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Aged's Oldage Problems and thier Attitude Towards Life : Data from Bhavnagar City of Maharashtra, India

Veena Gandotra and Dipa Shah

Home Management Department, Faculty of Home Science, M.S. University of Baroda, Baroda 390 002, India

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ABSTRACT The steady increase in aged population is the result of increasing life expectancy of an average person. This trend along with technological revolution and urbanization has created problems for both family and society. The high cost of living, limited living space, breaking up of joint families and the changing attitudes of younger generation towards the aged have made it difficult for the families to look after the needs of aged. The society also needs to cater to the needs of its senior citizens by providing adequate support services. The present study focusses on the health, financial, psycho-social, and managerial problems faced by the aged and also attempts to assess the attitude of the aged towards ageing. It further attempts to identify needs felt by aged regarding their welfare. It also examines the impact of various socio-economic variables on the nature of problems experienced by the and their aged attitude toward ageing.

The results revealed that nearly half of the respodants were satisfied with their financial status. Magnitude of social problem was more than health or managerial problems. The age, marital status and occupation had affected health problems while age and marital status had affected social problems. Financial problem was directly related with family income. Education and occupation played a major role in the formation of attitude towards ageing. The problems faced by the respondents were directly related to their attitude towards ageing.

Ageing itself is not a problem to be terrified of. It is a stage in human life. It is the period when a person retires from active life and has more leisure than he had at any stage in his life. Some face this stage in their life style positively and readjust and reorient themselves to a new pattern of living. While others get bored and frustrated due to lack of adjustment. The aged who take oldage as a challenge plan their day to day life in such a way that it is not wasted in idleness but in something which gives expression to their talents and potentials. Those who do not adjust to this major change in their life positively, face a lot of problems and feel neglected and lost.

Every stage of life presents some developmental tasks and hence ageing also presents individual with some developmental tasks that must be resolved if one wants to lead a satisfying life. Scholars have identified five adaptive tasks for the elderly, as reported by Singh et. al (1983).

1. The aged must come to terms with the physical limitations that are inherent at this stage of life.
2. They must define scope of their activities.
3. They must also find sources of satisfying their needs.
4. Aged must also reassess the criteria for self-evaluation.
5. The aged must face the task of finding ways for their lives to have meaning and pupose.

In absence of any generally accepted criterion for oldage chronological age is used as a criterion for deciding whether a person is aged or old. Sixty years is taken as the arbitrary deciding line between late maturity and old age.

Oldage is currently being recognized as a problem. True, we have always had the aged with us but they were far less in number and did not present any problem. In the past, the few individuals who reached the ripe oldage were accepted by the families, the community and the society in general with little or no disruption in their pattern of living. The aged enjoyed a place of reverence and nothing could take place in the family without their sanction or blessings. They were source of knowledge to the young because of their skill and experience over the years. They were carriers of cultures and rituals of their society. The responsibility for looking after them was thus taken for granted.

Oldage has become a problem in recent years

due to increase in the life expectancy of an average person. This steady increase in elderly population along with technological revolution, urbanization and its impact on rural societies has created problems for both family and society. The increasing cost of living, limited living space in big cities, breaking up of joint families and changing attitudes of younger generation towards oldage have made it difficult for the families to look after the needs of the aged.

The society has also not been adequately prepared to cater to the needs of its senior citizens. There are no adequate provision of support services in the family or in the society to meet the needs of the aged.

Problems faced by the aged can be broadly classified as personal or managerial. The personal problems include problems related to health and psycho-social aspects of the individual whereas managerial problems include problems related to use of resouces especially time and money. These problems are not isolated but interlinked. In other words, health problems may have impact on financial and socio-psychological problems.

Health Problems

Health problems of the aged can be broadly classified into three categories : 1) General reduction of physical and mental abilities such as feeling less well than usual, difficulty in working, fatigue, greater need for rest and sleep, forgetfulness and loss of confidence 2) Minor illness such as cold, cough, fever, headache, body pain, dental problems, weak eyesight and impaired hearing 3) Major problems such at T.B., paralysis, asthma, anemia, diabetes, blood pressure, cardiac trouble, etc. (Avananthran, 1980 and Kumar, 1986).

Psycho-social Problems

The psychological needs of love, recognition, security, social participation, dignity and self-respect are more acute in aged. The problem of loneliness is most common in aged especially if either of the spouse has died. The children do not have time for them and they feel sick, tired and neglected. The interest in social activities declines and its scope narrows. They prefer sedentary activities to those involving physical participation. Their relationship with children also suffers as they are not willing to adjust to changing needs and the children on the other hand are not psychologically prepared to support their parents as they have been free of such responsibility in the past. Researchers have found that aged feel lonely and isolated sometimes, feel bad if children do not consult them, if their friends, relatives and daughters are not treated well (Beladia, 1973; Bordvekar, 1973; Kharod, 1980; Kaur et al., 1987).

The worst suffers are widows staying in nuclear families, those who do not own any property and those who do not have any source of income. Old women face more of these problems than men. They feel that they are not involved in the family decisions and functions, the behaviours of son and daughter-in-law get changed and daughter-in-law dominates in household affairs. (Joshi, 1991).

Managerial Problems

The problems in this area are with regards to utilization of resources. The increased amount of leisure and loss of income are two major problems in this area.

A problem of readjustment in the oldage is the availability of unscheduled time after retirement from occupational engagements. The extent to which the aged occupy this time with activities which are purposeful and give meaning to their life will affect their psycho-socio adjustments. Researchers have found that some of the aged like to work full-time but as age increases their work time reduces. Some other pass time in smoking, playing cards, gossiping and discussing, walking, looking after grand children, reading and so on. There is rarely any opportunity for healthy and satisfactory use of any free time by old persons (Gandotra, 1986 and Kapadia, 1990).

Financial Problems

The financial problems of the aged are many. The complete or partial loss of income after retirement causes a lot of changes in the economic status of the aged and consequently in their social status as well. The aged become economically dependent unless they have been astute enough to keep property and money they

earned on their own name.

The change in economic status reflects in a shift of centre of decision-making from the aged to others in the family. The aged who are economically independent are consulted in family decision (Gandotra, 1986 and Kapadia, 1990).

The feeling of economic insecurity is highest among old women followed by the aged staying in nuclear families, those in occupations other than farming or service, those who have surrendered their property to children, and those who do not have any source of income.

Several researchers have made attempts to compare problems of aged staying in institutions and those staying with families. It is found that aged living in institutions felt more alienated, less active and faced more health and psychological problems than those staying with families. The satisfaction level is positively associated with age, education, caste, years of institutional services, ego-strength, rigidity, religiousity, level of aspiration and attitude towards institutions. (Avnathran, 1980; Kapadia, 1991; Agrawal and Rastogi, 1979).

Attitude towards Oldage

The attitude of the aged towards oldage either highlights or decreases the severity of problems faced by them. Studies show that old peopld perceive worries in oldage. Some recognize the positive characteristics of oldage and positive aspect of retirement. This favourable attitude has a decided impact on money management practices. Most of the low-income group people perceive financial problems in oldage and therefore favour employment of people aftr retirement (Gandotra, 1980; Ghai, 1980; Kapadia, 1990 and Shah, 1981).

The review of related literature thus gives a clear picture that the focus of studies so far has been on work and leisure pattern as well as psycho-social problems of aged in rural areas. Very few studies have opted to study health, psycho-social and managerial problems faced by the aged. Hence the present study aims to analyze the problems of aged in in urban areas living with their families and their attitude towards oldage.

Objectives of the Study

The study has the following objectives :

1. To explore the nature of personal and managerial problems faced by the aged; 2. to examine the factors which are responsible for the problems experienced by the aged; 3. to analyze the attitude of the aged towards oldage; 4. to identify the needs felt by the aged regarding their welfare; and 5. to determine the affect of some socio-economic variables on the nature of problems encountered by the aged and their attitude towards life.

METHODOLOGY

A pre-tested structured interview schedule was prepared incorporating a problem rating scale and an attitude scale. The reliability coefficient of the attitude scale was 0.75.

A multi-staged sampling design was used for the study in the city of Bhavnagar, India. Two areas were randomly chosen from a list of various Municipal segments of the city. Within these localities, families with aged members above the age of 60 years were identified and their marital status was noted. A total number of 50 sample respondents from three different marital status categories *viz.* widow, widowers and couples, were chosen from these families. Care was taken that in the category of couples, equal number of male and female respondents were interviewed. Personal interviews were conducted with the help of a pre-tested structured interview schedule. The data thus collected was analyzed by both descriptive and statistical methods.

FINDINGS OF THE STUDY

The findings of the study revealed that majority of the respondents were in the age group 60-75 and belonged to joint families. Nuclear families were more common in the category of aged couples. More than half of the families had a family size of less than five members and one-third belonged to family with 6-10 members. Men were more educated than women.

Majority of men and women were not engaed

in any professional jobs. Almost all of women were housewives except four per cent who had retired from job. Majority of the respondents belonged to high or middle income groups.

Time Utilization Patterns

All respondents spent on an average of 8 hours in sleep and 2 hours in rest daily. Personal care took up 4 hours of their daily time and remaining time was spent differently. Widows more than widowers and couples spent time (as much as 3 hours per day) in religious activities. While men preferred reading, women spent more time in household work. Watching T.V and talking to family members was a major mode of passing time for majority of respondents. Men more than women spent time in excercise and yoga. More widowers than widows and couples spent time sitting idle doing nothing in particular. The other leisure time activities were reading newspaper, magazines, religious activities and dealing with grand children. Nearly half of the repondents paid social visits to friends and relatives daily. While others paid such visits either weekly, fortnightly or monthly. Visiting pattern revealed that widows went out less than widowers or couples.

One fourth of the respondents belonged to a club and carried out activities such as helping needy people, activities involving upliftment of women and other social welfare activities. Some were engaged in physical exercises too. Participation in household work by the aged was also studied. It was found that one fourth of the respondents did not participate in household activities due to either ill-health or large family size where there were enough members to share household duties. Women were more involved in household work than men. On the other hand men did shopping for the family. More than half of the repondents had assumed these duties voluntarily and for the others it was imposed on them by their family memebrs, and this was more so in case of widows. The couples and widowers did household work voluntarily. Therefore, the self-chosen duties were not tiring but duties imposed on the aged reflected in their feeling of tiredness. The extent of participation in family entertainment such as going for a picnic or a movie was more in case of couples rather than widows and widowers.

Financial Problems

Oldage is usually a period when income of salaried people ceases or the pension which they get is fraction of their actual salary hence, there is a need for making adjustments in their finances. The business class may not have such restrictions of compulsory retirement and hence may face less problems. An attempt was thus made to collect information from the respondents about their financial management. Information about source of income, expenditure pattern, decision power in money related aspects, financial responsibilities and their level of satisfaction with their financial status was sought. The results revealed that pensions and/or savings and investment were major source of income. More than one-fourth of the respondents were dependent on their family members. Few of them who were still working had income from salary or profit from business. It was the widows who were mostly dependent on the family members.

With loss of income usually the power of making financial decision for the family also decreased. Thus it was found that in more than half of the cases sons were taking decisions. In some of the nuclear families the respondents were taking financial decisions and only in a few cases joint decision-making was prevalent. Son was the main decision maker in the families of widows, more than the families of widowers or couples. The issues on which the aged were consulted were also studied. It was found that only 64 per cent of respondents were consulted in family decisions. The issue on which they are usually consulted were their own matters, social affairs and marriage. On all expensive items few of them were consulted. It was found that widows were rarely consulted for decision-making in the family.

With regards to the financial responsibilities of the aged it was found that only one-fourth had financial responsibilities and it was mainly related to marriage of son or daughter. Couples had more responsibility than widows or widowers.

52 per cent of the respondent were satisfied with their financial status while 38 per cent

were partially satisfied and only 10 per cent were dissatisfied with their financial status. Widows were less satisfied than widowers and couples.

The problems the aged in the personal and managerial aspects were also studied. The personal problems were mostly health and social problems and managerial problems were related to time and money management. Majority of the respondents faced moderate degree of problems and only 14 per cent faced severe problems and this was so mostly in the categories of widows and widowers. It was also found that on the whole severity of social problems was more than health or managerial problems, especially for widowers. Health problems were more severe in case of widows than the other groups. The specific problems in each of these areas were also identified. Some of the common health problems were weak eye-sight, high blood pressure, loss of memory, impaired hearing, acidity and gastric trouble. With regard to social problem it was found that loneliness was the most common problem among the widows and the widowers. Fear of painful surgery, prolonged medical treatment and death were also reported by the respondents. Widows felt more neglected compared to other two groups probably because they were economically dependent on the family. Not getting enough opportunity to be with grand children, and with young people was also reported by some of the respondents.

The managerial problems faced by the respondents were lack of energy for doing activities and lack of facilities inside and outside home for spending leisure time. These problems were faced more by widowers than the other two groups. Lack of funds for personal and religious commitments was a common problem faced by widows more than the other two groups. The reason being the financial dependence of women on their family.

It was found that 65 per cent the respondents were satisfied with their life. More number of couples were satisfied with their life than widows or widowers probably because death of either spouse left the other person without a partner to share his/her joys and sorrows.

The respondents stated the type of changes they desire to improve their condition and solve problems of aged. They felt that financial resources need to be strengthen so that the aged have enough money to lead a comfortable life. They wanted to have some pocket money either through pension or part time employment or some means of earning so that they can be economically independent. There was a need to develop recreational facilities for the aged. Need was also felt for counselling and guidance services, free medical and health care services. Widowers felt need of special institutions for the aged was more than the other two groups.

With regards to the attitude of the respondents towards oldage it was found that majority of them had neutral attitude and equal percentage of respondents had positive as well as negative attitude. Widowers however had more positive attitude towards oldage than the other two groups.

Several hypotheses were postulated to see the relationship between certain demographic characteristics and problems faced by respondents. χ^2 test was applied to study the relationship between selected demographic variables and problem faced by respondents (Table 1).

It was found that age, marital status and occupation affected health problems of the respondents. As age increased the problems faced by the aged also increased. Widows and housewives were facing more problems than widowers or those who were working or had retired from jobs. With regards to social problems again age and marital status were the only significant variables. It was found that widowers were in this case facing more problems which increased with the age of the respondents.

An interesting relationship was seen between education and time spending problems. It was found that the people who were more educated faced more problems. This might be because the educated group was not satisfied with idle life and wanted to do some worthwhile and interesting activities in their free time. They were the ones who probably felt the need of clubs and recreational facilities. Age of the respondents also affected the time spending problems.

The financial problems faced by the respondents were significantly related to income of the family. High income group faced less problems

Table 1: Chi-square Values Showing Association between Selected Demographic Characteristics of the Respondents and Problems Faced by Them

Demographic characteristics of respondents	*Health problems*		*Social problems*		*Time Spending problems*		*Financial problems*		*Total*	
	χ^2	*df*	χ^2	*df*	χ^2	*df*	χ^2	*df*	χ^2	*df*
1. Family Size	01.61	4	01.89	4	0.204	2	1.517	2	02.06	4
	(N.S.)		(N.S.)		(N.S.)		(N.S)		(N.S.)	
2. Family Income	06.78	4	04.23	4	2.028	2	12.34	2	11.02	4
	(N.S.)		(N.S.)		(N.S.)		(**)		(N.S.)	
3. Marital Status	13.33	3	13.51	4	3.361	2	5.07	3	11.71	4
	(**)		(**)		(N.S.)		(**)		(**)	
5. Age	12.63	4	10.99	4	11.34	2	1.00	2	10.85	4
	(**)		(**)		(**)		(N.S.)		(**)	
5. Education	7.83	6	05.86	6	19.71	3	3.49	2	11.79	6
	(N.S.)		(N.S.)		(**)		(N.S.)		(**)	
6. Occupation	27.87	4	06.97	4	1.803	2	3.33	2	6.90	4
	(**)		(N.S.)		(N.S.)		(N.S.)		(N.S.)	

Remarks in parentheses indicate level of significance of χ^2 values

* 0.05 level of significance

** 0.01 level of significance

N.S. Not significant

than the low income groups. On the whole when total number of problems faced was considered it was found that family income, marital status, age and education of the respondents were significantly related to overall problems faced by them.

χ^2 test was also applied to test the relationship between selected demographic variables and attitude of the respondents towards oldage (Table 2).

Table 2: Chi-square Values Showing Association between Selected Demographic Characteristic of Respondents and their Attitude towards Old-age

Demographic characteristics	χ^2-*Values*	*df*	*Level of significance*
Family Size	06.04	4	N.S.
Family Income	03.78	4	N.S.
Marital Status	08.87	4	N.S.
Age	12.24	4	0.01
Education	25.34	6	0.01
Occupation	18.13	4	0.01

It was found that educational background of the respondents is significantly associated with their attitude towards oldage. More educated people had positive attitude and housewives had negative attitude. The results indicated that the attitude of respondents towards old age was significantly related to their age and occupation. An interesting feature of this relationship was that in case of widowers the relationship was positive while in the case of widows and couples, it was negative. The problem however increased with increase in the age of the respondents.

Implications of the Study

The findings of the study have certain implications for educators and authorities concerned with welfare of aged.

The educators need to develop following competences in people so that they can adjust better to oldage:

1. Awareness of oldage problems such as
   a) Health status declines with age
   b) By remaining active within the physical limitations can reduce problems in old age.
   c) Re-discover their talents and use them to alleviate their loneliness.
2. Proper management of resources in early years, specially of money resource, helps them provide regular source of income.
3. Development of proper attitude towards old-age makes adjustment easier.

Authorities concerned with welfare of aged should take into account the following points:

The support services of the aged should be

designed keeping in mind the traditional and cultural background of our society. The service can be classified as follows :

1. Non-Institutional Care

a) Day care centre - These centres should provide elderly the needed companionship, medical care, nutritional support, recreational facilities and remunerative work opportunities.
b) Day-care centres should be planned for various strata of the social/cultural and economic background.
c) Mobile medical services for various regions should be planned so that medical care becomes accessible to the elderly.
d) Family counselling and individual counselling should be organized so that necessary integration is achieved.

2. Institutional Care

A network of homes for the aged should be planned to cater to the needs of a number of elderly who need to be cared by specialized institutions. The homes should be for,

a) Totally destitute people.
b) Those who pay a small amount such as pension or savings.
c) Special services for chronically ill or handicapped elderly.
d) Holiday home services where elderly should spend some time away from family.

3. Medical Care

Apart from mobile health care units there is a need for

a) Creating special geriatric ward in major hospitals.
b) Setting up special counter and geriatric out patients units in existing hospitals.
c) Special eye-care and cataract service

4. Emotional and Psychological Services

These should cater to their emotional needs. Programmes, such as picnics, pilgrimage, etc. should be planned especially for the aged. Religious get together and discourse should be arranged, sport and cultural events by the aged and for the aged should be organized. International gatherings should also be planned. Counselling services are equally essential. These should lay emphasis on pre-retirement and post-retirement planning.

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