

## Psycho-Social Characteristics and Problems of the Rural Aged

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In a traditional Indian society, older people had a sense of honour and authority. The decision-making in the family and the community was mostly assigned to them. They were revered for their experience and wisdom. The transition to a modern society and the disintegration of the joint family system led to the loss of the traditional authority of older people. The problems faced by the aged largely depend on the socio-economic conditions and environment in which they live. These problems are very different from other social problems. They differ from individual to individual based on the socio-cultural; economic and health factors. Owing to hard work and poor nutrition, the health of older people declines. Poor eye sight, cataract, hearing impairment and joint pain are common ailments. A host of other factors like illiteracy, ignorance, non-availability of medical care and lack of personal attention also add to the sufferings of the aged in India. They still rely on the indigenous medical system. Besides, older people are often victims of mental disorders on account of their fear about death and feelings of dependency, anxiety, boredom, loneliness and helplessness. The treatment and the diagnosis of psychological problems are not yet prioritized. Many old people suffer from mental illness, which their families may not even be aware of.

### Status of Aged Women

The current status of older women in developing countries is the outcome of generations of systematic discrimination. Given the neglect of basic nutritional and educational needs, the burdens of childbirth and childcare, the denial of property rights and the exclusion from decision making, women face hardships and become totally dependent during their old age. The aged women can make an "invisible" contribution to their family and society at large, performing domestic tasks and caring for children. They engage in a range of income-generating activities in rural areas such as firewood collection, fetching drinking water, carrying out the domestic chores like caring the infants etc. Older women are routinely expected to manage the crises that arise in households. They are the custodians of the family, the culture and the tradition. They are far less likely than men to be consulted when community problems or dilemmas are anticipated. The skills of leadership, diplomacy and the vast experience of the older woman are rarely rewarded. Cultural taboos, lack of education and the sheer pressure of domestic work in the family keep them away from participating in public functions and community activities. Yet, older women have led campaigns, managed organizations, and even have served on councils etc. Their influence has been positively felt in all

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walks of life. The elderly women in the rural areas are largely landless labourers, surviving on day-to-day earnings, without any long-term savings. They are no longer physically strong because of their age and hence their capacity for work is progressively reduced. In the unorganized sector, there is no retirement, and though the government recognizes old-age poverty, the pension and other welfare schemes for the elderly seldom reach them.

## **Rationale of the Study**

In a developing country like India, the traditional joint family provided a built-in-system for the care of the aged. With the emergence of the nuclear family, the female members are mostly employed outside and there is a dearth of personnel for care and attention of the aged. The family is not capable of giving protection to the aged nor does the country have resources to meet the emerging needs of the elderly. Hence, ageing is becoming a social problem, particularly in the rural regions.

The older women constitute a considerable number among the aged population and the majority live in rural areas. Although traditionally women occupied a unique position in the rubric of Indian culture, the status and position of women has shown a declining trend in the recent years. India being a backward and developing country, the status of the aged women has not been on par with the status of men in familial, social and psychological spheres (Jamuna, 1989). The census figures also indicate that the number of aged women in India is fairly large and most of the aged live in rural areas. A review of the available literature on the aged in India indicates that most of the studies are conducted on aged men and very few studies have been attempted on elderly women.

The problems of the rural aged have not been analyzed and understood properly, which is absolutely necessary for developing strategies and policies for the welfare of the aged. Senior citizens invariably have several health-related problems and their cumulative effect often aggravates their emotional and mental problems. They suffer from anxiety, loneliness, adjustment, alienation and other psycho-social problems. There is a felt need to examine the status and problems of the elderly women in rural regions with a view to formulating policies and programmes for their welfare.

The present study is a sincere attempt to investigate and profile the socio-economic conditions and psycho-social problems of the female aged in rural India. The psychosocial factors such as adjustment, alienation, self-concept, role activity, ego-integrity, depression, loneliness and communication etc. have been examined in the present study. The study also attempts to identify the problems of the aged in villages, particularly with reference to health, income, education, generation gap, family, and satisfaction in life. Strategies for the welfare of the aged, particularly in rural regions will also be evolved based on the research findings.

## Objectives

- To study the socio-economic conditions and psycho-social problems of the rural female aged.
- To find the factors fostering happy ageing through qualitative analysis
- To suggest measures for the welfare of the aged in rural India

## Methodology

### Sample

The study has been carried out in Dindigul district of Tamil Nadu state. The district comprises three revenue divisions, seven *taluks* and fourteen blocks. There are 358 villages and 304 village *panchayats* in this district. The present study is confined to three blocks, namely Athoor, Dindigul and Reddiarchatram. Eleven villages have been selected for the purpose of the study from the three blocks. Random sampling was adopted to select the 11 villages from among 37 service villages of Gandhigram. The universe of the study consisted of all the aged females living in the 11 villages selected for the study. The elderly women in the villages were listed from the registers available in the Tamil Nadu Integrated Nutrition Programme centers. From the list, 325 elderly female respondents above 60 years were selected following multistage random sampling method.

### Procedure

The required data for the present study was collected through field surveys. Since the majority of the elderly were illiterate, it was decided to gather data through interview with help of a schedule. A well-structured interview schedule was prepared in consultation with experts. Besides the interview schedule, focus group discussion, field observation and case study were the other methods employed for data collection. The data collected for the study were both quantitative and qualitative in nature. The Statistical Package for Social Science (SPSS) was used for the analysis of the data. The data collected for the study were examined carefully. The investigator prepared code design, classified and grouped the data for the purpose of analysis. Both parametric and non-parametric tests were used for the analysis of the data. The qualitative interpretations were drawn creatively combining methods of precision and validity. The major findings of the study are presented hereunder along with the implications for developing strategies for the welfare of the aged.

## Results and Discussion

- The majority of the female aged (80 percent) were illiterates, 14.5 percent were primary educated and 5.5 per cent had middle level or higher education.

- As it is customary in the Indian family for the son to look after the aged parents most of the female elderly stayed with the family of a male child. However, 12 per cent expressed their willingness to live with their daughter, 27 per cent with better socio-economic and health condition however, preferred
- to stay alone and 4 per cent of the female aged wanted to stay in old age homes.
- Most of the female aged worked in the unorganized sector during their adulthood. 49.5 per cent of the female aged selected for the study were found to be still engaged in agricultural work.
- Regarding the economic condition 45.2 per cent had an income of less than Rs 500 per month while 4.6 percent reported to have no income and were totally dependent on the family. Most of the female elderly were physically weak and yet were forced to work for daily wages for their livelihood.
- The female aged were mostly engaged in domestic work. They were mainly employed as agricultural labourers and a few were engaged in firewood collection. They extended their service for cultivating the land and 18 percent stated that they faced economic hardships in life.
- The female aged possessed skills in family management (56 percent). Many of them could perform folk dance, drama, street play and were well versed in singing folk songs and performing traditional folk dances and drama in villages.
- Habits like chewing betel leaves (47 percent), tobacco (20 percent), inhaling snuff powder (9 per cent) and smoking *hukka* (2 per cent) were reported by the female aged.
- The study showed the involvement of aged women in social work activities. Many were members in self-help groups and other social organizations. They participated in community activities and village festivals.
- The majority of the aged (86.5 per cent) were worried about their future while 56 per cent of the female aged contributed to the up keep of the family and were involved in decision making in the family.
- For happy ageing the respondents reported that they require better health (38 per cent), basic needs like food, clothing and shelter (28 per cent), love and affection (23 per cent), and, economic security (11 per cent).
- Physical disabilities like impairment of vision, hearing and locomotor ability were found common among the rural aged (58 per cent), but they could not afford to get medical care due to poor economic condition and lack of facility in villages.

The present study has analyzed and profiled the socio-economic conditions, psycho-social characteristics and the problems faced by the female aged in rural areas.

With the breakdown of joint family system and socio-economic changes taking place in the country, there is a deprivation in traditional care and support especially for the female aged in village India. The results revealed that majority of the female aged are ill iterates and most of them are widows. Their socio-economic condition is very poor. They suffer from psycho-social problems of anxiety, worries, lack of motivation, tension, and lack of affection from family members. These findings advocate for the need of psychological and counseling services in villages for the aged which is lacking at present.

The female aged are also confronted with physical strain, sleeplessness, backache, giddiness, lack of vigour and difficulty in walking as per the findings of the study. They suffer from loss of memory, vision and hearing impairment, and arthritis which urges for a policy to facilitate better geriatric health care systems for the rural aged. Irrespective of hardships and problems, the aged are engaged in taking care of the children in the family. They visit places of worship, friends and relatives, and extend- domestic help in household chores and agriculture farms. Most of them reside in their own houses and are satisfied with basic facilities provided to them.

Family support, participation in community functions, attending ceremonies, recognition and feeling of belonging are favorable factors for happy ageing among the rural females. They also contribute to the corporate life of the community by assisting to transmit the social, cultural and moral values among the younger generation.

The study noticed that the elderly crave for recognition, affection and attention. The study has further noticed that although the rural female aged expressed their concern from leaving their households, old age homes are becoming alternatives for the aged for their security and care. Community-based old age homes are preferred by the rural senior citizens who can promote better social interaction and involvement among its members. Day care centres, recreational and holiday homes are welcome assets to the welfare of aged.

The present study also noted that self help group among the female aged can empower them socially and economically. This will also help them to avoid economic dependency. The talented aged women with expertise can train the younger generation in folk arts, dances etc. which will make them engaged and at the same time will help to transmit the cultural heritage and traditional arts. Educational programmes and media can promote awareness and capacity building among the aged.

Greater emphasis should be laid on community-based programmes which help them to participate and interact with the younger generation. The existing policies and programmes for the welfare of the aged need to be revamped and restructured based on the research findings and the social transformation taking place in the village India. The study also has taken note that the emerging nuclear family system has adversely affected the family relationships and attention towards the elderly population.

The study as a whole advocates that better psychological, financial and medical care can improve the status and free them from the old age sufferings.

## **Conclusion**

Building old age apartments can help them to lead a free and life comfortable. This modified idea of building apartments on community basis with essential services can be provided to the aged with essential comforts. Also community service centres can be set up which can render help in arranging home visits, counseling and emergency services. Such centres can be managed by the aged who are interested in taking up jobs. Intensive training should be given for the aged to manage these centres on commercial basis.

The elderly have strong belief in traditional practices but are not so particular about privacy. So, common halls with basic infrastructural facilities can be built for the aged. This short stay homes can bring in a brief period of relief to the families. Visits to holy places and shrines in a group can be arranged to make them happy and active during the final phase in life. There is a need to arrange fairs, conferences, seminars, workshops on various aspects involving the aged. These can provide psychological support for the aged. The potential and exuberant talent and expertise of the aged can be harnessed to mould and cultivate the potentials of the younger generation.

Cultural programmes, folk songs and dramas can be arranged for the entertainment of the aged with the help of school and college students. Pilgrimage and visiting religious institutions should be arranged in order to achieve mental peace during old age. The Government should provide free rice and provisional items. The old age homes should be provided with free electricity and water supply. The old age homes situated in community surroundings is better for providing social participation and strengthening social relationships.

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