Socio-Psychological Issues of Elderly People of Bhubaneswar

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ABSTRACT

Aging or ageing is a natural process of becoming older and older. In India, as well as in countries, the population of older people is increasing rapidly. In developing countries, as more and more homemakers are now getting into economic activities, it has become stressful for this traditional elderly caregiver to devote adequate time and effort. This changing demography is now reflected in the national policy for elderly, which suggested the provisions for the institutionalized elderly-care, apart from the voluntary and community sector.

Against this background, the present paper makes an attempt to have a qualitative survey on socio-economic and psychological issues of elderly people of Bhubaneswar, India.

Keywords: *Elderly people, Social security, Geriatrics, Financial Inclusion, Old-age.*

1. Introduction

One of the most significant demographic changes of our time is the rapidly expanding number of older adults in the world population. In India, as well as in other countries, the population of older people is increasing rapidly. The life expectancy level has also increased significantly in India, from the time of independence to the present. The growing elderly segment of the population is likely face new societal challenges in the context of health care, financial assistance, and social and emotional support. The ageing population, in conjunction with social and economic trends, is also having in new concerns about changing family values, living arrangements, and lifestyles. In a family, care giving for older members is a vital concern. The traditional Indian (extended and joint) family system has undergone changes, mostly due to migration from rural to urban centers and transnational flow.

Although the large proportion of the population lives in the rural setup, there is a trend of increased mobility of young adults from the rural areas to urban areas for making a living. This trend has certain economic benefits, but also has some drawbacks such as contributing to the nuclearization of families, leaving behind the elderly parents, grandparents back in the rural set up. This has affected the lives of the elderly, in various ways. Those who are frail and in need of emotional and social support, receive less care, and those who are more active and physically strong, are less available to provide support for younger family members. But with the demands of living becoming costlier day by day, even most daughter's in-law, who are traditional elderly caregivers, are increasingly taking up outdoor jobs for financial support of the family. Under such compelling circumstances, it has become stressful for this traditional elderly caregiver to devote adequate time and effort both at work and back at home while taking care of the elderly along with other household activities. This has, in turn, led to the weakening of the traditional elderly caregiver support system and an increase in elderly problems in this changing scenario.

So, leaving aside the traditional value system, these changes have forced the contemporary planers, researchers and policy makers to think over these issues. This is reflected in the national policy for elderly, which has suggested the provisions for the institutionalized elderly-care, apart from the voluntary and community sector. There is currently a good deal of discussion, directed toward finding ways to ensure the involvement of the family in care giving endeavors.

1.1 Aging: A Conceptual Framework

Aging (or ageing) is a natural process of becoming older and older. It is a universal reality. It is defined in different ways by different authors: ***Hess (1976)*** defines aging as "an inevitable and irreversible biological process of life". ***Handler (1960)*** views that "aging is the deterioration of a mature organism resulting from time dependents essentially irreversible changed intrinsic to all members of a species, such that, with the passage of time, they become increasingly unable to cope with the stresses of environment, thereby increasing the probability of death". Aging, as defined by ***Muttagi (1997)*** has described aging "as a mutual dimensional process and specifies that aging in its demographic sense is not the same as the biological process of aging is dynamic and continuous chronological age does measure physiological and psychological age. He further views that aging is generally associated with fatigue decline in functional capacity of organs of the body, decrease of ability to cope with the stress of disease or trauma."

Dimensions of ageing

'Aging' has following three broad dimensions:

1) Physiological aging
2) Psychological aging
3) Social aging

1.1.1 Physiological Ageing:

Physiological aging (or ageing) is the product of biological process. It is a process by which physical and mental changes occur through growth and decline. In the early years of life 'growth' predominates and in the later years' 'decline' predominates. ***Bhatia (1993)*** generally the changes which occur in physiological aging is visual or phenotypic. So, an 'aged' is easily identified out of its physical appearance as in old age skin is wrinkled, head and body hair becomes grey, tooth falls, etc. Apart from these visual changes, some other changes also occur inside the body which are not visual, ***Rao (1994)*** has pointed out that in old age the immunological system, cardiovascular system, digestive system, nervous system, endocrine system, reproductive system, skeletal system, respiratory system and function of kidney deteriorate.

1.1.2 Psychological Aging

Psychological aging (or ageing) is a process by which a person loses its mental ability. Most often psychological pressure or disturbances bring young people to look aged and it is reflected in the body as an unnatural process. Poplin says that "one of the major problems of aging persons is the shock of growing old". He further points out that "we are 'aging' may be the most profound shock we experience in our lifetime". This 'shock' of course hardens the remaining life course and the persons get older much faster than the natural process because of this psychological trauma attached to the person.

1.1.3 SocialAging

Social aging (or ageing) is a process by which a person acquires the superior knowledge and takes up responsible roles depending upon its age-status in the society. Relating to this, ***Bhatia (1983)*** says that "every society has its own conception of aging and age groupings. Through the process of socialization, the society ensures the transmission of social and cultural values from one generation to the next and enables its members to acquire the necessary skills, values and norms etc. As the individual moves from one generation to the next enables its members to acquire the necessary skills, values and norms etc. As the individual moves from one age grade to the next, he acquires new roles in accordance with the prevailing practices. Age related roles, privileges and expectations are defined by the society. 'Social aging', as distinct from biological and psychological aging, refers to the stage in the life span of the individual that is regarded as old age by the group. ***Muttagi (1997)*** says it is very difficult to define social aging but he professes that social aging is administratively determined for purposes of social security, retirement from job in the organization sector, or for demographic classification, its consequences on the individual and community.

1.2 The Elderly: Who are they?

'Elderly' or the 'old-age' refers to the 'ages' nearing or surpassing the life expectancy of human beings and is thus, the end of the human life cycle. Terms and euphemisms include old people, the

elderly (worldwide usage), seniors (American usage), senior citizens (British and American usage), older adults (in the social science) and the elderly (in many cultures-including the cultures of aboriginal people).

Old age is not a definite biological stage, as the chronological "old age" varies culturally and historically. It comprises the later part of life the period of life after youth and middle age, usually with reference to deterioration. At what age, old-age begins, cannot be universally defined; because it differs according to the context. The United Nations has agreed that 65+ may usually denoted as elderly and this is the first attempt at an international definition of elderly. However, for its study of old age in Africa, the World Health Organization (WHO) has set 55 as the beginning of the old age. At the same time WHO also recognized most developed western countries set the age of 60 to 65 for retirement from social programs. The definition of elderly continue to change, since life expectancy, in developed countries, has risen to beyond 80 years.

1.3 The Elderly People in India:

India is the second most populous country in the world. Though population aging is a global phenomenon, but the number of elderly people in India is growing at a higher rate than ever. People, aged 60 year or above referred to as "Elderly". Presently, India is a home of over 10.5 crore people aged 60 or above, which is around 8.6% of the total population. Among them 5.2 crore are male and 5.3 crore are female. A report released by the United Nations Population Fund (UNPF) and Help age of India suggested that the number of Elderly People is expected to grow to 17.3 crore (or 173 million) by 2026.

As regards rural and urban areas, 71% of elderly population resides in rural areas while 29% is in urban areas. The life expectancy at birth during 2009-2013 was 69.3 years for females as against 65.8 years for males. At the age of 60 years average remaining length of life was found to be about 18 years (16.9 for male and 19.0 for female) and that at the age 70 was less than 12 years (10.9 for males and 12.3 for female). Kerala has the highest life expectancy at birth, followed by Maharashtra and Punjab. The life expectancy at birth in Kerala is 71.8 years and 77.8 years for males and females respectively as per the SRS report 2009-2013.

For 2013, the age specific death rate per 1000 populations for the age group 60-64 years was 19.7 for rural areas and 15.0 for urban areas. Altogether it was 18.4 for the age group 60-65 years. Gender-wise it was 20.7 for males and 16.1 for females. The old age dependency ratio climbed for 10.9% in 1961 to 14.2% in 2011 for India as a whole. For females and males, the value for ratio was 14.9% and 13.6% in 2011.In the rural areas,66% of elderly men and 28% of elderly women were working, while in urban areas only 46% of elderly man and about 11% of elderly women were working. According to UN population division, the population of India, ages 60 and older is projected to climb from 8 percent in 2010 to 19% in 2050.The most pressing global challenges to elderly people's

welfare are poverty, malnutrition, unattended chronic diseases, lack of access to safe drinking water and sanitation and income security. India is the home of people of various ethnicity, religion, culture and language. Therefore, the above challenges family by the country are more complex in nature. A steady rise in life expectancy and reduction in fertility influences on the needs and problems of elderly.

Moreover, examining the statistics of the elderly, it is necessary to describe the consequences of the demographic changes that have been observed and expected. The world assembly on elderly in Vienna in 1982 to draw attention to the possible problem of population aging and advocated that aging be recognized as a lifelong covering economic, social, health, and other aspects. Critical social questions about how the elderly operate and meet their needs with the rest of society and about the type of policies facilities and services that may be provided for them which have emerged. A world, with increasing numbers of elderly people, has become a major concern for planners and service providers, who are rethinking policies and facilities related to health care, housing, pension system and economic security and so on. The experience of the more developed countries can be utilized to reduce the resistance of rapid population aging in urban areas as developing nations are also aging more rapidly.

Apart from the demographic changes in the elderly populations, changes in the socio- economic, political scenario and value system have changed the Indian environment in which the elderly live. However, people will be living longer. The process of retirement and awareness of improving the quality of later life have led to the emergence of a section of the elderly who will be healthy and active and therefore, refuse a sit gently expecting the sunset when they can lead productive and purposeful life well into the 80s and 90s. The healthy elderly have to be acknowledged as a resources and the ideas that they are social and economic burdens have to be discarded. The social, psychological and economic needs of these elderly are therefore, distinct and reflect the heterogeneity existing among the urban elderly population in India.

2. Review of Literature:

This chapter may intend an overview of the existing literature relating to the research topic, taken up by the researcher and review of literature gives a basic idea about the study and the significance of the study that has been done before. This is mainly on the concept of Elderly people and their socio-economic and psychological problems. ***Rammurti & Jammu (1984)*** found that one of the earliest trends in Indian research was the study of psychological characteristics and the problems of the elderly in adjusting to their later lives within the changing scenario. As age alone is not a satisfying later life, several social, psychological and physical factors that influence the life of the elderly populations have been researched as causes of better adjustment in old age. Economic, social

and personal adjustments were found to be the important problems of adjustment in old age. Some of the other factors that influenced adjustment were identified as rigidity, flexibility, marital satisfaction, attitude towards retirement satisfactory physical and mental health, type of family, social contacts and attitude towards death to name a few. ***Kumar (1991)*** in his article studied 460 old in the district in Chittoor in the state of Andhra Pradesh. He has taken 50% of his sample from two urban centers that is Tirupati and Chittoor and the rest of 50% of rural villages located within 30km distance from these two townships of the state. He has highlighted the family life and living arrangement of the old, delineated the interpersonal relations of the old and the changes which took place because of the operation of some forces like modernization, urbanization etc. And also has to describe and familiar of socio-economic, psychological and health problems of these people. ***Dhillon and Poduwal (1992)*** studied that the younger generation in the urban society considered in their responsibility and tradition to look after the elderly. Among the urban poor the family acted as coping mechanism for economic and social survival even when the children were living away from the elderly indicating that the co-residence cannot guarantee good family relation. There is, therefore, need for studying the tradition of family relations and care giving within the context of urbanization to assist and motivating the family in caring for the elderly. The elderly can contribute, other than financially to build a common relationship by understanding the needs and limitations of the modern family in a different way. The exchange patterns between the urban elderly and their family indicated that mutual financial support along with performing obligations towards the children, helped retain their position of authority, that even with age, economic and physical dependency, the poor urban elderly tend to 'blur the sharp distinction between men's and women's work by taking domestic chores and caring for the grandchildren. The elderly preferred to give help rather than accept assistance to keep their status and maintain better family relationship. ***Chandrasekhar (1993)*** in his book reveals the economic aspect in the lives of the aged. The amount of money to which aged individuals have occurs can determine not only the length of their lives, but also the quality of their lives because such factors as a clean, pleasant and safe environment besides letting them, spend their remaining lives in relative comfort. The living conditions and better facilities means better physical and mental health. Equal opportunities, less competition, socio-economic security and stability love and affection and due to respect to help to manage the stress of life. ***Chaudhary (1994)*** found out that an old person begins to feel even his children do not looked upon him with that degree of respect which he used to get some earlier. The old person feels neglected and humiliated. This may lead to the development of psychology of isolation the company of others. Loneliness is turn may give rise

to depression and may eventually lead to worsening of sickness. ***Siva Raju (2002),*** in his research and developing journal titled on "Health of the elderly in India: issues and implications" explores older widows are the most vulnerable groups needing special attention. Other vulnerable group are the aged men and women who are disables, frails, destitute and orphan those who still try and work in the unorganized sectors like landless agricultural workers, small and marginal farmers, artisans in the informal sector, unskilled labours on daily casual or contract basis, migrant laborer informal self-employed and domestic workers. The aged who are destitute and orphan naturally face a myriad of problems due to poor socio-economic conditions that ultimately result in mental stress and depression. Thus, there is a need to study the socio-economic and psychological conditions of the old age pensions.

Brennan and Leape (2004)studied of medical injury and malpractice, litigation, estimated the incidence of adverse events occurred in 3.7% of the hospitalization and 27.6% of the adverse events were due to negligence. Although 70.5% of the adverse events were due to disability lasting less than 6 months, caused 2.6% permanently disables injury and 13.6% led to death. The percentage of adverse events attributed to negligence increased in the categories of more severe injuries. Using the weighted totals, they estimated that among the 2,671,863 patients discharged from New York hospitals in 1984.There were 98.609 adverse events and 27,179 adverse events are negligence. Rate of adverse events role with age. The percentage of adverse events due to negligence was markedly higher among the elderly. There was significance difference in the rates of adverse events among categories of clinical specialization but no differences in rates of percentage due to negligence. ***Sharma (2007)*** found that the age group of 60+ in India is projected to increase from the current level of 7% to 9% by nearly 2016 and 1% by 2050.The elderly are living 15 to 25 years after the age of 60, increasing the periods of intergenerational interaction. The social norms dictating how these relationships should be maintaining have weakened and many senior adults and children are finding it difficult to understand their role in the changed circumstances. The predicament of senior adult is that for them with longevity come physical disabilities and emotional insecurity loneliness, lack of support and care, acute sense of role loss, unhappiness and loss of confidence. ***Lee and Yeo (2009)*** find that the elderly populations in Singapore is steadily increasing, thus increasing the stress on health care provisions and financing. They conducted a retrospective study of all elderly aged 65 years and older seen for trauma in an emergency department over six months. There were 720 patients aged 65 years and older were seen in the first six-month of 2005, accounting for 10.4% of the total attendance for that age group. Home injuries (67.9%) were most common followed by the road related injuries (21.2%). 85.3% of the injuries

were due to falls, injuries in the elderly are a significant problem. Most of the injuries occur at home and falling is the commonest cause.

Skarbek and James (2014) conducted an analysis on elderly abuse. The households were randomly selected from the seven demographically oldest states in India like Himachal Pradesh, Maharashtra, Odisha, Punjab etc. And their findings seen that 11% of people are 60+ years old have experienced at least one type of elderly abuse, physical 5.3%, verbal 10.1%, economic crisis 5.4%, disrespect 6% and neglect 5.2%.The most common perpetrator is the son, who is reported to be responsible for the abuse among 4.1% of the male victims and 4.3% of female victims. Their finding suggests that the level of schooling is strongly negatively related to abuse against them. ***Bhattacharya (2017)*** finds that socio-economic condition of the elderly populations is changing constantly, which adversely affected by various health problems during their way of life. He takes a total 208 elderly patients (60 years old and above) were interviewed using a pre-tested schedule. Result found that male older was more than their female counterpart, through widows were more than widowers. Most of them were having multiple morbidities (87.98%). Visual impairment was the commonest problems detected in the studied elderly populations with prevalence of 75.96%. Prevalence of hypertension was 68.75%. Other significant morbidities seen are auditory, musculoskeletal, urinary, cardiac, etc....

3. Methodology:

This paper is based on a qualitative survey research, taking both structured and open ended questionnaire.

3.1 Objectives of the study:

The broad statement of research topic is "A Sociological Issues of the Elderly People of Bhubaneswar". The study has the following objectives:

i. To find out the socio-economic status of the elderly people.

ii. To explore the negligence of elderly by their family member.

iii. To examine the economic problems of the elderly people.

iv. To explore the health problem and treatment seeking behavior

3.2 Scope of the study:

The scope of the study can be discussed in two different perspectives that is:

I. Intellectual scope: The Intellectual Scope of the present study pertains to the sociological problems of elderly people in the urban areas, sociology of culture and sociology of urban globalization.

II. Geographical scope: The Geographical Scope of the present study gives coverage to the state of Odisha as one of the frontline states in the underdeveloped map of the country. It is a study focused on the capital city of Bhubaneswar.

3.3 Research Designs:

The present study has relied upon mix of descriptive and exploratory design.

The logic of taking these two designs with the fact that the researcher has tried to provide exhaustive treatment to the objectives fixed for the study purpose.

Research design adopted and their use

Name of research design	Area of use
Descriptive research design	To describing the area profile and conceptualizing the introduction.To prepare of review of literature
Exploratory research design	To explore the socio-economic status of the elderlyTo explore the negligence of elderly by their family member.To make an analysis of the level of economic problems of the elderTo explore the health-related problems and treatment seeking behavior

3.4 Data:

The present research used both Primary and Secondary method of data collection. The Primary method is used to collect data and information from the field by the researcher. Hence both qualitative and quantitative methods have been administered to collect information. TheSecondary method of data was collected through desk reviews of articles in journals, books, newspaper clipping.

3.5 Tools for data collection:

The study has used various research tools to collect the primary data for generating qualitative data. The researcher prepared a structured schedule divided in two parts, containing some questions on each objective of the research. In the present study, interview schedule and observation tool method have also been used to incorporate into the research documents.

3.6 Universe and sample:

The study Centre is in the smart city Bhubaneswar, the capital of Odisha. Sample respondents were taken from Laxmisagar, Chintamaniswar temple road, and from the Canal road, Bargarh, Bhubaneswar. A total number of respondents 50 elderly were given coverage for the study purpose. The sample size is decided by using purposive sampling techniques and 50 elderly people were taken for the study purpose. The universe and sample of the study are presented in the following table:

Name of the Study Area	**Sample size**
Laxmisagar Square	15
Chintamaniswar Temple Road	25
Canal Road, Bargarh	10

The researchers, for the purpose of data collection, prepared the detailed interview schedule. The interview Schedule comprises of different parts focusing on different facets of the topic under research. The following are the rough reflection of the different parts of the schedule:

Part 1: Socio-economic status of elderly.

Part 2: Negligence by the elderly in their families.

Part 3: The economic problems of the elderly people.

Part 4: The health problems of the elderly and treatment seeking behavior.

4. Data Analysis:

The present section makes an analysis of the profile of sample respondents. Any social science research, the profile analysis provided a vision to the researcher about the conditioning factor that determines the individual awareness, attitude perception, participation, behavioural manifestation and activity. Keeping this in view the researcher has tried to analyses the short profile in details in the present chapter. In this context an analysis is made relating to;

1. The Gender Analysis
2. Age Distribution
3. Religious Background
4. Educational Qualification

4.1 Gender Analysis:

Gender plays a significant role in Indian context. Gender is defined as a product of culture. It refers to the social classification of men and women in to masculine and feminine. To a great extent gender determines the responses of the examples regarding the knowledge, attitude, perception, participation, on smart city. Keeping these views, the researcher tried to make a gender classification of the sample respondents.

Gender Type	f	Percentage
Male	14	28%
Female	36	72%
Transgender	Nil	Nil
Total	50	100%

The above tables reveal that on the basis of gender, the researcher took 28% male respondents and 72% female respondents.

4.2. Age Distribution:

Age is another social variable that influences the respondent's attitude and perception towards the smart city. Because on the basis of age, people subscribe different viewpoints. So, In the present study data has been obtained relating to the age of the respondents which has been recorded in the following table:

Age	f	Percentage
60-70	10	20%
70-80	40	80%
Total	50	100%

According to the study the researcher took 20% of the sample between the age group of 60-70 years old, 80% between the age group of 70-80 years old. The above table shows that the respondents between the age group 60-70 years old are the elderly people, less than the age group of the respondents between the age group 70-80 years old.

4.3. Religious Background:

Religion plays a significant role of the respondents in the study purpose. The researcher took religion as a variable to

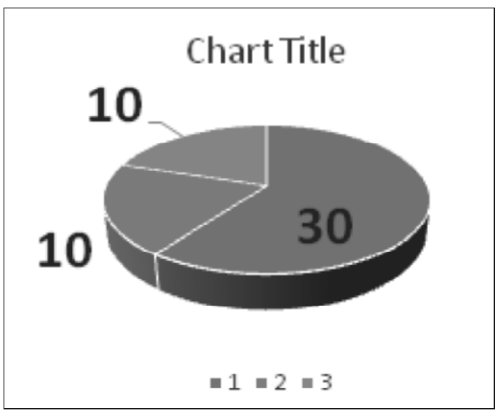
study the problems of elderly people on the basis of communities. The religion of the sample respondents are presented in the following tables:

The above table shows that 90% of the sample respondents are belonging from Hinduism, 6% are Muslim and 4% are belonging to Christianity.

Religion	f	Percentage
Hindu	45	90%
Muslim	3	6%
Christianity	1	4%
Total	50	100%

4.4. Educational Qualification:

Educational qualification of the sample respondents is another important social variable the exerts its maximum impact on the economic condition of the elderly people and their status. Because education helps to advise social and economic development. Education is key, which opens the doors of development. The researchers took education as a variable to understand the knowledge of the elderly people and did this education helped them in their economic problem. This has presented in the following tables.



Educational Qualification	f	Percentage
Under 10th	30	60%
Secondary	10	20%
Graduation	10	20%
Total	50	100%

The above table shows that on the basis of educational qualification the researcher has taken 60% respondents of Under 10th standard, 20% respondents are from secondary education and 20% respondents from Graduation level.

4.5 The Negligence and Abuse of the Elderly People:

Many elderly adults are abused in their own homes, in relatives' homes and even in facilities responsible for their care. Elderly abuse includes physical, emotional, or sexual harm inflicted upon an older adult, their financial exploitation, or neglect of their welfare by people who are directly responsible for their care. Neglect is the failure of a carer to provide the necessities of life to a person for whom they are caring. Neglect can be intentional or unintentional. Unintentional neglect occurs when a carer does not have skills or knowledge to care for dependent person. They may not be aware of the type of support that are available, they may be ill themselves and unable to provide care. Whereas intentional neglect is when an older person is abandoned, not provided with adequate food, clothing, shelter, medical attention. It may be the improper use of medication, poor hygiene or personal care or refuses to allow other people to

provide adequate care. Keeping on these in the eyes, in the present chapter the researcher has tried to elicit the response of the sample respondents about the negligence and abuse of the elderly.

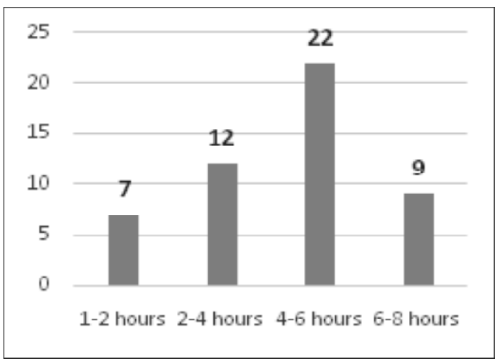
Negligence of the Elderly People:

1. Do you lack aids such as eyeglasses, hearing aids or false teeth?

Responses	Sample Respondents	Percentage
Yes	38	76%
No	12	24%
Total	50	100%

2. Then the second question asked by the researcher to all the Elderly People about the loneliness. The researcher asked to all the elderly that Have you been left alone for a long period of time? If 'yes' then how many hours did you leave?

Time Period	f	Percentage
1-2 hours	7	14%
2-4 hours	12	24%
4-6 hours	22	44%
6-8 hours	9	18%
Total	50	100%



The above table reveals that 14% of elderly are response that they live lonely at home for 1-2 hours, 24% elderly are living alone for 2-4 hours, 44% are living alone for 4-6 hours, and only 18% are living alone for 6-8 hours.

3. If you need assistance, how do you obtain it?

The response reveals that 82% of elderly are take help from their neighbors, 18% of elderly people take help from their relatives like cousins, grandchildren etc.

4. Are you neglect by food, clothes and caregiver?

The responses reveal that, all the 100% respondents said they have neglected by food, clothes, care and medicine.

4.6. Abuse by the Elderly:

5. Are you afraid of anyone at home? If "yes" then to whom you are afraid most of the time?

The responses reveal that all the sample respondents are not afraid from any member of the family.

6. Have you ever been (abused), slapped, or kicked?

Responses	f	Percentage
Yes	10	10%
No	40	90%
Total	50	100%

The above table reveals that responded from yes side are 10% whereas the sample responded from No side are 90%.

Kinds of Abused Faced:

The elderly people faced abuse were further asked about the kind of abuse faced. The elderly reportedly faced various types of abuse with verbal abuse being the most common form of abuse followed by neglect, showing disrespect, emotional abuse and economic abuse. The **case study** presents me as an example of the old people 78 years age living in Laxmisagar, Bhubaneswar, her thoughts and perceptions about her life and family. It reflects that she wants to live a healthy life, it also explores her daughter-in-law do not support her. They did not get care within the family. Very poor condition of the house. She said: ...I am an illiterate woman my husband got expired 15 years back. I am staying with my grandson and daughter. I have no source of income, totally dependent on grandson. They provide me food and clothing"; ...I have a severe pain in knees so not able to work now. My grandson takes care of my medical and health treatment. In our area private and govt health facilities are available. Whenever required my grandson takes to the Govt hospital, where senior citizens are not required to stand in queue. ...My daughter-in-law tortured and neglected me very much so I left my son's house and started living with my daughter. Now my grandson takes care of me and my granddaughter looks after me and my needs also.

4.7 Economic Problems of the Elderly People

An economy is an area of the production, distribution, trade and consumption of goods and services by different agents. In a broad sense, the economy is defined as a social domain that emphasize the practices, discourage and material expressions associated with the production, use and management of resources.

Economic conditions:

1. What is your main income source?

Sources of Income	f	Percentage
Pension	05	10%
Household	03	6%
Remittance from Children	25	50%
Interest of Saving or Fixed deposits	06	12%
Business	11	22%
Total	50	100%

The above table shows that, 10% of people are getting pensions, 6% of people are getting money from their house rent, 50% are getting money from their children i.e. almost half of the total sample respondents, 12% are remittance of saving or fixed deposits, and 22% are doing their own business.

2. How much money do you earn/ get in a month?

The responses from the respondents reveals that all the 50 sample respondents are earning below 8000 per month.

3. Have you faced any economic problem/ difficulty?

Responses	f	Percentage
Yes	38	76%
No	12	24%
Total	50	100%

Above table shows that many elderly people are faced problems due to financial crisis. As age grow their need and remittance are gradually increased. Here, 76% of people said "yes" they face problems and 24% of elderly people responded, "No". But researchers observe their fear which is the reason for not exploring their problems.

4. Have you ever have to discontinue your medicine due to want of money?

The responses reveal that 76% of elderly people are discontinuing their regular medicine because of money whereas 24% of people are not discontinuing their medicine.

5. How you manage things, when you don't have sufficient money?

The responses reveals that 38% of people said that, they are taking money from their grandchildren and 22% of people responded that they take money from their relatives and 40% of people are tortured and abused but still they get money from their children because they do not have any option.

4.8 Health Problems and Treatment Seeking Behaviour

This chapter deals with the health problems faced by the elderly and the treatment seeking behaviour. This chapter also provided the key suggestions put forth by the medical officers for improving the health status of the elderly.

Health status:

During the survey an attempt was made to collect information on the health status of the elderly. They were asked to give the responses as per the four predefined categories.

1. What type of health problem do you have?

The Elderly People who perceived their health to be poor or very poor, at the time of survey, were further asked whether they are undergoing treatment for any health problems, including body pain, gastric problem, hypertension, asthma, arthritis, heart problems.

Categorization of Health Problem	**f**	**Percentage**
Body Pain	Nil	Nil
Gastric Problem	10	20%
Hypertension	20	40%
Asthma	1	2%
Arthritis	2	4%
Heart Problem	17	34%
Total	50	100%

Above table reveals that, 20% of people having gastric problem, 40% of people are having hypertension, 2% are asthma, 4% are arthritis, heart problems are 34%.

2. What is the source of funding to meet Health care Expenses?

Sources	**f**	**Percentage**
Son and Son-in-law	2	4%
Grandson and daughter	5	10%
Health Insurance	1	2%
Take Loan from others	21	42%
Own saving and Income	18	36%
Daughter and Daughter-in-law	3	6%
Total	50	100%

5. Conclusion:

This is the terminating chapter of this thesis, which confined to draw conclusions and to meet suggestions emerging from the study. In this context the researcher has tried to spread over the entire study into three classified divisions, i.e. study areas, study results and emerging suggestions.

India is a country with the traditions of respecting, loving, supporting the aged people. It was the responsibility of the traditional joint family to provide support and protection to the elderly within the framework of the family. But due to the pressure of industrialization and urbanization instead of living in the joint families living in nuclear families have become a way of life and this type of transformation brought more difficulties in supporting and taking care of the aged. So very often the elderly is neglected or humiliated by their own children. Today, the steady increase in the number of the elderly is a challenge, particularly in the developing countries which are in the process of experiencing similar changes in their age structure resulting in the elderly become an increasingly larger proportion of each nation's total population.

The present study is an attempt to analyses the Sociological Issues of Elderly People of Bhubaneswar, is the universe of this study. Apparently, it leads to many difficulties while conducting the study for the researcher. The researcher wanted to that area for collecting the primary information regarding the factors such as demographic profile, economic, negligence and abuse, health problems of the elderly and economic problems related to elderly people. The socio-economic condition of the elderly creates a lot of problems among their family problems. The second objectives which explains the negligence, the most common for the elderly people. They know how they actually humiliated and abused by the family members. Here, the researcher briefly analyses the neglect percentage of the elderly by their family members. Due to the crisis of the economy, the health problem increases day by day of the elderly people. Because of the financial dependency on the family member they did not get better treatment for their health diseases. Therefore to know or to make aware about this problem, the elderly participation and involvement mostly required. Exploratory and Descriptive Research design has been used by the researcher to keeping the objectives of the researcher, the researcher has tried to cover all the required aspects of this study and by making a deep analysis from the review of literature. Both qualitative and quantitative methods are used in this research. The secondary data collected from books, journals, articles, newspaper clipping etc..

The study results revealed that, the problems of elderly which focuses on their negligence and abuse, their economic conditions and how they manage their financial burden, the last but not the least their biggest problem is their health problem. Most people suffered like chronic diseases i.e.

hypertension, asthma, arthritis, etc. due to these chronic diseases the elderly people regularly consumed medicine, for that they need financial support. Some of them are dependent on their own children whereas some of elderly people expense their medicine by their own savings and income.

Limitation of the Study: Limited sample size was the main limitation, because of time and funds constraints. Considering the ever increasing size and diversity of old people of Bhubaneswar city, a bigger sample size, resorting to stratified random sampling could be suggested for future research.

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