



AGE RELATED PROBLEMS OF THE ELDERLY AND THEIR COPING MECHANISMS

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Abstract:

If we live longer period, then the existing commonly identified aspect is aging. For the last two decades the phenomenon of population ageing is becoming a major concern over the globe for the policy makers, for both developed and developing countries. Ageing of population is affected due to downward trends in fertility and mortality i.e. due to low birth rates coupled with long life expectancies. In India the size of the elderly population, i.e. persons above the age of 60 years is fast growing although it constituted only 7.4% of total population at the turn of the new millennium. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. Government of India adopted 'National Policy on older persons' in January, 1999. The policy defines 'senior citizen' or 'elderly' as a person who is of age 60 years or above. There is a need of various concerns for the old age persons since they face multiple medical and psychological problems. There is an emerging need to pay greater attention to ageing-related issues because they are dependent. This research paper's main aim is to discuss the challenges of the elderly persons. The two objectives are firstly, to study the problems of elderly and the second objective is to identify adjustment patterns, their wellbeing and the coping mechanism they use to adapt to the present changing society. The researcher used the secondary data and five detailed case studies.

Index Terms: Elderly, Psychological problems, Wellbeing, Violation & Coping mechanism

1. Introduction:

Every human being passes through various stages in his life time; birth infancy childhood, adolescent adulthood and old age this biological transition through different stages has cultural and human overtones. Old age consists of ages nearing or surpassing the average life span of human beings. It cannot be defined exactly because it does not have the same meaning in all societies. People can be considered old because of certain changes in their activities or social roles. Also old people have limited regenerative abilities and are more prone to disease, syndromes, and sickness as compared to other adults. They are called elderly people, old age and in medical term geriatrics. Generally, persons aged 15 to 59 years are supposed to form the population of working ages and at age 60, people generally retire or withdraw themselves from work. A person is considered economically independent if he/she does not require taking financial help from others in order to live a normal life. But during the final stage, they need to grow emotionally and mentally. (4)

In India society, elderly people are regarded as symbol of the divine and given utmost respect. They are considered as the repositories of wisdom, carriers of traditions and transmitters of experience and ideas of groups living. The age-old joint family system has been playing the major role in safeguarding the social and economic security of the elderly people. The rapid changes in the social scenario and preference for nuclear family set-ups, recently the elderly people are likely to be exposed to emotional, physical and financial insecurity. India culture of respect for older members of the

family was slowly diminishing due to urbanization coupled with the change in societal values; many elderly are left alone by themselves. The situation is worse in rural areas where there is large migration of young population to urban areas and the old are usually left behind. This has drawn the attention of the policy makers and administrators at central and state governments, voluntary organizations and civil society. Many senior citizens home have come in to existence like mushrooms to cater the present day's needs. They have shown interest in ensuring the well-being of senior citizens and improve quality of their lives through providing specific facilities, concessions, relief, services etc. and helping them cope with problems associated with old age. Many NGOs are reaching out to neglected and underprivileged elderly and providing them with necessary financial, medical and emotional support.

2. Data:

In India the persons above the age of 60 years is fast growing although it constituted only 7.4% of total population. It is estimated that the number of older person has increased 20.19 million in 1951 to 54.68 in 1991. Nearly 75 million populations are in the age group of 60+ in 2001. It is reached 100 million in 2013. And it is expected to reach 198 million in 2030 (3). The changing factors in society are gradually undermining the capacity of the family to provide support to the elderly and also led to the weakening of the traditional norms underlying such support. The family has been facing pressures this is the result of industrialization and urbanization as well as the availability and quality of support service. (Arun Bali 1994, Ramamurthy, 1997). The policy defines 'senior citizen' or 'elderly' as a person who is of age 60 years or above (3). There is a need of various concerns for the old age persons since they face multiple medical and psychological problems.

3. POLICIES AND PROGRAMMES:

Well being of older persons has been mandated in the constitution of India. Article 41, a directive principle of state policy, has directed that state shall within the limits of its economic capacity and development, make effective provision for security the right to public assistance in cases of old age. Right to equality has been guaranteed by the constitutions as a fundamental right. Social security has been made the concurrent responsibility of the central and state Governments.

The United Nations principles for older persons adopted by the United Nation General Assembly in 1991, the proclamation of Aging and the Global targets on Aging for the year 2001 adopted by the General assembly in 1992 and various other resolutions adopted from time to time, are intended to encourage government to design their own policies and programmes in this regard.

The government has introduced old age pension schemes, which only supports a portion of their requirements. On the other hand, for most of the elderly monetary support is not alone enough; what they need is decent living conditions and quality care. Wellbeing has become a high profile issue in contemporary policy and practice. Rather than talking just about 'improving health' we are more likely to read about 'improving health and wellbeing', and similarly, the notion of 'welfare' is now accompanied by 'wellbeing': as well as 'doing well', the aim should be to 'be well.' Wellbeing has been associated with 'happiness', with 'quality of life' or 'life satisfaction'. And sometimes it is talked about as 'subjective wellbeing' or 'mental wellbeing.' So the idea of wellbeing involves how we feel about ourselves and our lives, rather than how our lives might be assessed by others. Government policies and provisions for helping the senior citizens should be strictly implemented and monitored so that the benefits will reach them without much delay. Moreover, they rightfully deserve these benefits. Aberrations

should be immediately brought to the notice of the Government and other agencies for quick redressed

4. Problems of the Elderly:

The increase in longevity of human life has created a burden on the families. The resultant stress, in most cases, lead to elder abuse and neglect. Society lacks of access of health care, poor social security and institutional abuse. Thus elderly are abused physical, psychological, emotional or material exploitation, mal treatment, harm or neglect of the older person inside or outside their homes by a member of their family. Psychological problems include memory impairment; death of spouse; psychomotor slowing; despair etc. Physical – Failing hearing/vision; High blood pressure, infections; Accidents; Diabetes, Drugs etc. Social - Financial decline; Loss of job/Retirement; Family dependency; Isolation; Housing problems Social Decline; Loss of friends. Cultural- Wisdom not valued by common people; Lack of humane climate for the elderly in society; Decline of old-supportive cultural values etc.

Psychological Problems:

Depression is a heterogeneous set of phenomenon ranging from simple mood swings to severe affective state. Geriatric depression is a major health hazard with devastating outcomes. Depression in old age is quite complex and it is much difficulty in diagnosis due to medical illnesses, dementia syndromes and heterogeneity of patients in the population. Depression in old age creates many problems in carrying out activities of daily living. In other words, there is on increased dependency on others and health care systems. Depression in later life has serious consequences including increased health cost, distress on care givers, amplified disabilities and increased morbidity and suicide. Loss of a spouse takes a heavy toll on health and is one of the primary causes of depression. Being left alone often prevents many older persons from enjoying life. Use of multiple medicines, retirements, financial crisis, fear of death, bereavement etc. are adding to the psychological problems. (6, 21)

Case 1: I am 89 years old widow, with 10 children. My children are married and settled. I stay with my elder son. My son and daughter-in- law take care of me very well. I am healthy and can do my basic things myself except loss of memory and hard of hearing. All my needs are fulfilled by my family members. Sometimes when whole family goes out for any programme or function, I have to stay back alone in the house. Also they go for work, and due to this most of the time, I am all alone in the house. This affects me a lot. I have to watch TV and by myself. My family members stopped talking to me because they have to speak loudly straining their voice. Sometimes I use hearing aid which is not so effective. So I stopped using it. If they sit in front of me I can guess what they say with their lip movement. To overcome this problem of loneliness, I have developed the habit of talking to myself, by recalling my children's name and talking as if they are near to me. People thing I have gone mad to talk myself, but I gain self satisfaction talking to myself.

Due to frail health condition, lack of adequate care and acorn by the family members, negligence by care givers, busy life schedule due to urbanization, elderly people are getting neglected. As a result they, become more vulnerable to physical and mental ailments.

Physical Problems:

There are various biological changes that occur in mature genetically representative organism living under reprehensive environmental conditions as they advance in chronological age." old age has been viewed, as problematic period of one's life and this is correct to same extent. The aged become increasingly dependent on

others. As man grows, his reduced activities, income and consequent decline in the position of the family and society makes his life more vulnerable. An old person begins to feel that even his children do not look upon him with that degree of respect, which he used to get some years earlier. The old persons feel neglected and humiliated.

Case 2: I am 79 year old widow staying with my daughter and son-in-law. I have 8 children all are married and settled. I am financially sound and also get handicap pension of my husband. 10 years ago, I met with an accident and lost both my legs. Now I am totally dependent on my family members. I have hypertension and I 'am Diabetic, I have been on regular medication. Family members take care of me well. I have been also taken for regular outings in a wheel chair in the car. Sometimes I feel that I should have died during the accident. I think that I ' am a burden to my family being totally dependent on them for everything.

Social Problem:

Case 3: I am an 81 year old widow, healthy can do my work by myself. I sold my property and divided among my four sons. I do not have my own house now. I stay in each of my son's house for a month time. There is understanding between my sons that they have to take care of me mother in turn. Likewise they have been doing so. In a year I stay thrice in each of my son's houses. All my sons stay in Mangalore within five kilometers. So they take me in Auto and drop me in auto. I always have a feeling that now I am independent can manage on my own. But what would be my plight if at all I fall sick? Who would shoulder that responsibility of mine in times when I need assistance?

The study focused mainly on psychological, spiritual, social, economic, health and environment conditions of the aged made were institutionalized. The result shows that the problems of ageing are multi factorial in nature and intervention of social workers in geriatric care is highly recommended in today's world.

Health Problems:

There is various health problems affected to the old age people. Alzheimer's disease is the most common form of dementia, memory loss and this will impair cognitive function. Neurological disorder is affecting the nerve cells in the part of the brain that controls muscle movement. Incontinence, or loss of bladder control, can happen for a number of reasons. Whether it's temporary or chronic, it's unpleasant. It also can lead to emotional distress. Heart related disease like heart attack, stroke, cardiac arrest, high blood pressure etc. Arthritis is a painful condition that can strike the spine, neck, back, shoulder, hands and wrists, hip, knee, ankle, and feet. It can be immobilizing, and it comes in many forms. Macular degeneration, cataracts, glaucoma and retinal disorders are just some eye diseases that can reduce a senior's ability to see well. Having high blood glucose levels is the hallmark of diabetes, a group of diseases that affects the body's ability to produce or use insulin correctly. Sleep disorders and disruption in sleep patterns can lead to more problems than just making the elderly feel more fatigued. Depression is a serious medical illness. It can be mild or so major that it's disabling and it can also be hard to recognize. Even minor falls can land seniors in the hospital. Lung diseases can diminish a senior's ability to breathe well. While many types of lung problems can be treated or prevented (6).

Case 4: I am 74 years and my Husband is 79 years. Both of us are staying in an apartment in city. We were working in abroad for more than 30 years together. We do not have children. We have many health complaints but we support each other. Both of our family members are in good terms with us. They have maintained a cordial relationship with us. Five months back I fell down and got severe back injury, slip disk

and totally dependent on my husband. I had to take bed rest for three months. We ordered food from outside. Cleaning and washing was done by a part time helper, Auto was used often to commute to various places. People living in the apartment had great concern towards us. Physiotherapist used to come home and give me required treatment. If this kind of social support continues we can live happily for many more years.

Senior Citizen's Home:

The major adjustment to be made includes adjustment to physical changes, retirement, loss of spouse and post-child rearing period (Empty nest syndrome), and grand parenthood. If favorable factors such as satisfaction of needs, retention of old friendships, positive social attitudes, etc. are present, they Foster ego integrity of the person. However without adequate support to sustain and bear the losses the older adult (Aged) is unalterable to a profound sense of insecurity.

Case 5: I am 74 years old widow; I have two children, married and settled abroad. Two years back, I lost my husband and I was left all alone at home. Children visit once in a year with my grand children for few days of vacation but otherwise most of the time I am alone at home. So I decided to live in care and support centre and from the past six months I am staying at this senior citizen's home. I have deposited Rs. five lakh and every month I have to pay Rs.9,000/- . These expenses are borne by my Children. I am happy because centre does not accept bed ridden patients. They have given me chance to stay because I had been trying for a place in for nearly a year. The centre takes care of me well; I have a lot of friends to interact with, everything goes as per their schedule like food, prayer, visitor's time, sleep, medical check-ups, Hot water supply, laundry etc. I prefer to live there till the end of my life.

On these basis the research interest of psychologists for an individual's adjustment includes the process of need satisfaction by a person's own effort and the research interest of cultural anthropologist, sociologists, economists, and political scientists in societal adjustment as the process of providing opportunities for need satisfaction through institutional arrangement and rearrangement can be met in a manner permitting mutual supplementation and integration.

Problem Associated with Nutrition:

Nutrition is a major problem among the elderly. Many live alone and there are tendency for such persons not to consume well-balanced meal because they believe that preparing meals for one person is too much trouble. Low income is another reason that malnutrition among older individuals.

Old age is usually discussed in connection with the different types of problems encountered by the aged and the welfare measures associated with providing them a better quality of life. It has been observed that physical diseases, psychological illness and adjustment problems are quite common during this phase of life. People in general are speaking about the difficulties that they face during the end of their lives

5. Tips for Healthy and Better Mental Hygiene:

- ✓ Prepare for a safer old-hood while in their middle age
- ✓ Retain old friendships; new are difficult
- ✓ Cultivate ability to adjust; be flexible
- ✓ Slip into grandparent role in a natural way; play advisory role only
- ✓ Maintain leisure; Also keep involved in recreation activities
- ✓ Maintain sense of humor and creativity in your life
- ✓ Pay adequate attention to maintain physical fitness and proper medication

- ✓ Avoid despairing and accepting mortality as a natural end of the life cycle of every creature.

6. Suggestions:

- ✓ The importance of the reciprocal care and support with the families to the parents by children and grand children
- ✓ There is a need to formulate policies and programmes at the setting up of social aid systems
- ✓ The running of voluntary and commercial old folks homes
- ✓ There will be an increased need for health care systems
- ✓ There should be increased participation of aging in realizing their potential as a social and community services
- ✓ Psychological well-being studied extensively as there is a need to improve the state of mental conditions of people. Researchers find a large number of people are getting affected by mental health problems. Research studies reveal that there is a prevalence of depression, lower life satisfaction and more adjustment problems among elderly, well-being individuals and societies.
- ✓ Home using is recommended as it will be more beneficial and effective in keeping the aged people happy and content. They will enjoy better mental health and psychological well-being. Talking to the elderly people, keeping them engaged through activities, providing them with nutritious food with a touch of love and concern will definitely be a human approach to make them feel good, optimistic help them developing a zest for life. Successful coping to stress in old age leads to good mental health, satisfaction, happiness and better quality of life.

7. Conclusion:

Wellness is generally used to mean a healthy balance of mind, body and spirit and it results in an overall feeling of well-being. In other words; wellness is a view of health that emphasizes the state of the entire being and its ongoing development. There are several determinants of wellness and some of them include better understanding of concepts like health practices. Thus in conclusion, the family alone does not have the capacity to provide care and support of the increasing number of elderly persons. It is the collective responsibility of the state, community and family particularly the role of government is important.

Except for statistical analyses of older population groups by demographers and special research by economists on the problem of social security, the exploration and analysis of the social aspects of aging have been largely neglected until recently. Social science research has paid little attention to such questions as how older people of different ages participate in our society, what their major problems are, and what solutions they require. The greater advance of the medical sciences than of the social sciences in research on problems of aging is understandable, however. The fight against death has always been the legitimate concern of the former and logically has led their representatives to investigate the medical and biological aspects of aging. (4, 11)

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