant roles after

retirement. The problems experienced by aged women are more acute, who are economically dependent solely on the families. In the advancing age, when the aged lose friends, job status, power influence, income, health etc. bring host of problems related to physical, economic, social and psychological aspects.

In the context of the importance of the subject, the present study has been undertaken to explore the problems of elderly females of Ludhiana city and to elicit suggestions by the elderly females to overcome the problems.

### MATERIALS AND METHODS

The present study was conducted in Ludhiana city. Two localities i.e. BRS Nagar and Civil Lines area were selected purposively as population more or less belonged to similar economic status. A random sample of 40 elderly females was drawn from each of the two localities i.e. BRS Nagar and Civil Lines area, thus making total respondents as 80 for the study. The female respondents for the present study were above the age of 60 years. The data were collected through personal interview schedule during the period of October to December 2006. The interview schedule included information on socio economic profile of the respondents, physical, economic and socio-psychological problems faced by elderly women as well as suggestions by the respondents to overcome these problems. The data thus collected were statistically analysed.

## RESULTS AND DISCUSSION

### Socio-economic Profile of the Respondent

The data given in table I reveals that majority (75.0%) of the female respondents were in the age group of 60-65 years followed by 65-70 (18.75%) years and above 70 years (6.25%) respectively. As regards education of the elderly females, majority of them had their educational level up to graduation (68.75%), whereas 18.75 per cent were post-graduates and 12.50 per cent only studied upto matric. It was seen that half of the respondents remained in some kind of job before their retirement. More than half of the respondents (56.25%) had nuclear family set up. Further, it depicts that 75.0 percent of the elderly females had their spouse with them and 18.75 per cent had lost their husbands while 6.25 per cent were unmarried. Regarding income of the respondents, more than half (56.25%) had monthly income up to Rs. 10000/- followed by 31.50 per cent and 12.5 per cent in the income range of Rs. 10000-15000 and Rs. 15000 and above respectively.

### Problems Faced by Elderly Females

Different problems which elderly women faced were grouped into physical, financial as well as socio-psychological. The details of these have been discussed below.

**Physical Problems:** The data given in Table 2 reveals different problems of elderly women related to their physical health. Amongst the different problems, reduction in vision was faced by most of the respondents (81.25%), whereas the problem of hearing was experienced by quite a few number of respondents (25.0%) respectively. The other common problems related to health which generally elderly women faced were dental decay (77.50%), body weakness and pain (68.75%), body cramps (65.00%) and suffering from serious diseases (57.50%) such as diabetes, heart problem, gastro-disorders, indigestion and sleeplessness each (43.75%) respectively. The main reasons for above health problems may be due to lack of proper food, stress or lack of proper treatment provided by their family members. The present findings are in line with those of Mahajan (2006) who also reported that elderly people generally suffer from general weakness, sleeplessness and poor eye sight.

**Table 1: Socio-economic profile of the respondents**

Characteristics	No.	%
<i>Age</i>		
60-65 years	60	75.00
65-70 years	15	18.75
70 and above	5	6.25
<i>Education</i>		
Upto matric	10	12.5
Graduate	55	68.75
Post graduate	15	18.75
<i>Occupation Before Retirement</i>		
Remained in job	40	50.00
Self employed	12	15.00
Housewife	28	39.00
<i>Family Type</i>		
Nuclear	45	56.25
Joint	35	43.75
<i>Marital Status</i>		
Spouse alive	60	75.00
Widow	15	18.75
Unmarried	5	6.25
<i>Income of the Respondents</i>		
Upto 10000	45	56.25
10000-15000	25	31.50
15000 and above	10	12.50
<i>Income of the Family</i>		
Upto to 15000	25	31.25
15000-30000	40	50.00
30000 and above	15	18.75

**Table 2: Physical problems faced by the respondents**

Problems	No.	%
Reduced vision	65	81.25
Dental decay	62	77.50
Body weakness and pain	55	68.75
Body cramps	52	65.00
Problems related to diseases	46	57.50
Slow movements	45	56.25
Indigestion	35	43.75
Sleeplessness	35	43.75
Loss of hearing	20	25.00

Similarly findings of Krishna Swamy and Aghababa (2007) also support the present results who reported that ageing is a process when deterioration of cardiovascular system takes place and bones lose their mineral content.

**Economic Problems:** The data in Table 3 depicts that 85.00 percent of elderly respondents stated increased medical expenditure as major economic problem at this stage followed by lack of freedom on willful spending (77.50%), reduced personal income (65.0%), forced to make contribution for livelihood (47.50%), lack of support from family (37.50%), liability of children (15.0%) and payment of pending loans (7.5%). The possible reasons for economic problems might be that families financially not being very sound and hike in prices.

**Table 3: Economic problems faced by the respondents**

Problems	No.	%
Increased medical expenditure	68	85.00
Lack of freedom on spending	62	77.50
Reduced personal income	52	65.00
Forced to make contribution for livelihood	38	47.50
Lack of support from family	30	37.50
Liability of children	12	15.00
Payment of pending loan	6	7.5

The findings of Mahajan and Gupta (1995) support the present results who also revealed that on retirement the income is suddenly reduced and this affects their standard of living and ultimately day to day living.

**Socio-psychological Problems Faced by Elderly Females:** The data given in Table 4 indicates that elderly females faced numerous socio-psychological problems like stress, declining authority, lack of respect in the family, loneliness, difference of opinion with family members etc. Amongst the given problems, stress and strain was experienced by maximum (85.0%) of the respondents, while lack of participation in outside activities was encountered by minimum i.e. 25 percent of the respondents. The other problems reported were declining authority (77.50%), lack of respect in the family (75.0%), loneliness (72.0%) feel neglected (65.0%), get upset over small issues (61.25%) and difference of opinion with family members (47.50%) etc. Mahajan (2006) also supports the present findings who revealed that elderly suffered with various socio-psychological problems like

**Table 4: Socio-psychological problems faced by the elderly females**

Problems	No.	%
Stress/strain	68	85.00
Declining authority	62	77.50
Lack of respect in the family	60	75.00
Loneliness	58	72.50
Feel neglected	52	65.00
Get easily upset over issues	49	61.25
Difference of opinion with family members	38	47.50
Not involved in family affairs	36	45.00
Family members hardly interact	34	42.50
Lack of recreational facilities	30	37.50
Depression	28	35.00
Due status not given in society	28	35.00
Feel burden on the family	25	31.25
Children dislike their presence in peer group	22	27.50
Lack of participation in outside activities	20	25.00

loneliness, declining authority, lack of respect, strained family relations. Further while studying the problems of senior citizens in India, it was reported that proportions of females is more than that of males who suffer from these problems. Similarly Bakshi et al. (2007) also reported that aged females living with families were feeling emotionally unstable.

**Association of Age of Respondents with Physical and Socio-psychological Problems:**

The values were worked out by applying chi-square test to find out the association between age and selected physical and socio-psychological problems (Table 5a, 5b). With regard to physical problems of elderly females chi-square value was found to be non significant ( $\chi^2=2.824$ ). The reason might be that for physical problems respondents used to get medical aid due to which they were able to carry out their routine activities, else it could be that majority of the respondents were educated and were knowing about the upkeep of their health. Further association between age and socio-psychological problems of elderly females was worked and chi-square value was found to be significant ( $\chi^2 = 13.981$ ) at 1 per cent level of significance. This might be due to change from joint family system to nuclear family set up and too busy routine of the children or may be modern generation do not feel any

**Table 5a: Association of age with physical problems of the respondents**

Age (years)	RV	DD	W&P	Sm	I
60-65	50	46	37	29	24
65-70	10	12	13	11	8
70 and above	5	4	5	5	3

$\chi^2 = 2.824$

- RV - reduced vision
- DD - dental decay
- W&P-Weakness and pair
- Sm - Slow movements
- I - Indigestion

**Table 5b: Association of age with socio-psychological problems of the respondents**

Age (years)	D	Da	OD	Eu	SP
60-65	14	43	18	33	6
65-70	10	15	18	13	12
70 and above	4	4	2	3	2

$\chi^2 = 13.981^{**}$

- D - Depression
- D - Declining authority
- OD - Opinion differ
- EU - Easily upset
- SP - Lack of participation in social activities

**Table 6: Suggestions given by the respondents to overcome the problems**

<i>Suggestions</i>	<i>No.</i>	<i>%</i>
Provision of old age pension	80	100.00
Awareness amongst public for needs of the elderly	80	100.00
Subsidised transport facility	72	90.00
Free medical aid	68	85.00
Provision of clubs/centres	65	81.25
Day care cum vocational centres	60	75.00
Involvement in social tasks	55	68.75
Provision of old age homes	45	56.25
Adjust according to the situation	10	12.5

responsibility for their care and elderly feel lack of social interaction within and out side the family. The present findings are in line with that of Bhattacharyya and Birla (2006) who pointed out that changing pattern in family structure and too busy routine of young generation leave their elderly under stress.

***Suggestions Given by the Respondents to Overcome the Problems:*** In order to overcome the problems faced by elderly women, suggestions were sought from them only, which have been grouped in Table 6. It is seen from the table that all the respondents favoured for provision of old age pension and awareness amongst general public for needs of the elderly. Further, majority of the respondents (90.0%) expressed for the need of subsidized transport facility, followed by the medical aid (85.0%) provision of recreational clubs (81.25%), day care cum vocational centres (75.0%) involvement in social tasks (68.75%) and old age homes (56.25%) respectively. Any how, very few respondents (12.5%) confessed that one should adjust according to the situation if one wants to live happily. Ramachandran and Radhika (2006) also suggested that elderly should be given

counselling by welfare centres to adjust with changing situations.

## CONCLUSIONS

In the light of above findings it may be concluded that there is urgent need for efforts on the part of the government to ensure guaranteed income, health care, social services, recreation and other requirements of the aged which will go a long way to reduce the problems of elderly. Besides this non-government organizations may also come forward for the welfare of the aged persons. The most needed task is inculcation of cultural values amongst young generations, so that they understand problems of elderly and feel the responsibility for their proper care.

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