

## **Social Tribulations of The Aged People in Aravakurichy Taluk, Karur District**

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### **Abstract**

*Old age has been defined variously in different societies and also Cross-Culturally. It is a relative concept and different meanings have been attributed in different contexts. It is nevertheless, universally accepted as the last phase of human life cycle. The timing of this phase, its impact on the meanings attached to it vary greatly from one society to another. The present study aims to find out the social tribulations of the aged people in Aravakurichy Taluk, Karur district. A samples of 202 respondents selected randomly were studied. A questionnaire method of survey was used to find out the social problems of the aged people. The data were collected by using questionnaire as an instrument. Percentage analysis and cross tabulation was applied in the present study. The findings and observations are the result and outcome of the interpretations made during the study of analysis.*

**Key words:** *Social Problems, Aged People and demographic characteristic*



### **Introduction**

**Physical Ageing:** It is said that one is as young /old as one feels. Those who believe in this dictum see no relationship between chronological ageing and ageing. The most commonly used yardstick in regard to those working on jobs was stipulated to be the age of retirement from professional job/work. With the increase in the life expectancy and span of individuals this concept too has undergone a change.

**Social and cultural Ageing:-** Social and cultural ageing are inter-related concepts, but they differ from one another on the basics of their emphasis. Social ageing emphasises the changes in behavioural pattern and role and status of individuals in the family. In the Indian context for example, the marriage of the eldest son and arrival of the daughter- in -law in the household could bring about significant changes in the role and the status of the mother-in-law who may start considering themselves as old. The parameters of social ageing also Vary in different societies.

The cultural approach on the other hand, gives importance to the role of an individual during his life span. Ageing is regarded as the cultural progression of an individual through different stages of life. According to the Hindu tradition the "Vanaprastha Ashram" is considered to be the onset of old age. After completion of their adult roles of making a living setting up of the household and the rearing of children it enjoined upon people to withdraw from active life of the society.

In modern times, retirement from service heralds the onset of old age in case of the employee of the organised sector. To a larger extent, this concept continues to influence the collective view of old age. It is often thought of as an extension of life during which period paid employment or self-engagement is shortened and eventually lead to total retirement. Indeed cultural changes have a direct bearing on the popular view of old age.

**Psychological ageing:-** Psychological ageing is related to the state of mind of an individual. It assumes that ageing processes can be accelerated because of the stresses and strains of life. The indices of Psychological age, therefore, differ from

one individual to another and can vary in different socio-cultural groups. According to this perspective, a positive state of mind and continued interest in life and things around oneself greatly helps in reducing the ageing process. On the other hand an Unfavorable and negative attitude towards the changed physical and social conditions prove not only to be a hurdle in better adjustment in old age but also brings about psychological ageing more quickly. More and more people are motivated towards maintaining a younger and healthier appearance, which help them not only in concealing their chronological age but also add to their longevity.

Old age is often determined by the age of retirement from the labour market. But for a large majority of women who are not in the labour market or the men and women working in the unorganised sector, there is no formal age for retirement. Such persons therefore cannot be classified as old in this manner.

The concept of retirement on superannuation, however, is related to only the service class. The doctors, the teachers, the lawyers, who are all professionals do not retire even after the so-called retirement age.

In fact the order they are, the abler they are considered to be, because of having gathered more experience to become wiser and professionally proficient having an edge over the less old.

There are areas like business where one never superannuates and the last day of work normally coincides with the last day of life or in other cases the day of an individual's physical disablement to function.

Life responsibilities and ageing: An young person forced by circumstances to shoulder unusually heavy responsibilities may start thinking and behaving like an old person. An old moneyed person without any mental strain and enough to spend and to spare may behave like a young person and even sometimes look much younger than his actual age. A carefree or care-shacked attitude of mind bears a direct relationship with ageing.

However everybody would agree that an individual could be considered as old when he is unable to perform his normal duties. Dynamic of old age: As soon as one crosses the boundary and enters old age, the family and social relationships take a new turn rather a somersault. To a very large extent, one becomes dependent on the people who were dependent on him. Sons and daughters who used to make requests to him to bring this thing or that while returning from the workplace, now start getting the same type of requests from the old man. While the old man used to feel gratified in meeting these requests the younger folk often take these as a burden.

Senior citizens, also known as the 'Golden agers' are the repositories of experiences and wisdom in any society. Elderly people are becoming one of the significant group in the society. The presence of elderly people in the demographic structure is not blended properly with the result that the elderly, are becoming an isolated group requiring lot of attention from the general society. The number of elderly' or 'aged or 'old' are increasing day by day in our population and their dependency on society are also increasingly, giving problems to the old as well as to the society. Most of societies are not geared enough to welcome the old and therefore the aged are not given a permanent position either by the society or by the institutions which are caring them.

The aged in the society are the people who have given their resources to the society and when their resources are eroded they are pushed back by the society to the periphery. This problem of the old are realised by the old where as it is not understood properly by the society.

Problems of the old: October 2<sup>nd</sup> is being celebrated as "World's Elders Day", yet many senior citizens live a life of loneliness and despair. Ageing is not a phenomenon. But the problems that occur with ageing appear to be a product of the modern age. In the context of the dynamic changes taking place in Indian society, the problems of the aged have assumed grave importance.

Our ancient culture demands that the aged should be respected. In fact the order of prevalence in India has been mother, father, teacher and the god. Since time immemorial most traditional families in India cling fast to the belief that, while it is the duty of the parents to look after their children, it is equally incumbent upon the children to look after their dependent parents, however, the changes taking place in Indian society due to urbanisation, industrialisation and modernisation have created problems for the aged in rural India.

It is common knowledge that in the past joint family was the common pattern of family enjoying rights responsibilities, commanding obedience and respect from other members of the family. To day, nuclear family prevails with deteriorating the position of the elders in the family. They no longer enjoy the rights and responsibilities they once had. Apart from facing specific difficulties like scarce accommodation, high cost of living, and expensive medical care many elderly people also await the grim prospect of being widowed and unwanted.

Problems of the Aged - A sociological Analysis: The human body is the most wonderful machine, which nature has ever produced, but it also wears down with use and time. Ageing is a complex process involving biological, psychological, social and environmental components.

Old as itself is a problem:- Caring for the old is a difficult task. This is because old age is characterized by physical decline, gradual loss of eyesight and hearing power, loss of appetite, chronic illnesses and pains, all of which demand special medical and personal care.

Ageing persons begin to experience substantial losses in body functioning, mental functioning, family and peer group support, income, self-image, self-esteem, control and power.

Old age in the present Indian system:- This inevitable situation of looking at old age as night mare both by the old and by the caretakers of the old are the direct outcome of socio-economic transformation of the society. Industrialisation, urbanization, Modernisation, individualism and the materialism, disintegration of the

joint family system, women going for the gainful employment migration of children to other countries for better prospects there and many other practice have drastically changed the attitude of society especially the family towards the aged.

The elderly parents are no more wanted in Indian families is not surprising in the present Indian situations where families are freely going for foeticide and infanticide purely for economic reasons. To day modern society where economic factor is the prime motivating factor and life guiding principle for many, lives and relationships will be sacrificed for one's pleasures, comfort and luxury, the old who have lost all their- vigor- physical, mental and economical –can no longer expect respect and dignity.

## Problems of ageing women

Higher life expectancy among females had two important implications.

1. Women live longer than men and
2. They had a long period of widowhood especially because of the prevalence of greater age difference between spouses in India.

Women are usually much younger in age than the men at the time of their marriage. Problems of isolation are also far more serious for women than the men. Thus the aged women may even face "triple jeopardy" i.e. (1) of being old, (2) of being female, (3) of being poor.

## **Review of Literature**

Desai and Naik (2015) conducted a study sponsored by the Planning Commission, Government of India regarding the problems of retired persons in Greater Bombay. They concluded that majority of the retired people were projected by their families.

According to them, it is in our culture to value and respect the elderly. Ranade (2015) conducted a sample survey of the aged population of Delhi during 2014-15. In the socio-economic profile and health status of the aged compiled by him it highlighted that nearly 70 percent of the female respondents were widows, and over 87 percent of the elderly suffered from certain ailments. He also studied

the developmental cycles of the households of the aged and made some interesting revelations. It was brought out that in Delhi, majority of the families have three generations living jointly, such joint households have a tendency to break up into nuclear ones after the death of either parent; the most natural course followed by them was of an extension along parent-son-grandson direction. Other relationships came into play when either a married son was separated or the elderly person was deprived of a son. These relationships were limited to the siblings of elderly persons or their married daughters.

Soodan (2015) in his study, 'Ageing in India' which relates to the aged in Lucknow city found that almost half of the aged were though wholly dependent upon others, about one third of them were still the chief bread earners of the families. Majority of them did not have any income of their own and still about one fourth of them were supposed to meet the responsibilities of educating and marrying off their children. On the basis of this study, he had identified four major areas of hardships faced by the aged, i.e. income maintenance, medical and health, adjustment to changing roles and status, and proper use of leisure time. He has suggested a number of programmes relating to financial assistance, medical, and health care, institutional care, survivors and disability insurance, recreational programmes, etc. that could meet the needs of that aged. Counselling programmes were also suggested for solving the adjustment problems that may arise out of the changing roles and status of the old in the family and in the community.

Vatuk (2016) studied the changing roles of the elderly women and their self-perception. The book 'Ageing in India', edited by Desai is based upon the report of seminar jointly organized by the Ministry of Social Welfare, Government of India, New Delhi, and the Tata Institute of Social Sciences, Bombay on the subject of ageing. The demographic profile, the health and social aspects of the problems of ageing, and the social welfare services that existed and which could be organized for them are discussed in this volume.

Bose (2016) in his article, 'Aspects of Ageing in India' had suggested that any study of the aged must include both the demographic and socio-economic aspects together with the socio-physiological, moral, and spiritual considerations.

He asserted that in spite of the various processes of social changes that have been transforming the Indian society, the elderly continued to enjoy respect and dominant position in the family. According to him, a multidimensional plan of action for the welfare of the senior citizens is required. That should be able to counter premature ageing, should have greater concern for the destitute, and must be able to provide institutional care to those for whom family protection was not available. Provisions should also be made for enhancing special health and mental care services. Efforts should also be made to make proper utilization of the capabilities, etc. of the senior citizens.

d'Souza (2017) focused especially on the problems of old people among the urban poor. Since the conditions of urban poverty pose specific social and economic problems that affect the management of old ages, he studied the problems related to old people belonging to the low-income groups. These were analysed in the context of changing structure of the family under the influence of urbanization. It was suggested that adequate and balanced nutrition should be provided to the aged and day care centers should be opened for them. The eligibility criteria for Old Age Pension scheme should be made flexible and the amount be increased in accordance with the rising costs of living. For health care he advocated for the establishment of special wards/units in the hospitals that would cater to the needs of the elderly poor.

Prasad (2017) studied welfare needs of the elderly in the context of the changing family structure and observed that the elderly did enjoy a modicum of respect in the family and they were consulted on all domestic and educational matters. Retirement has several social, psychological, and economic consequences for the individuals. It not only means loss of monthly salary, but also loss of work and loss of social relationships at work. For middle and lower income strata of salary earners who have no substantial savings or investments, loss of monthly salary would mean the beginning of full partial dependence on their children. Lack of occupation may mean facing the problem of what to do with the available time. This leaves a void in time and in the social world of the elderly. In a study of retired employees an urban area of Udaipur,

Bhatia (2017) concluded that most of the people face retirement without any planning and preparations that lead to problems in their old age. The retired people opined that the age of retirement should be raised to enable them to continue their services longer. Since income became the greatest areas of deprivation after retirement, many a time the aged were faced with economic hardships. The status and role of the elderly in urban settings are different and are changing fast.

Mishra (2018) studied three hundred retired government employees living in Chandigarh and came up with some surprising results. She has argued for the active life style, which according to her is more desirable if the retired persons are to lead a well-adjusted life. She has also exploded the myth that religious minded old people are generally happier and well adjusted. She found that a good educational background, a positive attitude towards social change, and a non-interfering attitude regarding the personal affairs of the grown up children, generally lend themselves to good adjustment in later life. In Tirupati (Andhra Pradesh), a study of one hundred government and quasi-government pensioners of various central and state departments was conducted around 2017-18. They were asked as to how far they expected their children to help them and how much help they received from them. It was found that only less than half were satisfied with the support they received from their sons and support from two working sons was not necessarily greater than that received from one. It was also found that with the advancement in old age, the daughters were of greater help during the times of crises. The study suggested that increasing the number of children did not ensure greater support during old age. On the other hand, better support was forthcoming from a smaller number of progeny provided they were better-equipped.

Dandekar (2018) described the conditions of the elderly in India using nation wide NSS data relating to 50,000 households and supported by first hand portraits of the inmates of old age homes in Maharashtra. The author has studied the regional variation and differences between the rural and urban old, the geographical spread and functioning of old age homes. She has also evaluated the efficacy of old age pension scheme and suggested new institutional arrangements needed for the aged. Gore in his article, "Population Ageing in India" has discussed at length the

demographic aspects of ageing and its socio-economic and psychological implications. He opines that only greater appropriation in the budget for economic support is not enough. There is greater need to create support systems which will meet the varying needs of the elderly due to depleting familial social supports. Situation of the elderly in an urban setting-Metropolis of Delhi has been studied by Khan with a view to knowing their living conditions, the role and status of the elderly in the family, their economic, health and socio-psychological needs, and coping mechanisms used by them.

A perusal of the existing literature on the problems of old age and ageing suggests that most of the studies are directed towards understanding the changes that have been brought about by the process of ageing in their family and the related socio-economic aspects. The states of health of the aged and the availability of medical facilities to them have also been discussed. Changes in the family life and socio-economic status of the aged, mainly modifications in the status and role of individuals after their retirements are focused. Their interpersonal relations with other family members, their power and respect within the family, their sources of income, their areas of deprivation, their leisure time activities, the need for their institutionalisation, and availability and utilization of other welfare services were explored.

## **Objectives of the Study**

The following objectives are framed for the purpose of present study.

1. To study the socio-economic conditions of the aged people.
2. To analyse the social problems of the aged.

## **Methodology**

Research design is purely and simply the frame work or plan for a study of that guides the collection and analysis of the data. The research design indicates the methods of research i.e. the method of gathering information and the method of sampling. This study is both explanatory and exploratory as it explains the socio-economic conditions of the aged and bring out the problem of aged. The Researcher

has collected the particulars of these old people and prepared a list of total number of universe. From this universe 202 respondents in Aravakurichy Taluk, Karur district have been selected on the basis of Tipettes Random sampling procedure. This sample population consists of both men and women.

Data for this study was obtained form both the primary and the secondary sources. Primary data was collected from the field with the help of a detailed pre-coded schedule. The schedule was divided into seven sections which covered different aspects of respondents, personal and family details, their views regarding old age homes, day care centers other facilities that may be required by them etc. the secondary data consisted of books, Journals, periodicals, newspapers, published and unpublished government records, reports, documents etc. information from these sources was utilized for critical evaluation of the data in understanding the approaches towards the study of the old and the demographic changes responsible for the proliferation of their problems.

### **Analysis and Interpretation**

**Table 1**

#### **Involvement of the elderly in decision-making affairs of the family**

Extent of involvement	Male	Female	Total
Involved invariably	59 (29.21)	37 (18.32)	96 (47.52)
Involved Occasionally	29 (14.36)	20 (9.90)	49 (24.87)
Elderly avoid their views	4 (1.98)	3 (1.49)	7 (3.47)
Elderly are isolated	11 (5.45)	9 (4.46)	20 (9.90)
Elderly do not interfere	9 (4.46)	11 (5.45)	20 (9.90)
No response	6 (2.97)	4 (1.98)	10 (4.95)
Total	118 (58.42)	84 (41.58)	202 (100)

The role of family is well recognised in shaping a person's attitude and lifestyle and also in transmitting social norms and values form one generation to another. It is this socio cultural dimension that underlines the importance of the elderly in family groups. Further in relation to older people the family has yet

another dimension. The above table reveals that 47.52% of the total respondent stated that they invariably discussed problems related to both individually for them as well as for other family, members whereas 24.87% did so occasionally. The remaining 27.61% however, did not discuss anything with their family members.

**Table 2****Age groups of those interviewed**

Age group	Male	Female	Total
58-65	53 (26.23)	52 (25.74)	105 (51.98)
66-70	27 (13.30)	17 (8.42)	44 (21.78)
71-75	18 (8.91)	6 (2.97)	24 (11.88)
76-80	11 (5.44)	5 (2.48)	16 (6.44)
> 80	9 (4.46)	4 (1.98)	13 (6.43)
Total	118 (58.42)	84 (41.58)	202 (100)

The data obtained has been taken as representative of the age-sex distribution. The age wise classification of respondents shows that majority of them 51.98% belongs to the age group of 58 to 65 years followed by 21.78% belongs to the above 70 age group.

**Table 3****Religion wise Distribution of the aged**

Religion	Male	Female	Total
Hindus	103 (50.99)	74 (36.63)	177 (87.62)
Muslims	4 (1.98)	4 (1.98)	8 (3.96)
Christians	1 (0.49)	1 (0.49)	2 (0.99)
Others	10 (4.95)	5 (2.48)	15 (7.43)
Total	118 (58.42)	84 (41.58)	202 (100)

Distribution of the aged respondents according to their religion was more or less representative of the religion wise classification of 60 + population as per 2001

census. Table 2 shows that Hindus comprised 87.62% Muslims 3.96% and Christians 0.99% in the sample under the study.

**Table 4**  
**Educational Qualifications**

Educational Level	Male	Female	Total
Illiterates	32 (15.84)	55 (27.23)	87 (43.07)
School Level	63 (31.19)	25 (12.38)	88 (43.56)
Graduates	13 (6.44)	3 (1.49)	16 (7.92)
Post graduates	7 (3.47)	1 (0.49)	8 (3.96)
Technical	2 (0.99)	1 (0.49)	3 (1.49)
Total	118 (58.42)	84 (41.58)	202 (100)

The above table reveals that about 43.56% of the total respondents have received some formal education only upto school level 43.07% of them are illiterate. The rate of illiteracy is relatively higher among the females. It clearly brings out that the education of females during the first half of the century was neglected.

**Table 5**  
**Family Patterns**

Family Patterns	Male	Female	Total
Joint Family	65 (32.18)	43 (21.29)	108 (53.47)
Nuclear Family	45 (22.28)	35 (17.32)	80 (39.60)
Single	8 (3.96)	6 (2.97)	14 (6.93)
Total	118 (58.42)	84 (41.58)	202 (100)

The above table shows that majority of the respondents 53.47% are a part of Joint families or extended families. Those living in nuclear families with their spouses and unmarried children comprised of 39.60% only 6.93% old men and women are living along. Further, compared to females, greater 22.28% of males are living in joint families. More numbers of females either living in nuclear families or

are living along are circumstantially forced to live with their unmarried children because neglected by the married sons.

**Table 6****Opinion regarding Behaviour of Family members towards them**

Opinion	Male	Female	Total
Fully satisfied	74 (36.63)	46 (22.77)	120 (59.41)
Partly satisfied	30 (14.85)	28 (13.86)	58 (28.71)
Dissatisfied	8 (3.96)	7 (3.47)	15 (7.43)
No-response	5 (2.48)	4 (1.98)	9 (4.46)
Total	118 (58.42)	84 (41.58)	202 (100)

In India most senior citizens continue to be attached to their families to the maximum possible extent and they prefer to stick to it even in acutely adverse situations. Only very few think of institutional care. The respondents were asked that whether or not they approved of the behaviour of the family members the shows that majority of them stated that they were fully satisfied with the behaviour of their children towards them. Those who were partly satisfied comprised 28.71% only 7.43% acknowledged that they were not happy with the behaviour of their family members. Some of them (4.46) did not answer this question because they stated that it was a very personal and sensitive matter and they would not like to share such issues with outsiders.

**Table 7****Occupational status of the Respondents**

Occupational Status	Male	Female	Total
Retired	112 (55.46)	11 (5.45)	123 (60.89)
Never Worked	3 (1.49)	72 (35.64)	75 (37.13)
Any Other	3 (1.49)	1 (0.49)	4 (1.98)
Total	118 (58.42)	84 (41.58)	202 (100)

The above table shows that majority continues of those who have retired from their services (60.89%). There were 37.13% respondents who had never worked and most of them were females only 3 males out of a total of 118 respondents had never worked and were dependent on others for their livelihood only 5.45% elderly women took employment. Most of them were housewives and were usually dependent financially on others. Many a time, therefore they were in a precarious situation especially if they had attained widowhood. Their household activities should not be taken as unpaid work. It is pertinent to note that women have an extremely vital role in looking after the household and taking care of the family.

**Table 8**  
**Caste-wise Distribution of the Aged**

Caste	Male	Female	Total
General	80 (39.60)	50 (24.75)	130 (64.36)
OBC's	9 (4.46)	6 (2.97)	15 (7.43)
SC/ST	28 (13.86)	27 (13.37)	55 (27.23)
Others	1 (0.49)	1 (0.49)	2 (0.99)
Total	118 (58.42)	84 (41.58)	202 (100)

Three broad categories of castes generally used by the government offices, were utilized to classify the respondents according to their castes. The caste-wise classification of respondents shows that the majority belongs to the general category (64.36) followed by 27.23% scheduled caste and 7.43% other backward class.

**Table 9**  
**State of Health of Respondents**

State of Health	Male	Female	Total
Very good	21 (10.40)	9 (4.46%)	30 (14.85)
Normal	48 (23.76)	34 (16.83)	82 (40.59)
Poor	37 (18.32)	33 (16.34)	70 (34.66)
Very Poor	12 (5.94)	8 (3.96)	20 (9.90)
Total	118 (58.42)	84 (41.58)	202 (100)

The health status of senior citizens in study area many of them face a number of problems. Table in this regard indicates that 40.59% of the respondents were leading a normal healthy life and atleast 14.85% were maintaining a very good health. On the whole over 55% of the aged were free from chronic diseases. Poor and very poor health was reported by 34.66% and 9.90% respectively.

**Table 10****Additional Sources of Income**

Sources of Income	Male	Female	Total
Reemployment	21 (10.40)	7 (3.47)	28 (13.86)
Son's Support	52 (25.14)	55 (27.23)	107 (52.97)
Daughter's Support	3 (1.49)	5 (2.48)	8 (3.97)
Relatives Support	2 (0.99)	1 (0.49)	3 (1.49)
Rental Income	10 (4.95)	8 (3.96)	18 (8.91)
Interest on Savings	13 (6.44)	8 (3.96)	21 (10.40)
Income from shares	2 (0.99)	0	2 (0.99)
Others	15 (7.43)	0	15 (7.43)
Total	118 (58.42)	84 (41.58)	202 (100)

Most of the respondents had additional sources of income or financial assistance any many of them had more than one source. More than half of the respondents 52.97% stated that they were getting financial help from their sons and 3.97% were being assisted financially by their daughters. Only 1.49% were getting assistance from other relatives. Only 0.99% were earning from their investments in shares. Compared to males 1.49% greater % of females 2.48% were dependent on their daughters.

**Table 11**  
**Marital status of the Aged**

Marital Status	Male	Female	Total
Unmarried	2 (0.99)	0	2 (0.99)
Couples	90 (44.55)	28 (13.86)	118 (58.42)
Divorces	1 (0.49)	0	1 (0.49)
Separated	1 (0.49)	0	1 (0.49)
Widowed	25 (12.38)	55 (27.23)	80 (39.60)
Total	118 (58.42)	84 (41.58)	202 (100)

Table shows that majority of the respondents were either married 58.42% or were widows/widowers 39.60% only 0.99% were unmarried whereas 0.49% were separated and 0.49% were divorced. This table also reveals that compared to males, higher % of females are widows. Firstly the difference in ages coupled with higher longevity of women and secondly unlike women a large number of widowed men re-marry.

**Table 12**  
**Abode of the elderly**

Kind of Accommodation	Male	Female	Total
Own House	87 (43.07)	56 (27.72)	143 (70.79)
Rented House	12 (5.94)	9 (4.46)	21 (10.40)
Staying with Sons	10 (4.95)	12 (5.94)	22 (10.89)
Staying with Daughters	1 (0.49)	2 (0.99)	3 (1.49)
Others	7 (3.47)	6 (2.97)	13 (6.44)
Total	118 (58.42)	84 (41.58)	202 (100)

The above table reveals that majority of the respondents were (70.79%) owners of their houses or flats. Only 10.40% lived in rented houses. 10.89% were

staying with their sons and their families and 1.49% were staying with their daughters. They were generally widows with no sons or other relatives to look after them. Another 6.44% had other types of living arrangements, like staying in relative's house, living in the veranda of a neighbour, old age homes etc.

**Table 13**  
**Involvement of the aged in House hold jobs**

Response	Male	Female	Total
Doing from the beginning	47 (23.26)	42 (20.79)	89 (44.05)
Taken on their own after Retirement	66 (32.67)	32 (15.84)	98 (48.51)
Entrusted after Retirement	3 (1.49)	2 (0.99)	5 (2.48)
Others	2 (0.99)	8 (3.96)	10 (4.49)
Total	118 (58.42)	84 (41.58)	202 (100)

Work and leisure normally go hand in hand at every stage of human life. But in old age when one retires from work or employment, time starts hanging on them and this is where hobbies and other leisure time activities help them make meaningful use of their time. The above table shows that 48.51% of them started sharing these responsibilities on their own but after their retirement. Almost the same percentage of respondents 44.05% were doing these jobs even while they were in active service. Only 2.48% stated that their family members assigned these chores to them after their retirement. Few persons 4.95% gave various other reasons for taking these up like the sickness of wife or so.

**Table 14**  
**Reasons for Not Being Able to spend their leisure time According to their wishes**

Reasons	Male	Female	Total
Lack of income	67 (33.17)	43 (21.29)	110 (54.46)
Bad health	27 (13.37)	18 (8.91)	45 (22.28)
More responsibilities	24 (11.88)	23 (11.39)	47 (23.27)
Total	118 (58.42)	84 (41.58)	202 (100)

The above table indicates that lack of income and bad health were the main reasons for majority of the aged not being able to spend their leisure time in accordance with their wishes. 54.46% and 22.28% respectively, followed by the pressure of more responsibilities of 23.27%.

**Table 15**  
**Leisure time activities of the Respondents**

Activities	Male	Female	Total
Viewing TV	22 (10.89)	17 (8.42)	39 (19.31)
Leistering to Radio	3 (1.49)	2 (0.99)	5 (2.48)
gossiping	21 (10.40)	19 (9.41)	40 (19.81)
Socialising	18 (8.91)	16 (7.92)	34 (16.83)
Relegious activities	15 (7.43)	14 (6.93)	29 (14.36)
Reading	16 (7.92)	5 (2.48)	21 (10.40)
Walking	14 (6.93)	6 (2.97)	20 (9.90)
Playing cards	4 (1.98)	1 (0.49)	5 (2.48)
Exercises/Yoga	5 (2.48)	4 (1.98)	9 (4.45)
Total	118 (58.42)	84 (41.58)	202 (100)

Televiwing is slightly higher among the males 10.89% compared to females 8.42% sociolising with relatives, friends, and neighbours was done only by 16.83% of the respondents and 14.36% spent their time in various religious activities. Relatively lower numbers i.e. only 9.90% go for regular walks in the morning and 10.40% utilise their time in reading; 4.45% also perform yoga or do some exercises. 2.48% listen to the radio of & 2.48% play cards.

**Table 16**

**Perception of Respondents Regarding Difficulties in old Age**

Difficulties in old Age	Male	Female	Total
Health	31 (15.35)	20 (9.90)	51 (25.25)
Income	16 (7.92)	5 (2.48)	21 (10.40)
Health and Passing Time	9 (4.46)	17 (8.42)	26 (12.88)
Income and social Adjustment	4 (1.98)	3 (1.49)	7 (3.47)
Income & Loss of Status	4 (1.98)	3 (1.49)	7 (3.47)
Health & Social Adjustments	11 (5.45)	7 (3.47)	18 (8.91)
Income & Health	25 (12.38)	16 (7.92)	41 (20.30)
Income & Children's Disobedience	10 (4.95)	4 (1.98)	14 (6.93)
Health & Loss of Status	8 (3.96)	9 (4.46)	17 (8.42)
Total	118 (58.42)	84 (41.58)	202 (100)

The above table reveals that majority of the elderly perceived income and health as major problems. 25.25% of respondents feels that health is the major difficulties for them followed by low income as their problem of 10.40%. 20.30% old aged opined that income and health combined together, is the main difficulties. 8.42% of respondents perceived that loss of status and health as their problems and 6.93% feel that children's disobedience as their constraints.

## **Managerial Implications and Conclusion**

The respondents belonging to the general category of castes were 64.36% and the remaining 33.64% belonged to the backward and the scheduled castes. With regard to the financial status of the respondents it was found that 23.14% belonged to the middle class and 11.57% to the upper middle class. The poor class comprised of 64.46% for whom continuous struggle for survival was the order in this achievement oriented society. Majority of them even in their old age had to engage themselves in earning their livelihood despite of their poor health. Only 0.83% of the aged in study area comprised of the affluent class.

The number of widows predominate over their male counterparts although greater number of males reach 70 + years of age as compared to females. It was also revealed that above the age of 58 years amongst the females 27.23% were widows while widowers constituted only 12.38% of the total male respondents. Educational attainment of the elderly people, in general was very low and the literacy rate of elderly women was deplorable. Only 7.92% were graduates, 3.96% were post graduates and 1.49% only were technically qualified. Female illiteracy is very high due to the fact that during the first half of this century not much attention was paid to female education. Even among the males, higher education was not the primary motive. The desire and necessity to earn was the main driving force. Special programmes to educate the elderly to meet the demands of social and technological changes should be provided and information technology should be adapted to suit the educational needs of the elderly.

The joint families continue to predominate over nuclear families. The study reveals that almost 53% of the aged still live in Joint families. However, norms of nuclear families are becoming more pronounced. Nearly 40% live in nuclear families while 6.93% live alone. Although majority of the respondents replied that they participated in decision making process of the family and were satisfied with the behaviour of their children, at least 9.9% of them acknowledged that they had no say in family matters and felt isolated. Another 9.9% stated that they preferred not to interfere in the affairs of their children. Very old people consider themselves as

unwanted, exploited, and marginalized. Their family members do not even try to understand their legitimate needs for companionship and affection.

About 60.89% of the respondents had retired from either the organised or the unorganised sector. Of these 13.86% had opted for reemployment. Majority of the respondents 78% felt deprived of even the basic necessities of life like proper accommodation, cleaning, medical care, food and leisure. Further more, about 60%-aged people were loaded with different kinds of liabilities like the studies of their children, their marriages, looking after a sick wife, a widowed daughter or daughter-in-law or the care of the handicapped children. A large majority of women are housewives and their situation becomes precarious after widowhood. Serious thought is required to elevate the economic status of these women. Fortunately about 40.5% of the respondents did not have any serious health problems. 45% were however, suffering from certain diseases that are mostly aggravated with old age like hypertension, diabetes, cardiac problems, failure of eyesight, impaired hearing, glaucoma, asthma etc. This study has also confirmed that females suffer more from joint pains and arthritis, which may be related to their sedentary life styles.

Majority of the respondents preferred to be treated of their ailments by private Drs and most of them were satisfied with it. Nearly 61% of the respondents were however, dissatisfied with the medical services either because of the casual approach of the Drs towards them or due to the fact that the treatment was ineffective. In order to cater to their health needs it is desirable that every hospital should have a separate geriatric ward and primary health care centers must provide for special counters for the aged so that they do not have to wait for long hours. They should also be provided free ambulance services as and when required. Most of the senior citizens also expect better financial help from the govt. There is a lot of variability in the quantum of old age pension in different states and the amount is mostly, grossly inadequate. This should be revised periodically and made uniform in all the states. It was also observed that most of the older persons were not even aware of the old age pension schemes. The schemes should, therefore, be widely published to provide extensive coverage of the older population. There is also a

need for introduction of social security schemes and pensioner benefits for those working in the unorganized sector.

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