Chapter - 7

Reasons of the Problems Faced by the Elderly &
Scope of Social Work Intervention

The main problems which old people face are lack of economic privations, health problems, lack of emotional support and idleness after retirement. This state of affairs becomes a social problem as considerable number of people feels it as a problem. Old age is not a problem but many other problems make it a problem. The problem of mass poverty, the problem of reduced or insufficient income after retirement, loss of spouse, abundance of free time after the cessation of work role and feelings of boredom, poor health, difficulties arising out of mental decline, social isolation and unsatisfactory family relationship and dependency- all these situations are interdependent. These are the problems related with society, culture, economic and political system. Problems of the elderly are more or less similar all over the world.

The general problems of the elderly, which has been observed in the study, are:

1) It is difficult to maintain the standard of living due to increasing cost of living.
2) Physical weakness hampers freedom of movement. Use of public transport becomes dangerous due to impairment of vision and physical illness.
3) No adequate place for oneself or no privacy.
4) Lack of proper residence arrangements.
5) Problem of losses; A longer life causes the loss of friends, relatives and the spouse. Loneliness and feelings of isolation occur due to this loss.
6) As the male members of the family are generally outside, other members, especially old women have to look after households and grandchildren. Such a responsibility gives them stress and poor health.
7) Abundance of free time after retirement, no availability of new opportunities of passing time.
8) Money problem.
7.1.1 Major Reasons for Feeling Sad

Table 7.1: Distribution of Respondents according to Major Reasons for Feeling Sad

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Reasons</th>
<th>Distribution of Respondents</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>District Wise</td>
<td>Gender Wise</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patiala</td>
<td>Mohali</td>
</tr>
<tr>
<td>1</td>
<td>Poverty</td>
<td>22 (11)</td>
<td>21 (10.5)</td>
</tr>
<tr>
<td>2</td>
<td>Not satisfied with the way the family treat</td>
<td>30 (15)</td>
<td>28 (14)</td>
</tr>
<tr>
<td>3</td>
<td>Financial Loss</td>
<td>20 (10)</td>
<td>25 (12.5)</td>
</tr>
<tr>
<td>4</td>
<td>Loss of spouse</td>
<td>18 (9)</td>
<td>20 (10)</td>
</tr>
<tr>
<td>5</td>
<td>Alcoholic son/son-in-law</td>
<td>20 (10)</td>
<td>22 (11)</td>
</tr>
<tr>
<td>6</td>
<td>Illness of the spouse/children</td>
<td>30 (15)</td>
<td>20 (10)</td>
</tr>
<tr>
<td>7</td>
<td>Children staying away</td>
<td>28 (14)</td>
<td>36 (18)</td>
</tr>
<tr>
<td>8</td>
<td>Daughter not married</td>
<td>14 (7)</td>
<td>11 (5.5)</td>
</tr>
<tr>
<td>9</td>
<td>Death of children</td>
<td>10 (5)</td>
<td>5 (2.5)</td>
</tr>
<tr>
<td>10</td>
<td>Not owning a house</td>
<td>8 (4)</td>
<td>12 (6)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>200</strong></td>
<td><strong>200</strong></td>
</tr>
</tbody>
</table>

Figures in parentheses denote percentage

The above data reveals that the major problems of the elderly for feeling sadness are: children staying away (32 percent), not satisfied with the way the family treats (14.5 percent), illness of spouse and children (12.5 percent), financial loss (11.25 percent), poverty (10.75 percent), alcoholic son or son in law (10.5 percent) and loss of spouse (9.5 percent). Less than one tenth (6.25 percent) of the elderly report that the main reason of their sadness is their unmarried daughter followed by not owning a house (5 percent) and death of children (3.75 percent).

It is clear from the data across the regions it is the rural elderly who suffers more
than the urban. The rural elderly report of not satisfied with the way the family treats (17.5 percent), poverty (14 percent), illness of spouse and children (14.5 percent), alcoholic son or son-in-law (12.5 percent) which is a higher proportion to the urban (11.5, 7.5, 10.5 and 8.5 percent respectively). While there are some areas where urban elderly suffer more (their children are staying away from them (19 percent), financial loss (13.5 percent) and daughter not married (8.5 percent) than the rural (13, 9, 4 respectively).

The female elderly largely report of not satisfied with the way the family treats (15.5 percent), loss of spouse (11.5 percent), illness of spouse and children (13.5 percent) and children staying away from them (17 percent) in comparison to the male elderly (13.5, 7.5, 11.5 and 15 percent respectively). While the male elderly are more worried about alcoholic son or son-in-law (13 percent), daughter not married (7.5 percent), and not owning a house (7 percent) than their female counterparts (8, 5, and 3 percent respectively).

The district wise study shows that a greater proportion of the Patiala elderly feels sad because of reported of illness of the spouse and children (15 percent), daughter not married (7 percent) and death of children (5 percent) than the Mohali elderly (10, 5.5 and 2.5 percent respectively). On the other side Mohali elderly largely report of financial loss (12.5 percent), Children staying away (18 percent) and not owning a house (6 percent) while such a proportion is 10, 14 and 4 percent respectively in Patiala region.

When we study the major reasons of sadness among the elderly we find that no individual is responsible for such problems of the elderly. We need broader changes in our thinking and socio-cultural system to reduce these problems. Individual as well as collective efforts are required.

The attitude of the elderly towards their own age also determines their happiness and sadness in life. An effort has been made to study their attitude.

7.1.2 Attitude Towards Old Age

The below data on attitude towards old age depicts that majority of the elderly (51 percent) feel that old age has affected their day-to-day life. While one-fifth of the elderly
report that they feel irritated by family member (13.75 percent) and 13.5 percent of them feel that they are not loved by their family members. A Smaller proportion (11.25 percent) of the elderly, report that they are not happy in their life and 10.5 percent of them feel neglected by the family members.

Table 7.2: Distribution of Respondents according to Attitude Towards Old Age

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Attitude towards old age</th>
<th>Distribution of Respondents</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>District Wise</td>
<td>Gender Wise</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patiala</td>
<td>Mohali</td>
</tr>
<tr>
<td>1</td>
<td>Old age has affected day-to-day life</td>
<td>95 (47.5)</td>
<td>109 (54.5)</td>
</tr>
<tr>
<td>2</td>
<td>Feel themselves neglected by family members</td>
<td>20 (10)</td>
<td>22 (11)</td>
</tr>
<tr>
<td>3</td>
<td>Feel irritated by family</td>
<td>30 (15)</td>
<td>25 (12.5)</td>
</tr>
<tr>
<td>4</td>
<td>Not happy in life</td>
<td>25 (12.5)</td>
<td>20 (10)</td>
</tr>
<tr>
<td>5</td>
<td>Feel that they are not loved by family members</td>
<td>30 (15)</td>
<td>24 (12)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>200</td>
<td>200</td>
</tr>
</tbody>
</table>

Figures in parentheses denote percentage

An overwhelming higher proportion of the male elderly (59 percent) reports that old age has affected their day-to-day life than the female (43 percent). However the female elderly largely report that they feel neglected by family members (12 percent), feel irritated by family (16.5 percent) and also feel that they are not loved by family members (15.5 percent). This finding is supported by Amann et.al., (1980) who have stated that the bulk of disadvantageous conditions of modern society weigh heavily on the older women since their average life expectancy is higher than men.

The data further demonstrate that 53 percent of the urban elderly feel that old age has affected their day-to-day life and 12 percent of them are not happy in life. On the other side the rural elderly feel more neglected by family members (12.5 percent) and not loved by their family members (14.5 percent).
In the district wise analysis, we find that 54.5 percent of the Mohali elderly feel that old age has affected their day-to-day life while 47.5 percent of the Patiala elderly think so. The Patiala elderly more feel that they are irritated by family (15 percent) and they also feel that they are not loved by their family members (15 percent).

Chaudhary (1992) has pointed out that an old person begins to feel that even his children do not looked upon him with that degree of respect which he used to get some years earlier. The old person feels neglected and humiliated.

Most of the problems are related to the inadequate income in old age because of poor health and expensive medical treatment. If the elderly are not financially independent then they become generally a burden for the family. Many times, the family itself is unable to shoulder the financial responsibility as well as the duty of a caretaker, due to rising inflation and busy life of all the family members. Poor health and financial inadequacy contribute to resistances in the family. The real problem of old age starts after the age of 70+ as physical degeneration deteriorates the functioning of sensory organs. There is imminent explosion of problems: self-care becomes impossible day by day; Personality traits also change due to senescence and senile decay; the family also goes through stressful days and internal relationships get disturbed. Many times outside help to look after the person is not possible due to exorbitant charges. Man depends on his fellowmen not so much for physical support as for emotional support, affection and stimulation. This emotional dependence tends to increase in the later years of life and consequently the problems grow day by day. The elderly people want to be understood by the surrounding groups and especially more by the younger generation with whom they live and associate. The needs of old people cannot be isolated from the needs of other people. They are more intensified because of the general decrease of their physical vitality. The essential requirements of the elderly are:

(1) Sufficient money for comfortable living.
(2) Availability of part-time jobs for those who desire and are physically capable.
(3) Pension after retirement to meet the basic requirements in the age of inflation.
In short, all of them want to belong to their immediate world and family with which they live and associate. The needs of this phase of life are not very different from those at any other period of life. They are more acutely felt because of the degenerating position of their physical self and the coming danger of death.

**Summing Up**

The elderly are human beings as we all are, but unfortunately we forget it and start to treat them as burden of ourselves. As we have studied, the problems of the elderly are the problems of the humanity. We forget that there is no escape from the old age and everyone has to pass through this phase of life. If we start to feel it seriously then the old age will no longer be a problem for the elderly, the family, the society and the nation. The basic problem is the problem of human behavior, if we change it; neither an elderly will feel old age as curse or anybody else. The material requirements also make life difficult for the elderly but if we save something for the future and the young members of the family and society take the responsibility to look after the elderly then it is also not a big problem. The study reveals that generally problems are man-made and we can solve them if we effort seriously and honestly.

### 7.3 Scope of Social Work Intervention

The problems of the elderly are multi-dimensional: biological, social, emotional, psychological and economical. All these are inextricably linked with each other and cannot be dealt in isolation. The health care needs of elderly vary from the young old (61-70) to the old-old (71-80) to the very old (80+). Social work is mainly believed to be problem oriented but while working with the elderly it may be process oriented. In the
The entire process of working with the elderly, medical care/emotional support/counseling to patient and care-giver should form an important component of the process. The most appropriate place through which they can operate is while they are employed as social workers in public/government hospitals or while they are employed in community based rehabilitation schemes in the communities.

**The specific intervention strategies that can be undertaken in socio-economic area**

The social worker has a major role to play in socio-economic area of the life of elderly. He can help elderly and their family to develop a positive attitude towards old to improve the intergenerational relations; he can train all members of the family to develop emotional ties, love and co-operation with each other; he can also help to manage the budget of the elderly and the family, and guide them to achieve economic security. This can best be achieved by portraying the right image of old age among all the family members and the society through media and other sources.

- There is a need to publish guide books for dealing with feelings, communication, financial matters, health related issues and moral responsibilities towards aging population.
- There is a need to incorporate text on the importance of family as an integral unit to strengthen inter-generational relationships in text books at all levels.
- There is a definite need to identify stress areas being faced by each generation and with their help form peer networks for each generation to ease out their stresses and provide space for open discussions amongst them.
- For exchange of views and to provide forum for learning from each other, it is important to set up self-support groups for people of same generation.
- The urban community is often characterized by impersonality, which act as a big factor in making the elderly feel alienated and avoided. Resident Welfare Associations may involve the elderly in various activities like overseeing the security, civic amenities, organizing the functions on various festivals, which would not only keep the elderly utilize their leisure time effectively but also give
them feeling of being needed.

- Emphasize the idea of interdependence between and among generations, at all levels of discourse. As people start to realize the richness of this idea and meaningfully operationalize it, intergenerational conflict will wane.

- Identify factors that promote family cohesion and those that create conflict, and devise approaches and services that will strengthen the former and weaken the latter. Despite significant commonalities among families in a country or region, families are also different in vital ways. Cultural, ethnic, religious, and other variables define their intra-familial conflicts as well as prove directions for cohesion building factors.

- Help individuals and families to take advantage of the advances in communication technology that have reduced geographical distances. Intergenerational relationships can be maintained and strengthened even at a distance. In many developed countries, long-distance care giving has become a viable option for adult children who are physically away from their old parents.

- Work for the expansion of resources at the community and societal levels that the elderly can access so that they can achieve balanced inter-generational relationships.

- Combat aging stereotypes as almost everywhere, negative images of old people are a norm.

- To explore the possibility of launching an inter-generational program for changing the attitudes of children and young people towards the elderly.

- To recognize the possible reality of elder abuse.

- The elderly who are not in a position to look after their day-to-day needs and it is not possible for family to take care of their necessities, the social worker should immediately intervene by providing them alternative abode. But it must be taken care of that they do not lose contact with their family members.

- Financial security to the elderly population by proposing tax benefits and higher
interest rates on deposits for senior citizens, promotion of long term saving in rural and urban areas, increased coverage and revision of old age pension schemes for the destitute elderly and prompt settlement of pension, provident fund, gratuity and other retirement benefits.

- Social worker can help elderly to guide them to be employed in the jobs which they can do easily which will be helpful to relieve them from stress and help them financially also.

- Social workers and their organizations should regard elderly for their achievements in social functions as such activities will fill them with sense of responsibility and satisfaction.

- A social worker should encourage elderly to participate in social activities, they should be consulted for societal issues as well they should also be encouraged to work for the society as far as it is possible.

A Case Study

Ram Pyari is 60 years old widow living at Landran (Mohali) from her marriage period. Her husband Krishan Lal had expired before 5 years. She had two sons and one daughter. After the death of his father, the younger son is missing from that time. Her elder son has unmarried and he is 36 years old and unemployed. She lives with her son. She feels loneliness & usually depressed due to her husband and sons pain. She is doing house work in other houses. She is annoyed with her life due to lack of money. She is abused by her son all the time. Whatever she earns from daily wages he kept all money with him and not giving single money for household expenditure. In mean while the social worker interacts with her and during this conversation she wants to commit suicide. The social worker meets with her elder son and gives counseling regarding her mother. During the stage in old age one should respect their parents and should be a support hand for them. Her son agreed with the social worker and commits her that he would start working to support her mother.

The specific intervention strategies that can be undertaken in health area
Most of the young old are productive in the informal sector and are often the caregivers to their grandchildren or their very old parents. It is mostly after 70+ that health problems of one type or the other are aggravated and need attention. Of all the needs, medical health is on the top most priority, which should be attended to, to keep the elderly fit and fine to continue with their quality of life. Most of the time their health problems are multiple involving more than one system and require inter-disciplinary care.

In India, due to the elite structure of health care facilities, there is a skewed distribution where the poor and the elderly, especially women are often neglected. Once the elderly fall sick, their visits to the outpatient departments are more frequent compared to younger individuals. Once admitted to hospital, their stay is also longer and recovery slower.

- A social worker should spread awareness among the general public, particularly the elderly for regular medical checkups to ensure prevention and early detection of the disease.

- There is a definite need to review health policy depending on the geographic distribution of elderly in rural/urban areas. The far-flung areas are inhabited by the deprived and depressed classes of our society that are not only illiterate but also ignorant and are poor. They do not know about the existing health facilities.

- There is need to provide uniformity in availing health care services by service class/business class. The service class, which retires from government/semi government/public sector can avail better health services though central government health scheme and other tailor made schemes made available to them.

- There is a need to train both indigenous and allopathic doctor to handle the specific illnesses associated with ageing.

- It is necessary to set up subsidized health care for the elderly with special units in hospitals and with free or highly subsidized medicines.

- There should be separate geriatric clinics in the private/government hospitals where OPD timings for the elderly should be in afternoon.

- While the retiree is in re-employed, more deduction may be made from his salary
regularly towards insuring their health by the government. Other suitable health plans are needed to be evolved under social security programmes so that uniformity is maintained in providing health services.

- Health checkups and other related services should be provided at the doorsteps for those who are immobile. Ambulance/mobile vans should be made available to them.

- Awareness about nutrition and health related issues of the elderly are of great importance. Programme focusing on the elderly women and poor need to be formulated and propagated.

- Booklets, videocassettes etc. on health and nutrition related issues need to be developed and information disseminated. Food guides and diet manuals need to be developed keeping in mind all the regional differences. Such guides should be available in all regional languages. The role of traditional foods, use of hereby, therapeutic foods need to be highlighted.

- Social Gerontology should form part of the syllabus for medical professionals and para professionals so that they could integrate health education along with the health care provided to the elderly persons.

- More local NGOs should come forward and volunteer to work in the area of health for the elderly.

- There needs to be a better coordination between social workers working in hospitals, para medical staff and doctors to discuss the problems of the elderly and evolve intervention strategies in order to provide individualized services.

- Neighborhood watch scheme needs to be strengthened as physical security is a matter of grave concerns for all elderly especially those who are staying alone and have nobody to care for them.

- Modern societies have shown the way to grow old with grace and good health and as a useful member of the society. The elderly must remain active, promote and sustain friendships, have positive thinking, regular activities, and take balanced
diet, have adequate rest and realize one’s own limitations.

A Case Study

Parsandi Devi is 83 years old widow living at Sohana from her marriage period. Her husband had expired before 18 years. She had two sons. Both are married. Unfortunately her younger son had expired due to long disease. Her elder son has four children and younger son has two children. She feels loneliness & usually depressed due to her husband and son death. After sudden death of her husband and son, Prasandi Devi faced a lot of mental problem. She was not in good condition to decide anything. According to her, she has lost everything. Parsandi Devi was suffering from Joint Pain, pain in both knees while walking and standing due to this problem she could not able to move freely. Due to unavailability of extra money she couldn’t afford her treatment. According to her, when she uses regular medicine she gets relief, but when discontinue the treatment, she faces many problems. The social worker makes her aware of Physiotherapy Centres which are charging at nominal rate for elderly in nearby Chandigarh. According to Parsandi Devi, she was hopeful. But when she started visiting Physiotherapy Centres then she got lot of relief. Now she could move in the entire village.

The specific interventions strategies that can be undertaken in welfare measures

A social worker can help elderly in various other countless ways as a friend, as a social worker, as a child to them, as a guide to them, as an emotional supporter to them. The various aspects have been covered in this section.

- The Government-administered and traditional social security system (like the Provident Fund Schemes and the joint family system) enhance the self-reliance of the elderly and help them to lead a healthy and productive life. These can contribute in the development of the society by making use of their skills and abilities. Government can extend the social security coverage to uncovered working populations by devising self-financing schemes based on contributions from workers and employers, in collaboration with co-operatives, non-governmental organizations, trade unions and communities.
• Indian government has already introduced some schemes, such as the assistance to panchayat raj institutions and voluntary organizations for constructions of old age homes. Senior citizens are entitled to travel-related and income tax concessions and a higher interest rate on money deposited with co-operative banks. Through National Old Age pension scheme, some state Governments in India has already implemented schemes for financial assistance to elderly citizens without any source of support; the Sanjay Gandhi Nirdhar Yojna is one such scheme. The need is to implement them properly and widen their coverage.

• To spread awareness and disseminate information and communicate with the public and interested groups through a publication that will cover all topics of relevant interest to the elderly like: help-line, senior citizens associations, legal aid, government policies, health services etc.

• Assistance will be provided to develop outreach programmes for interacting with older persons on a regular basis, participate in the running of senior citizen centers and develop activities in them.

• There is a definite need to identify stress areas being faced by each generation and with their help form peer networks for each generation to ease out their stresses and provide space for open discussions amongst them.

• To promote seminars and discussion workshops that will advance the understanding and better appreciation of the dimensions of ageing as they affect the state, its economy, the health of the ageing population, institutions, such as family and finally at the personal level of ability of coping with ageing problems.

• Making training modules for courses on Social Gerontology for Government bodies and NGOs involved in the care and support of the elderly organizations and institutions interested in working in the area.

• To understand the concept of the basic care, basic needs, first aid, terminal care for the elderly, Social Welfare Activities, Ability to organize Old Age Homes and Day care centers, free health checkup, Club for the Aged, cultural events, Economic support from Government and non-Government Sector etc.
• Community based services can be provided in all the community centres. These should be broad based covering community as a unit. The clubs can be formed comprising of people of all generations and organization of cultural programmes and discussions should be held to keep them occupied.

• Advocate for and promote social policies that support productive aging so that older people can continue to play meaningful roles in the lives of their families and communities. So long as they are contributing and giving something to the familial group, reciprocity will stay alive and feed inter-generational relationships.

• Food security and shelter by inverse coverage under the Antyodaya Scheme to be increased with emphasis on provisions for the benefits of older persons especially the destitute and marginalized sections, earning ten percent of houses/house sites for allotment to older persons and barrier-free environment for elderly persons.

• There is need to protect and strengthen the institution of the family and provide such support services as would enable the family to cope with its responsibilities of taking care of the elderly. Along with proper and effective professional welfare services that need to be evolved to provide counseling services both to the elderly and their family members, it is also important to provide financial support to low income family groups having one or more elderly persons.

• The old, on their part, are not getting detached either. They think that they are going to live forever and that in any case this is not the time to quit. The ideas of vanaprastha and samnyasa are too remote and idealistic. They feel bored in looking after grandchildren, listening to religious discourses and devotional music, making rounds of holy places or just sitting before the small screen. They seek companionship, appropriate creative and constructive roles.

A Case Study

Kartar Kaur, 70 years old is staying in Landran and her husband died 20 years back. She lives with her son, daughter-in-law and her grandchildren. Her son runs a
barber shop in their residence only. The source of income is very limited so it was difficult for him to provide her food and medications which she required. During field visits the social worker come to know that she was physically & mentally harassed by her son & daughter-in-law. They are not providing her meals in time. When the worker interacts with Kartar Kaur and discusses the matter she was crying very deeply and bagging to God to pick her soul. She did not want to stay with her son anymore. The Social worker had a conversation with her son and daughter-in-law, she suggest him initially to make her avail of Old Age Pension so that some money comes in her hand to spend on herself. The social worker said one must respect their parents and should be a support hand in future. Finally Social Worker asked Kartar kaur to stay with her son, she was not agreeing in this matter. Social Worker suggests her son to keep her in Old Age Home which is near to home, so in some convenient time they could meet their mother.