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Research Article

An Anlysis Of Socio - Econiomic And Health Conditions Of Ageing In Chengalpattu District Of Tamilnadu

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ABSTRACT

The phenomenon of ageing can be analyzed from the physical, socio-cultural, psychological and functional angles. Physical ageing is defined on the basis of the anatomical biological changes taking place in the life of an individual with the passage of time. It explains the degradation of the physiological and physical process in relation to the chronological age. Social and cultural ageing are inter-relation to the chronological age. Social and cultural ageing are inter-related but differ in the basis of their emphasis. Social ageing denoted the changes in the behavioral pattern and the role and status on individuals in the family. It refers to social roles and expectations related to a person's age. It is the behavior patterns, beliefs and other products of a particular group that are passed on from generation to generation. Each society has its own langrage. Dress, work, customs and food habits. The Indian culture expected that a girl should be under the father's control that a wife must be under her husband's control and that an aged mother must be looked after by her sons. The cultural ageing give importance to the role on an individual during his life span. The individual plays different roles according to the stage in life. During the childhood, early adulthood, middle adulthood, late adulthood, people are supposed to play the role of the son / daughter, husband / wife, father / mother, and grandfather / grandmother. In the Hindu tradition the '*vanapratha Ashram'* is considered the stage of old age once they have fulfilled the duties and responsibilities to the family , they retire from active life and move to the hermitage. Psychological aging refers to the state of mind of an individual or how he perceives himself. A positive attitude and continued interest in life and things around him help him in reducing the ageing process and staying young in his activities. People are motivated and interested in being healthy and youthful. Elders who are educationally, economically, socially well off may keep bitter mental health and positive attitudes towards self and life. The individual's adaptive capacities help him to adjust effectively through learning, coping, controlling emotions, being motivated, thinking more competently, etc., which are considered to be attributes of keeping "psychologically young".

Keywords: Ageing, Women, Health, Income and Education

Introduction

The phenomenon of ageing can be analysed from the physical, socio-cultural, psychological and functional angles. Physical ageing is defined on the basis of the anatomical biological changes taking place in the life of an individual with the passage of time. It explains the degradation of the physiological and physical process in relation to the chronological age. Social and cultural ageing are inter-relation to the chronological age. Social and cultural ageing are inter-related but differ in the basis of their emphasis. Social ageing denoted the changes in the behavioral pattern and the role and status on individuals in the family. It refers to social roles and expectations related to a person's age. It is the behavior patterns, beliefs and other products of a particular group that are passed on from generation to generation. Each society has its own langrage. Dress, work, customs and food habits. The Indian culture expected that a girl should be under the father's control that a wife must be under her husband's control and that an aged mother must be looked after by her sons. The cultural

ageing give importance to the role on an individual during his life span. The individual plays different roles according to the stage in life. During the childhood, early adulthood, middle adulthood, late adulthood, people are supposed to play the role of the son / daughter, husband / wife, father / mother, and grandfather / grandmother. In the Hindu tradition the '*vanapratha Ashram'* is considered the stage of old age once they have fulfilled the duties and responsibilities to the family , they retire from active life and move to the hermitage.
Psychological aging refers to the state of mind of an individual or how he perceives himself. A positive attitude and continued interest in life and things around him help him in reducing the ageing process and staying young in his activities. People are motivated and interested in being healthy and youthful. Elders who are educationally, economically, socially well off may keep bitter mental health and positive attitudes towards self and life. The individual's adaptive capacities help him to adjust effectively through learning, coping, controlling emotions, being motivated, thinking more competently, etc., which are considered to be attributes of keeping "psychologically young". Those who do not adapt effectively become "psychologically old". The mental health is responsible for the cognitive development of the individual and the functional ability is explained within an given environment. They require skills and abilities (both psychological and physical) to become effective in their day to day activities. A person has to perform a number of duties and it is not surprising that a 75-year-old is more self-sufficient than a 25-year-old. Given the fact that the chronological age is not perfectly related to the functional age, psychologists find it increasingly important to develop valid and reliable measures of a person's functional ability. Biological aging, on the other hand, indicated the organic nature of the individual. Determining the biological age involves knowing the functional capacities of a person's vital organ system (Birren and Renner, 2017)[*].

Statement of the Research Problem

The number of the elderly people is increasing in almost every country. In last three decades, the elderly population has grown twice as fast as the rest of the population. In India 3.8 per cent of the population accounts for people above 65 years of age. Until recently, ageing has been a neglected subject in India by both administrators and academicians. But the socio-economic scenario of the country is changing very fast. This has far reaching consequences on the lives of the aged. The life expectancy of the population at every age is also increasing very fast. The increasing health and medical facilities in the country and improved standard of living helped to add years to life with the result that the elderly are living longer than they used to in older days.There are several factors that are acting simultaneously to make the situation of the elderly; of today different from that which prevailed in earlier days. Factors like changing values, changing family structure, changing status and roles in the family and urbanization and migration can have great impact on the aged. The economic, social and health aspects of aged population pose a great challenge to governments in India.
The main objective of the study, thus, is to understand the aged Tamil Nadu in their different facets of life. Further, ageing being is not only an important demographic but an Economic Issue that has emerged recently, It is very important to generate policy measures to enhance the quality of life of ageing and their contribution to economic development and to promote awareness of the issues associated with ageing to the administration and their society. Thus in the present study, the socio-economic and health status of the aged people in Tamil Nadu is going to be analysis by taking a case study of Chengalpattu district in Tamil Nadu.

Objectives of the Study

1. To study the socio economic status of aged people in the study area.
2. To assess the perceived health problems of the aged people in the study area.
3. To suggest measures for the welfare of the aged people based on the findings of the study.

Hypothesis of the Study

Based on the above objectives, the following hypotheses are framed.
1. There is an association between age and perceived health problem of aged people.
2. There is relationship between education level and health problems.
3. There is association between income source and perceived health problem.

Social Economic Conditions of Aged People in the Study Area

This section is discussing the social status of the aged people about in 16 variables in Chengalpattu district of Tamil Nadu.

Age – Wise Distribution

Old age is the last phase in the life of a person. The growth rate of the aged population has shown a faster trend than the growth rate of the total population. Population ageing is one of the significant by – products of the so-called demographic transition, which has had far-reaching effects, particularly in developing countries. There

[*] Birren, James E and K. Warner Schaie (eds.,), ***"Hand Book of the Psychology of Aging, New York"***, Van Nostrand Reinhold, 2017, pp.9-21.

is a decreasing trend from the age of 60 and people living above 90 are very few. Old age is mostly a dependent period, which requires care and support from family members for better living. The sample consists of aged male and female of 60 years and above. The breakup of the sample classified by age is given in Table 1.

TABLE 1 Distribution of sample respondents by age

Age Group	No. of Respondents		Total
	Male	Female	
Just old (60 – 64)	70 (28.00)	86 (34.40)	156 (31.20)
Young old (65- 74	131 (52.40)	120 (48.00)	251 (50.20)
Old old (75-84)	35 (14.00)	32 (12.80)	67 (13.40)
Oldest old (85+)	14 (5.60)	12 (4.80)	26 (5.20)
Total	**250 (100.00)**	**250 (100.00)**	**500 (100.00)**

Source: Survey Data.
Note: Figures in bracket represent percentage to total.

Table 1 shows that 28 per cent of the sample aged male respondents were in the age group of 60 to 64 years termed as just old, 52.40 per cent were between 65 and 74 years termed as young old, 14 per cent are aged between 75 and 84 years termed the old, and 5.60 per cent were above 85 years termed as the oldest old. The highest aged male respondents are 90 years of age. Whereas in the case of aged female respondents 34.40 per cent were in the age group of 60 to 64 years, 48 per cent are between 65 to 74 years, 12.80 per cent were aged between 75 to 84 years and 4.80 per cent were above 85 years.

Marital Status

When women become widows or separated from the family, their status in the society diminished. Socio-economic and psychological stress are high among the aged widows compared to the married. The widows wear white cloths and they are not allowed to wear jewels. They are prevented from wearing colorful cloths and are not allowed to attend rituals and ceremonies. Marriage provides a status to females. It regulates the sexuality of partners, brings legitimate status to children, provides companionship, security and lifelong partners. The details of the marital status of the aged respondents are given in Table 2.

TABLE 2 Distribution Of Sample Respondents By Marital Status

Marital Status	No. of Respondents		Total
	Male	Female	
Unmarried	28 (11.20)	34 (13.60)	62 (12.40)
Married	75 (30.00)	71 (28.40)	146 (29.20)
Widow/widower	142 (56.80)	132 (52.80)	274 (54.80)
Separated	4 (1.60)	7 (2.80)	11 (2.20)
Remarried	1 (0.40)	6 (2.40)	7 (1.40)
Total	**250 (100.00)**	**250 (100.00)**	**500 (100.00)**

Source: Survey Data.
Note: Figures in bracket represent percentage to total.

In table 2 states that 11.20 percent of aged male remained unmarried in life, 30 percent got married, 56.80 are widower, 1.60 per cent were separated and 0.40 per cent have remarried. In the case of aged female respondents 13.60 per cent were unmarried in life, 28.40 per cent were got married, 52.80 per cent were widow, 2.80 per cent were separated and 2.40 per cent were remarried respectively. In Indian culture the wife is expected to be younger (3- 5 year difference) than her husband. A younger person will be submissive. Loyal and healthy to serve her husband during the old age and acknowledged the fact as all the respondents reported that they were younger in age compared to their husbands. Widow Remarriage is not encouraged in rural India, but there were incidents of such cases as per the findings of the study.

Types of Family

The family is one of the most important social institutions in the society. It plays a decisive role in the community and cultural life of the rural aged. The psychological characteristics of the aged are shaped by their family. Traditionally agrarian society encouraged the joint family system which consisted a number of generations living together. Normally large sized families are needed for agricultural operations. The family took well care of the elderly people. The aged enjoyed better care from the members of their family. But the emergence of the nuclear family, migration of youths to urban centres, higher education of rural females and employment of women outside have led to the adoption of small family norms. This has brought fission in joint family and the elderly are faced with multidimensional problems both in the family and society

TABLE 3 TYPES OF FAMILY OF SAMPLE RESPONDENTS

Family Type	No. of Respondents		Total
	Male	Female	
Joint	81 (32.40)	99 (39.60)	180 (36.00)
Nuclear	169 (67.60)	151 (60.40)	320 (64.00)
Total	**250 (100.00)**	**250 (100.00)**	**500 (100.00)**

Source: Survey Data.
Note: Figures in bracket represent percentage to total.

Table 3 shows that 32.40 per cent of the aged male respondents were lived joint family and the remaining 67.60 per cent were in nuclear families. Whereas 39.60 per cent of aged female respondents were lived joint family and rest of 60.40 per cent were lived in nuclear families respectively.

TABLE 4 DISTRIBUTION OF SAMPLE REPONDENTS BY FAMILY SIZE

Family Size	No. of Respondents		Total
	Male	Female	
Alone	89 (35.60)	81 (32.40)	170 (34.00)
Spouse	75 (30.00)	71 (28.40)	146 (29.20)
3 to 4 members	40 (16.00)	42 (16.80)	82 (16.40
5 + members	46 (18.40)	56 (22.40)	102 (20.40)
Total	**250 (100.00)**	**250 (100.00)**	**500 (100.00)**

Source: Survey Data.
Note: Figures in bracket represent percentage to total.

In table 4shows that around 35.60 per cent of aged male respondents were living alone, 30 per cent were living with their spouse, 16 per cent were having 3 to 4 members of their family and the remaining 18.40 per cent have 5 members or more in their family. In the case of aged female respondents, 32.40 per cent were living alone, 28.40 per cent were living with their spouse, 16.80 per cent were 3 to 4 members and 22.40 per cent are living with 5 members and above in their family respectively.

Living Arrangement

The aged women in rural India mostly live with their children. Old age security through sons was the traditional custom of India. However, daughters help their parents better in crises. Poverty often leads to hardship in life. The poor find it difficult to provide good medial treatment for their aged members. The responsibility with respect to marriage of children and other social obligations tighten their financial resources. Though they can provide the basic needs of food, cloth and shelter they can not afford to spend for recreation, medical care etc., due to poor socio-economic condition.

TABLE 5 Distribution of Sample Respondents by Life Pattern And Perception Of Future Life

Present Living Pattern	No. of Respondents			Future Perception	No. of Respondents		
	Male	Female	Total		Male	Female	Total
Alone	89 (35.60)	81 (32.40)	170 (34.00)	Alone	55 (22.00)	40 (16.00)	95 (19.00)
Son's family	96	91	187	Son's family	91	86	177

	(38.40)	(36.40)	(37.42)		(36.40)	(34.40)	(35.40)
Daughter's Family	32 (12.80)	48 (19.20)	80 (16.00)	Daughter's Family	33 (13.20)	39 (15.60)	72 (14.40)
Unmarried children	24 (9.60)	19 (7.60)	43 (8.60)	Unmarried children	14 (5.60)	10 (4.00)	24 (4.80)
Others	9 (3.60)	11 (4.40)	20 (4.00)	With spouse	14 (5.60)	56 (22.40)	70 (14.00)
				Old age home etc.	43 (17.20)	19 (7.60)	62 (12.40)
Total	**250 (100.0)**	**250 (100.0)**	**500 (100.0)**	**Total**	**250 (100.0)**	**250 (100.0)**	**500 (100.0)**

Source: Survey Data.
Note: Figures in bracket represent percentage to total.

Table 5 reveals that 36.40 per cent of the age male respondents were wanted to live with their son's family indicating the cordial relationship and mutual respect in the family. However 5.60 per cent were interested in living with their unmarried children, expressing their responsibility to guide and settle their children in life. 22 per cent were preferred to stay alone due to lack of support and care from children, or due to adjustment problems in the family; while 5.60 per cent were expressed their preference to stay with their spouse; 13.20 per cent were wanted to reside with their daughter; 17.20 per cent were however wanted to join old age home due to family circumstances. Whereas in the case of aged female respondents, 16 per cent were wanted to live alone to lack of support and care from children or due to adjustment problems in the family. 34.40 per cent were wanted to live with their son's family indicating the cordial relationship and mutual respect in the family. However 15.60 per cent were interested in living with their daughter, 4 per cent were interested in living with their unmarried children, 22.40 per cent expressed their preference to stay with their spouse and 7.60 per cent however wanted to joint old age home due to family circumstances respectively.
The elderly were interested in living with their family members. Those who do not have their own family lived with their children. Those who disliked son's family opted to live with daughters. Some of the aged who have lost their spouse were fond to live alone, while those who do not have children or remain single lived with their close kith and kin. However, many opted to seek shelter in old age homes due to reasons relating to personal or family situation.

Satisfaction of Basic Needs

Aged people in strive to satisfy their basic needs. The rural community is a web of social relationships. Even if their children are indifferent, their kith and kin fulfill their basic needs. The non-availability of health care, entertainment facilities and the poor condition of the family have an impact on the life style of the aged. The role of the male and female aged in administering indigenous medicine, singing folk songs, conducting rituals during ceremonies and child care have an effect in getting love and affection from their family members. The aged are interested in watching TV but are often constrained due to visual impairment.

TABLE 6 SATISFACTION OF BASIC NEEDS OF SAMPLE RESPONDENTS

Facilities	**No. of Respondents**		**Total**
	Male	**Female**	
Food	165 (66.00)	169 (67.60)	334 (66.80)
Cloth	23 (9.20)	25 (10.00)	48 (9.60)
Shelter	21 (8.40)	23 (9.20)	44 (8.80)
Self care	16 (6.40)	10 (4.00)	26 (5.20)
Health care	3 (1.20)	4 (1.60)	7 (1.40)
Entertainment facility	12 (4.80)	7 (2.80)	19 (3.80)
Economic condition	10 (4.00)	12 (4.80)	22 (4.40)
Total	**250 (100.00)**	**250 (100.00)**	**500 (100.00)**

Source: Survey Data
Note: Figures in bracket represent percentage to total.

From the Table 6 reveals that majority of the aged male respondents, 75.20 per cent were found to be satisfied with food and clothing, 8.40 per cent were satisfied with shelter, 6.40 per cent were satisfied with their self-care, 1.20 per cent were received regular medical attention, 4.80 per cent were enjoyed entertainment, and 4.00 per cent were satisfied with their economic condition. The majority of the aged female respondents, expressed satisfaction in fulfilling their basic needs of food, Cloth and shelter. Whereas in the case of aged female respondents 77.60 per cent were found to be satisfied with food and clothing, 9.20 per cent with shelter, 4 per cent with were satisfied with their self – care, 1.60 per cent were received regular medical attention, 2.80 per cent were enjoyed entertainment and 4.80 per cent were satisfied with their economic condition. They also majority of aged female respondents expressed satisfaction in fulfilling their basic needs of food, cloth and shelter respectively.

Non- Satisfaction of Basic Needs

Aged people age factor is a main problem of non satisfaction, inability of health and economic level decrease and earning level decrease and many financial problem facing. Not interested any activities of economic level decrease automatically non satisfied for all things,. So basic needs not fulfill inability also health. Male and female also same problem faced an economic and health level.

TABLE 6 REASON FOR NON- SATISFACTION OF NEED OF SAMPLE RESPONDENTS

Age/ Reason	Not Interested		Unemployment Problem		Financial Problem		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
60 to 64	21	24	26	21	17	13	64	58
65 to 74	29	25	41	38	21	23	91	86
75 to 84	18	21	18	19	20	22	56	62
85 &	15	17	14	21	10	6	39	44
Total	**83**	**87**	**99**	**99**	**68**	**64**	**250**	**250**

Source: Survey Data

Note: Figures in bracket represent percentage to total.

The family members tried to satisfy the basic needs of the elderly. But poor financial conditions prevented many from fulfilling the basic needs of the aged male and female members as per the data provided in Table 6.

Widowhood

Widowhood is on the increase among the aged females. In Hindu society widows are subjected to many restrictions and these are reflected in their actions and ways of life. The lower castes have less restriction. The important retractions are related to dress, food, ritual performance, wearing jewels and recreation. These rituals are believed to earn merit in the future life, and, at times, they are considered an expiation for the misdeeds done in past and present life. These are imposed by transition and are followed in many cases without hesitation. It is to the sin committed by them either in this or previous life, they become widows and remain unhappy in life. Early marriages often lead to widowhood. In the Sakkiliar caste in Tamilnadu the widow remarriage is rarely allowed. If the widow is young, the deceased husband's younger brother can marry her.

TABLE 7 AGE AT WIDOWHOOD OF SAMPLE RESPONDENTS

Age	No. of Respondents		Total
	Male	Female	
21 – 40	34 (13.60)	30 (12.00)	64 (12.80)
41 – 60	147 (58.80)	154 (61.00)	301 (60.20)
61 +	69 (27.60)	66 (26.40)	135 (27.00)
Total	**250 (100.00)**	**250 (100.00)**	**500 (100.00)**

Source: Survey Data.

Note: Figures in bracket represent percentage to total.

Widow/Widower hood often affects the psychological state of the aged male among the informants 13.60 per cent were lost their spouse between the ages of 21 to 40, 58.80 per cent were attained Widow/Widower hood between the ages of 41 to 60 and 27.60 per cent were lost their spouse after the age of above 61 years. And also Widow/Widower hood often affects the psychological state of the aged female among the informants 12 per cent were lost their spouse between the ages of 21 to 40, 61.60 per cent were attained Widow/Widower hood between the ages of 41 to 60 and 26.40 per cent were lost their spouse after the age of 61 years respectively.

Opinion about Spouse

Relationship between the partners is a significant factor in married life. Each one dreams about the partner before marriage. After entering into their married life they can feel whether their dream is a myth or real. The majority of the partners treated them with love and affection, and took care of them during illness.

TABLE 8 OPINION OF THE AGED ABOUT THEIR SPOUSE OF SAMPLE RESPONDENTS

Opinion	No. of Respondents		Total
	Male	Female	
Positive	184 (73.60)	215 (86.00)	399 (79.80)
Negative	66 (26.40)	35 (14.00)	101 (20.20)
Total	250 (100.00)	250 (100.00)	500 (100.00)

Source: Survey Data.
Note: Figures in bracket represent percentage to total.

Relationship with partner has much impact on the mental health of the aged male respondents. Among the informants, 73.60 per cent has a positive opinion about their spouse and 13.20 per cent expressed negatively. Whereas 86.00 per cent of the aged female respondents has a positive opinion about their spouse and rest of 14.00 per cent were expressed negatively respectively.

Social Support

Social supports to the aged in rural areas are pretty good when compared to the urban counterparts. They have there family members and close friends to attend to their needs. In village their contact and social network is very wide. During late in the evening they gather in the street outside the house and chitchat leisurely. The aged can easily get the help of others for fetching water, going to the fair price shop and buying things from the shop. Their social needs were found out and are stated in table 9.

TABLE 9 DEPENDENCY LEVEL OF THE AGED-SOCIAL SUPPORT OF SAMPLE RESPONDENTS

Dependency Level	No. of Respondents		Total
	Male	Female	
Independent	115 (46.00)	109 (43.60)	224 (44.80)
Partially Dependent	63 (25.20)	66 (26.40)	129 (25.80)
Fully dependent	72 (28.80)	75 (30.00)	147 (29.40)
Total	250 (100.00)	250 (100.00)	500 (100.00)

Source: Survey Data.
Note; Figures in bracket represent percentage to total.

Table 9 shows that 46 per cent of the aged male were independent in fulfilling their social needs, 25.20 per cent were partially dependent and the remaining 28.80 per cent were fully dependent on others for fulfilling their social needs. Whereas 43.60 per cent of the aged female were independent in fulfilling their social needs, 26.40 per cent were partially dependent and rest of 30.00 per cent were fully dependent on others for fulfilling their social needs.

Problem of Ageing

Old age is the terminal stage in human life. Some people accept it gracefully with a positive attitude. But many face problems and adopt a negative attitude in their day to day life. The problems faced by the aged in any society largely depend on the socio-economic conditions and environment on which they live. The problems of aged are multiple. It involves a multidirectional change in the physical, psychological and social spheres of personal existence. It the problems of the aged are unattended and unsolved, it still affect social development. These problems are very different from other social problems. They differ from individual to individual based on the socio-cultural, economic and health factors. The problems faced by senior citizens are plenty especially in under developed countries and backward rural regions.

Health Hazards

The health related problems of the aged are classified as here under:

- ❖ 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.
- ❖ Illness due to cold, cough, fever, headache, body pain, dental problems, weak eye sight and impaired hearing.
- ❖ Major illnesses such as tuberclousis, paralysis, asthma, anemia, diabetes, blood pressure, cardiac trouble etc.

According to Desai (2011)[†] women in India live longer than men. On an average they live five to seven years longer. But the aged women face many more problems than men. Women suffer from most degenerative diseases such as osteoporosis, arthritis, rheumatism, asthma, depression and cancer, which affect aged women more than aged men.

Family Problems

The family is the source of security and happiness. The youngsters who are given energy for the improvement of the family expect supporting services from the family in their old age. Interpersonal relations between family members are important and security are the needs of the elderly. They expect the family and society to fulfill their needs. The needs of the aged differ according to the marital; status. It may be different for the single, married, widowed, and destitute persons. The problems of the aged are also different according to the factors such as gender, social class, residence and physical ability. These findings have focused attention on the role of the family in care-giving, its capability for caring in the face of societal change, imbalances in care-giving responsibilities, role of women in care-giving; and problems encountered by care- givers and care-recipients.

Psychological Problems

Psychological problems such as senility, dementia, sexual problems and emotional disorders may arise due to reduction in income, change in social status due to retirement and hormonal changes. Forgetfulness is a gift of mankind. The 'slip of the mind' is common to mankind but, during old age, the degree is extended. In the case of people who have intellectual skills (prayers, tales, folk songs) their memory remains till their death. The aged women often chant the prayers and enjoy folk songs like Thalattu, kummi and ooppari etc. in rural Tamilnadu. The symptoms of psychological problems experienced by the elderly are sadness, lack of interest, loss of memory, inability to concentrate and thought of death and suicide (Papalia, 2022)[‡].

Table 10 Physical disabilities among the aged

Present Living Pattern	No. of Respondents			Future Perception	No. of Respondents		
	Male	Female	Total		Male	Female	Total
Vision	118 (47.20)	119 (47.60)	237 (47.40)	Spectacles lens	59 (50.00)	48 (40.33)	107 (45.15)
Loss of teeth	46 (18.40)	42 (16.80)	88 (17.60)	Teeth set	16 (34.78)	19 (45.24)	35 (39.77)
Hearing impairment	12 (4.80)	16 (6.40)	28 (5.60)	Hearing aid	6 (5.00)	7 (43.75)	13 (46.43)
Locomotors disability	16 (6.40)	19 (7.60)	35 (7.00)	Walking	5 (31.25)	7 (36.84)	12 (34.28)
Forgetfulness	58 (23.20)	54 (21.40)	112 (22.40)		--	--	--
Total	**250 (100.0)**	**250 (100.0)**	**500 (100.0)**		--	--	--

Source: Survey Data.
Note: Figures in bracket represent percentage to total.

Table 10 showed that the physical condition of the informants, 23.20 per cent of the aged male stated that they suffer from loss of memory; 47.20 per cent had lost eyesight, but only very few aged used spectacles; 18.40 per cent had difficulty in taking normal food items because of fallen teeth but only 18.4 per cent among them had artificial teeth set; 4.80 per cent of the aged stated that decreasing hearing power affected their conversation with others but only few persons could afford to have hearing aid. Though the elders suffer impairment of locomotors ability, the walking sticks are not used by many of the aged.
In the case of aged female respondents 47.40 per cent of the aged stated that they suffer from losses of money; 47.60 per cent had cost eyesight, but only very few used spectacles; 16.80 per cent had difficulty in taking normal food items because of fallen teeth but only 45.20 per cent among them had artificial teeth set; 5 per cent of the aged expressed that decreasing hearing power affected their conversation with others but only few

[†] Desai, H.J. ***"Disabled Senior Citizens, Bombay, NAB Workshop for the Blind,"*** 1991, pp.18-21.
[‡] Papalia, D.E. ***"Human Development",*** New York, Mc Graw Hill Book Company, 1992, pp.22.

persons could afford to have hearing aid. Though the elders sufferer important of locomotors ability, the walking sticks are (36.84 per cent) used by the aged female.

Common Diseases

WHO defines health as "a state of complete physical, mental and social well-being and not merely absence of disease or infirmity". Proper nutrition, exercises and Medicare can substantially reduce the ailments among the aged. Old people suffer from many chronic diseases. Ultimately this affects their physical and mental health. Care can delay the effect. So the aged people should be made aware of preventive and curative measures. There is no separate health service in rural areas for the aged, and often they get treated at the government hospitals and primary health centers. Private practitioners often charge high amounts and the poor aged are unable to afford such treatment. The organized sector provides health care facilities to its employees but the unorganized sector offers no health care benefits. It is necessary to have adequate geriatrics service within the existing general medical institutions to cope up with the health problems of the aged. Courses in geriatric studies should be introduced in medical colleges so that doctors may be motivated and equipped with deeper knowledge to take care of the aged. Medical camps and mobile medical unit can promote health care among the rural aged. Chronic diseases in old age make them more dependent.

Table 10 Common diseases among the rural aged

Activities	No. of Respondents		Total
	Male	Female	
Body pain	51 (20.40)	53 (21.20)	104 (20.80)
Joint pain (Aarthrities)	60 (24.00)	63 (25.20)	123 (24.60)
Blood pressure	21 (8.40)	23 (9.20)	44 (8.80)
Chest pain	11 (4.40)	13 (5.20)	24 (4.80)
Asthma	8 (3.20)	9 (3.60)	17 (3.40)
Piles	8 (3.20)	9 (3.60)	17 (3.40)
Loss of weight	8 (3.20)	10 (4.00)	18 (3.60)
Skin problem	6 (2.40)	5 (2.00)	11 (2.20)
Diabetics	5 (2.00)	4 (1.60)	9 (1.80)
Nervous	4 (1.60)	3 (1.20)	7 (1.40)
Disease free	68 (27.20)	58 (23.20)	126 (25.20)
Total	250 (100.00)	250 (100.00)	500 (100.00)

Source: Survey Data.

Note: Figures in bracket represent percentage to total.

Health is the best wealth to the aged. The table 10 state that 27.20 per cent and 23.20 per cent aged male and female were in good health. Majority suffered from joint pain, blood pressure and chest pain. A few complained of asthma, piles, loss of weights, diabetes and derms diseases.

TABLE 11 PLACE OF HEALTH CARE AND TREATMENT

Places of Treatment	No. of Respondents		Total
	Male	Female	
Primary health centre	41 (16.40)	32 (12.80)	73 (14.60)
Government hospital	60 (24.00)	63 (25.20)	123 (24.60)
Private hospital	129 (51.60)	116 (46.40)	245 (49.00)
Combination	20 (8.00)	39 (15.60)	59 (11.80)
Total	250 (100.00)	250 (100.00)	500 (100.00)

Source: Survey Data.

Note: Figures in bracket represent percentage to total.

Table 11 shows the places of treatment for the aged male 16.40 per cent stated that they were treated at the primary health centre, 24 per cent were went to government hospitals, 57.60 per cent were got treatment from private hospitals, and 8 per cent were approached more than one place for treatment. Whereas in the case of aged female 12.80 per cent were stated that they were treated at the primary health centre, 25.20 per cent were went to government hospitals, 46.40 per cent were got treatment from private hospital and 15.60 per cent were approached more than place for treatment respectively.

Table 12 Persons taking care in hospitals

Persons	No. of Respondents		Total
	Male	Female	
Son/ daughter	22 (8.80)	39 (15.60)	61 (12.20)
Spouse	12 (4.80)	9 (3.60)	21 (4.20)
Not admitted	216 (86.40)	202 (80.80)	418 (33.60)
Total	250 (100.00)	250 (100.00)	500 (100.00)

Source: Survey Data

Note: Figures in bracket represent percentage to total.

Table 12 shows that nearly 14 per cent of the aged male who were admitted in the hospital, 8.80 per cent were taken care either by their son or daughter and the remaining 4.80 per cent were taken care by their spouses. In the case of nearly 20 per cent of the aged female who were admitted in the hospital, 15.60 per cent were taken care either by their son or daughter and the rest 3.60 per cent were taken care by their spouses.

Table-13 Dependency Level of Personal, Economical and Health Needs

Indicators	Independent		Partially Dependent		Fully Dependent	
	Male	Female	Male	Female	Male	Female
Personal	193 (77.20)	47 (18.80)	31 (12.40)	109 (43.60)	26 (10.40)	94 (37.60)
Economic	99 (39.60)	66 (26.40)	68 (27.20)	79 (31.60)	83 (33.20)	105 (42.00)
Health	199 (79.60)	109 (43.60)	25 (10.00)	72 (28.80)	26 (10.40)	69 (27.60)

Source: Survey Data.Note: Figures in bracket represent percentage to total

In table 13 shows that Majority of the aged male respondents (77.20 per cent) were independent and can attend to their personal needs. However, 12.40 per cent were partially dependent in fulfilling their personal needs and the remaining 10.40 per cent depend on others fully for their personal needs. In the case of 18.80 per cent of aged female respondents were independent and can attend to their personal needs, 43.60 per cent were partially dependent in fulfilling their personal needs and rest of 37.60 per cent depend on others fully for their personal needs. In 39.60 per cent of the aged male respondents were can take of their economic needs, 31.60 per cent were partially dependent and the remaining 33.20 per cent were fully dependent on others for fulfilling their economic needs. Whereas 26.40 per cent of the aged female respondents can take of their economic needs, 31.60 per cent were partially dependent and rest of 42 per cent were fully dependent on others for fulfilling their economic needs. 79.60 per cent of the aged male respondents were independent in receiving the health needs, 10 per cent were partially dependent and the remaining 10.40 per cent were fully dependent on others of the family for their health care. In the case of 43.60 per cent of the aged female were independent in receiving the health needs, 28.80 per cent were partially dependent and the rest of 27.60 per cent are fully dependent on others of the family for their health care.

Conclusion

Many of the elderly take care of their day-to-day activities such as bathing, washing clothes, combing hair, pruning nails, feeding, moving around and taking part in social activities. If they need assistance in these activities then they are considered as dependent. The elderly are interested in fulfilling their basic needs such as food, clothes and shelter. The young old have the availability to work in the field. Most of the aged in rural areas earn for their personal expenses. But they become dependent on their family members and relatives during the advance aged. The aged needs attention and care during illness and for taking treatment in hospitals. Most of the aged are dependent on their family or hospital for the medical care. But they are feel alone.

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