

Social Health Status of Rural Elderly Population In India

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Abstract:

The study tried to describe the social health status of elderly people in rural India. Ageing is a time of many illnesses, and bad health is frequently cited as one of the most serious issues facing the elderly. For many people, this is a tough time, a time of decreasing health, diminished income, and the loss of an important role or the death of close ones. Social health enables the aged to adjust socially productively, meeting one's obligations to one's own family, community, and country. While this research established a link between health and social relationships, it intended to analyze altering social relationships over time impacted health. To live independently, seniors require some basic necessities and abilities for daily living, which include the ability to engage in social activities and execute personal and household responsibilities. In this research, the researcher attempted to study the social health status of the elderly in Rural villages in India.

Key words: Social Health, Elderly, Rural Area, Sustainability

Introduction

“Population ageing is one of the most often debated worldwide issues, since almost every country in the world is seeing an increase in the number and proportion of older people in their population” (United Nations, 2019). According to the data from “World Population Prospects: the 2017 Revision, the number of older persons those aged 60 years or over is expected to be more than double by 2050 and more than triple by 2100, rising from 962 million globally in 2017 to 2.1 billion in 2050 and 3.1 billion in 2100” (United Nation, 2017). “Globally, population aged 60 or over is growing faster than all younger age groups” (World Health Organization, 2021). Recently, there has been an increased interest in the connection between good psychological health and successful aging. Present research have been focussed on social health status of aged in rural areas in India. “Ageing is a time of multiple illnesses and poor health is repeatedly quoted by the aged as one of their most serious problems. It is a difficult time for many people, a time of declining health, reduced income, and the loss of a meaningful role or death of the loved ones” (National Institute of Aging, 2019). These problems can create unhappiness for elder people and can damage relationship with children and others. So, the researcher wanted to analyse the level of family support, daily life activities and social habits, how they can cope with issues, interaction with others, group activities and religious activities are taken to analyse the needs and to know what their present condition. “Change in socio-economic status adversely affects the individual's way of life after retirement” (Abramowska-Kmon & Łatkowski, 2021). All of these factors can result in isolation, loss of independence, loneliness and psychological distress in older people.

“Health status is an important factor that decides the quality of life of an individual” (Currie, 2016). ‘Health status of the elderly comprises Physical, Psychological and Social status. Social health is one's ability to form meaningful personal relationships with others. It is also an indication of one's ability to manage in social situations and behave accordingly’ (Umberson & Montez, 2010). Social health status can be seen in several factors such as relation with grandparent, parent, spouse, friend, kinships, group member and religious role and functions. Elderly are affecting physical, physiological impairment or diseases that will change their social life (Thomas, Liu, & Umberson, 2017). The social health helps elderly to adjust socially in a productive manner fulfilling ones responsibilities towards oneself, one's own family, community and the country (Schulz & Eden, 2016). While this research established a link between health and social relationships, it intended to analyze altering social relationships over time impacted health. To live independently, seniors require some basic necessities and abilities for daily living, which include the ability to engage in social activities and execute personal and household responsibilities. In this research, the researcher attempted to

study the social health status of the elderly in Rural villages in India. By addressing elders, to know the social health status includes family relations, affiliations and their interact with others. This study suggests that older persons who maintain a high level of social activity or improve their social life as they age may be shielded from progressive increases in physical and cognitive problems. This study contributes to the establishment of new initiatives by serving as a reference for resolving the social health problem. This can be regarded a fundamental strategy for resolving this issue.

Review of Literature

Participating in light to moderate physical activity has been shown to prevent functional decline. Thus, an active lifestyle benefits mental health and aids in the management of diseases such as depression and dementia. There is evidence that physically active seniors have a lower frequency of mental illnesses than do inactive seniors. The findings emphasize the critical role of active lives in reducing mental health disorders in the elderly. It is hypothesized that physical activity was effective in lowering (WHO, 2017). Huang & Lin (2002) conducted a study to ascertain the demographic, physical and mental health state, social supports, health requirements, and utilization of social services by community old living alone. The authors also evaluated the association between demographic data, mental health status, and social assistance for community old living alone. The findings indicated that the majority of individuals were males between the ages of 65 and 74, religious, and content with their lives and economic situation. The majority of individuals suffered from multiple chronic illnesses. Following arthritis, hypertension, and osteoporosis were the most often reported diagnoses. The majority of individuals self-reported having an excellent physical, mental, and social health state. The most frequently used programs included financial assistance for medical care, free health examinations, and home visits by public health nurses. Among community elders living alone, the most pressing health requirements were medical services, financial assistance, and setting up a leisure activity center. According to Maija & Uchino (2008) "social isolation has been linked to deleterious effects on health and well-being, particularly in older adults. Having a variety of positive social supports can help elderly adults maintain their psychological and physical health. Other people's support can be critical in lowering stress, improving physical health, and overcoming psychological difficulties such as sadness and anxiety. When we examine who provides social assistance for an elderly person, we immediately think of family members. While it is true that the majority of support comes from family members, there are numerous instances in which family members are unable to provide help (stress due to responsibilities, illness, death, financial problems, job relocation). As a result, family support for these elderly adults will inevitably decline. Self-awareness is critical to an individual's overall quality of life and happiness. Numerous recreational social activities can be employed to aid in the development of an individual's self-awareness. Among the activities available to senior citizens are reminiscing groups, journal writing, readings of favorite literature passages, group exercise, and singing groups. Individuals may also experience increased self-satisfaction if they are involved in the organization of social activities".

Research Methodology

In order to measuring the social health status of elderly the researcher tries to describe the level of family support, the way to cope up their daily life activities and social habits. The investigation conducted among the four rural villages in Thrissur district in Kerala. Researcher collected 362 sample by using systematic random sampling in probability sampling because it relies on arranging the target population according to some ordering scheme and then selecting elements at regular intervals through that ordered list. Interview schedule was used to collect the data. The interview schedule was devised to collect data which consists of four section represents the socio demographic profile of the respondents, family support system, daily life activities and social habits which includes physical activities, feeling of relaxation, food habits, friends, and crisis management and affiliation of the respondents. collected data were coded, tabulated, analyzed and interpreted using SPSS software. The data were presented with simple frequency tables, diagrams and charts.

Result and discussion

The study attempted to study the social health status of the elderly in Rural India. By addressing elders, to know the social health status includes socio demographic profiles, family relations, affiliations and

how they can interact with others. Moreover this research is also helps elderly to fulfil their social health status and to evaluate the life satisfaction

Table 1: Socio Economic and demographic Profile of Elderly

Variables	Group	Percentage
Age	60-70	50.1
	70-80	35.3
	80 <	14.6
Gender	Male	38.7
	Female	61.3
Marital Status	Married	69.3
	Unmarried	8.3
	Other	22.4
Educational Qualification	Illiterate	14.6
	Primary	46.0
	Secondary	26.7
	other	12.7
Occupation	Retirement	23.1
	Agriculture	34.5
	Private	3
	Others	39.4
Monthly Income	Below 5000	52.2
	5000-10000	29.6
	Above 10000	18.2
Living Arrangement	Alone	12.4
	With Children	48.3
	With Spouse	28.3
	Other	11
Spending Leisure time	Siblings	8.7
	Grand Children	39.7
	Friends	12.6
	Neighbors	32.1
	Other	6.9

Table 1 the socio- and demographic elderly. The

represent economic profile of the study reveals

50.1 percent of the respondents represent the age group of 60-7 and 61.3 percent of them are females. 46 percent of the respondents have primary education only 14.6% were illiterate. This substantiates the education literacy levels of elderly in Kerala. The study further reveals that most of the respondents were earning for their livelihood for themselves through various activities like agriculture, working in private sectors, old age pensions, and other activities like daily wages and shop keeping. Majority of the respondent (52.2 percent) have low monthly income. This shows that most of them are depending on low wages so this can affect their income. The study showed that 12.4 percent were staying alone while 48.3percent with children and 28.3 percent with from that we can identify that most of the elders are living with their children, it indicating that they have strong familial support. Majority of the respondents are spending their leisure time with grandchildren because they feel joyful memories and loving relationship.

In the study, the 53.5percent of respondents were not depending others for their personal needs. It is clear that most of the respondents are does not get any kind of assistance as well as support from the family for doing their personal activities like medical care , physical assistance and so on. The study showed that 48.6 percent of respondents are cared by their own children. The investigation further also revealed the levels of care getting to the respondents from the children, neighbours and friends in a good and supportive manner. The study explained that majority of them 73.2 percent respondents are not felt any discrimination from the society but there are 26.8 percent of them felt some sort of discrimination in terms of income, physical status, and social cohesion. Majority of the respondents (58.9 percent) had role in family matters and decision making process. 38.1percent of the respondents were depending on their children for financial support while 35.5percent of respondents depending on their own pension and remaining they have secured savings. This shows that, majority of them had not have any savings, so they compel to depend their children financially.

Table 2: Family attachment and Roles in Decision making

Family attachment of the respondent	Family roles of the respondent				Multiple task	Other	Total
	Father	Mother	financial supporter	decision maker			
Strong	39	42	8	11	101	2	48
Weak	31	36	17	16	23	3	13
No attachment	14	10	3	0	0	1	1
Total	84	86	28	27	124	20	362

$\chi^2 = 131.187\%$ $df = 10$ $P = .001$

The p value is .001, so the null hypothesis is rejected that means it is highly significant so there is an association between family attachment and role in decision making process. Old age is the period where we give the first preference for our family.

The present investigation also discussed about the daily life activities and social habits which includes physical activities, feeling of relaxation, food habits, friends, and crisis management The study revealed the nutritional status of older adults relates to their quality of life and ability to live independently and it access to a balanced diet to be critical for the prevention of diseases. Which is evidenced by the food habits of elderly, 53.2 percent of the respondents having mixed food 32.5 percent and having light food. The study also discussed respondent relationship with their friends, 68.9% are maintain cordial relation with friends while 29.6 were not having regular contact and relationship which revealed that older people have good social interaction and they were engaging various to avoid loneliness. The study further discussed most of the respondents (58.3 percent) engaged in leisure time activities such as gardening, praying and taking care of grandchildren rather than reading or writing. Majority of the elderly were facing economic problems due to their retirement, which affect their social health Because of this they were unable to help others when others came to ask for financial help. It due to lack of income and it adversely influences the social interaction of them. The study further revealed that physical impairment due aged is another reason for less social interaction. Most of the elderly (53.8 percent) have been identified with visual and hearing impairment. This leads others to avoid elderly for social interaction. This affects the social health of the elderly.

Figure 1: Crisis Management by Elderly

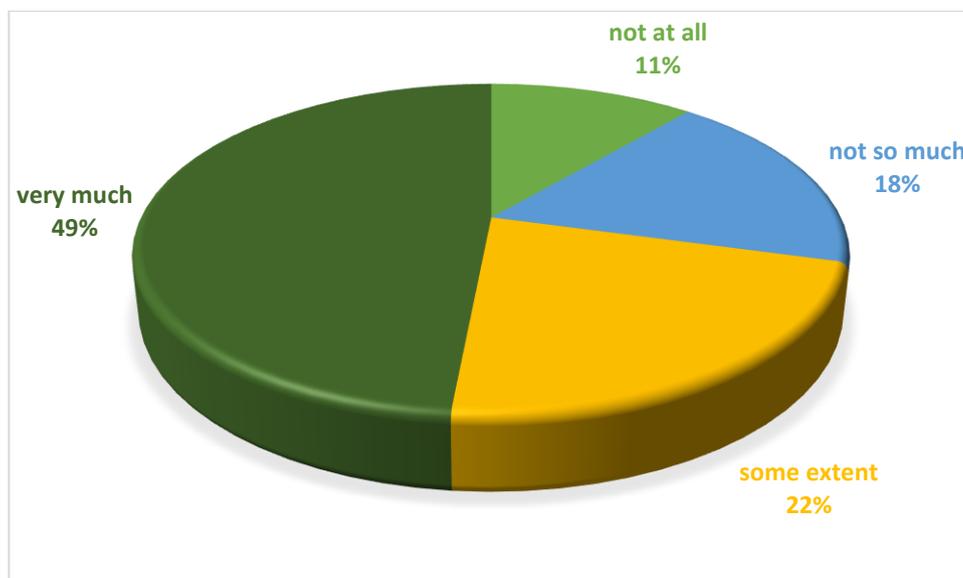


Figure 1 shows the crisis management by elderly ,majority of the respondents (49 percent) were very much confident to face the problems they come across while 22 percent of the respondents are able to cope up with the problem to some extent and 18 percent are not so much . The revealed that Conflict ability to cope up with stress will change according to their experiences.

Study discussed about the affiliation of elder people with various institutions in society like religion , social activity clubs and Self-help groups .Majority of the elderly are religious, the religious community is the largest source of social support outside of the family, and involvement in religious organizations is the most common type of voluntary social activity. The respondent's memberships in club activities are less. If it is useful they can avoid lonely feeling.

Conclusion

The aged individual's limited ability to adjust to environmental changes is regarded as a hallmark of the elderly. In a nutshell, aging is the steady deterioration of the human body's structure and function over time, which finally results in an increased risk of mortality. The study discovered that elderly people require increased family support, care, and attention in order to maintain progressive social health, and they face social issues such as loneliness, inability to manage routine activities of daily living independently, boredom with retirement, and a lack of routine activities. Financial strains associated with the loss of a consistent source of income. They are dissatisfied with their interpersonal relationships and have a difficult time maintaining social relationships. Additionally, a dearth of facilities, such as employment and recreational activities, is highlighted. The elderly are mostly concerned about their health. Physical and emotional well-being have an effect on social well-being. It is critical to promote activities that contribute to the enhancement of the elderly's social health. The Panchayath officials, with the assistance of social workers, can launch the scheme. Regular pensions for the elderly should be provided, and the government should have ensured that they will receive them or not. To the extent that their economic problems can be resolved. Additionally, the study suggests the importance of forming older groups to foster increased social engagement and connection building. This enables the promotion of social health.

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