J. Soc. Sci., 11(3): 255-256 (2005)
PRINT: ISSN 0971-8923 ONLINE: ISSN 2456-6756
DOI: 10.31901/24566756.2005/11.03.15

Empowerment of Senior Citizens for Retired Life

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KEYWORDS Senior citizens; empowerment; psycho-social; economic status

ABSTRACT In the present study 120 senior citizens residing in the rehabilitative institutes of U. T. Chandigarh and State Uttar Pradesh participated. It was found that majority of male and female senior citizens suffer from depression, lose their social status and become economically poor after retirement. Health wise males were poor or good in their health status, while greater percentage of female senior citizens was good in their health status. There was significant difference in health status of male and female senior citizens.

INTRODUCTION

The aged are not a spent force, they are a treasure house of knowledge. They are not to be sidelined, they are to be mainstreamed. These flowers may be faded but they still smell sweet through empowerment (Singh, 2001).

In most countries of the world, the older persons do not enjoy a decent status in society. This is all the more, so in developing countries like India, which are economically poor and have been subjected to the ravage of demographic transition, migration, modernization, dwindling joint family, market economy, poor public health and hygiene and low social and economic security. Consequently, there is an urgent need to empower the elderly through implementation of mass action programmes that are multi-prolonged. Empowering the elderly consist of enabling them in at least three spheres or dimensions of life, namely; economic, social, and health. All these three aspects are critical to empowerment and integration would lead to enabling the elderly to effectively negotiate and procure their needs and function as a useful citizen.

The present study was conducted to find out the psycho-social and economic status of the senior citizens residing in rehabilitation institutions.

METHODOLOGY

In the present study 120 senior citizens (51 males and 69 females) living in the rehabilitation institutions of U. T. Chandigarh and State Uttar Pradesh participated. Interview schedule was developed and used to gather information on psychosocial and economic status of senior citizens. Interviews were personally conducted with them in the institutions.

RESULTS AND DISCUSSION

Information regarding psychosocial and economic status of male and female senior citizens is presented in Table 1. As depicted in the table, majority of males (66.7%) and females (71.0%) were suffering from moderate level of depression. A few institutionalized senior citizens were severely depressed (7.8% males and 7.3% females). It was also observed that social status of maximum percentage of institutionalized senior citizens was poor (92.2% males and 95.6% females). Regarding economic status, it was revealed that about half of the male senior citizens (52.9%) and major proportion of female senior citizens (72.5%) were in the poor category of economic status. Only one male and two female senior citizens enjoyed the good economic status being in the rehabilitative institute. Table further displays that, 52.9 per cent male senior citizens were normal in their health status, whereas, 63.8 per cent female senior citizens were good in their health status.

Table 2 describes the means and standard deviations of psychosocial and economic status of male and female institutionalized senior citizens. Z- test was applied to examine the gender differences. Significant gender differences were not observed in depression, social, and economic status of senior citizens. Significant gender differences were observed in health status of institutionalized senior citizens. Mean score of health status of female senior citizens was

Table 1: Psychosocial and economic status of senior citizens

Status	*Male (n = 51) f (%)*	*Female (n = 69) f (%)*
Depression Severe	04 (07.8)	05 (07.3)
Moderate	34 (66.7)	49 (71.0)
Normal	13 (25.5)	15 (21.7)
Social Poor	47 (92.2)	66 (95.6)
Average	04 (07.8)	03 (04.4)
Economic Poor	27 (52.9)	50 (72.5)
Average	23 (45.1)	17 (24.6)
Good	01 (02.0)	02 (02.9)
Health Poor	6 (11.8)	05 (07.3)
Normal	27 (52.9)	20 (29.0)
Good	18 (35.3)	44 (63.8)

Table 2: Gender-wise means of psychosocial and economic status of senior citizens

Status	*Male*	*Female*	*Z Value*
	Mean ± SD	*Mean ± SD*	
Depression	11.61 ± 1.54	11.59 ± 1.42	0.05
Social	11.02 ± 0.73	10.90 ± 0.86	0.81
Economic	09.25 ± 1.29	09.35 ± 1.17	0.41
Health	52.41 ± 4.42	54.30 ± 4.17	2.40*

Means differ significantly at *p < .05 in the same row.

significantly greater than those of their male counterparts.

From these findings it can be interpreted that senior citizens suffer from depression, they lose their social status and become economically poor. These findings are in line with previous research indicating that the aged suffer from economic and health problems (Guruswamy, 2001; Ramamurti, 2003). Dharmalingam and Murugan (2001) reports that elderly widows become the victims of triple negelect and discrimination on account of gender, age and widowhood.

It seems that empowering the senior citizens would require both short-term and long-term planning before retirement. It is important to create awareness regarding psychological counseling services among senior citizens before their retirement to prepare them for retired life. They should also be encouraged to join society clubs or organizations which help them in fulfilling their social needs. It is also necessary to create awareness among growing people to develop habit of saving before they retire so that they can manage their economic requirements after retirement. They should be made aware about different saving and pension schemes.

Empowerment of the elderly means better physical and psychological capability in negotiating to procure their needs. This not only involves securing adequate economy but securing good health and physical fitness in order to become self-reliant, as well as to enjoy favourable social and familial inputs. There needs to be an integrated approach, only then, there could be any meaningful empowerment of the senior citizens.

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