

The Geriatric Problems and Approach of Developments in Rural West Bengal

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Abstract - The Ageing population are facing into biggest challenges 21 century in Global context. In most Asian societies fertility and mortality have been decline on substantially contributing to the population on ageing, shrinking family size and economic changes. The aged persons meet with challenges at multiple problems across the urban society to rural society, rural society to tribal society in variable degree in India. The rapid industrialization and urbanization lead to change in agrarian society and joint family structure as consequences, aged persons have face into conflicting social relationship with sons and daughters in law. In agrarian society the joint family structure facing on multiple problems in relation to agricultural land holding pattern, unemployment of younger generation, migratory labor meet with challenges for livelihood activity. The ageing persons are suffering from problems like physical, social, psycho-social stress and disability. The aged persons are belonging into vulnerable section in agrarian society. They are becoming socially excluded from family life and voiceless and powerless in family. The socio-economic condition leading to change the family function and aged persons take shelter at old age home.

This paper attempt to focuses on the empirical research concerned with the phenomenon of geriatric problems who reside at 13 old Age home in NGO premises in Purba and Paschim Medinipur District in West Bengal. Total sample size is 325 and data have been collected through semi-structure and structure interview in depth and autobiographical sketch of life of aged persons. The attempt has made to understand the conflict relationship in family and hospitality at old age home.

Index Terms - Agrarian society, joint family, socio-economic problems, conflict relationship, psycho-social stress, old age home.

INTRODUCTION

Ageing may be defined as a decline in physical and psychological competency that inevitably increases

the incidence and intensify the effect of diseases and other some environmental stress. In Gerontology the term 'aged' refers to the last phase of life cycle of an individual when one normally has deviated health in change of attitude old people are vulnerable because of falling their health. Due to the rapid industrialization, urbanization, education Christianity, globalization and other innovative concept of modernization. Joint family structure for delineating up across every society viz, tribal, rural, folk and urban.

In most Asian societies fertility and mortality decline have substantially contributing to population ageing and shrinking family size and economic changes. The world health organization (WHO) has advocated for the promotion of participating in regular moderate intensity. Globally the population is ageing. The proportion of people aged 60 years or older is estimated to double percent of the world population 2002, to approximately twenty in 2050 (United Nations Population Division, 2002).

In traditional Indian society elder people lived within a multi-generational extended family comprising one or more adults, children, grandchildren & other kin. The aged member enjoyed honor, respects legitimate authority within the family, community & society. They had decision making responsibilities in economic religious social & political activities of the family. They were treated as repositories of experiences & wisdom & the sources of cultural heritage & values. In India, the family is the most important institution that has survived through the ages. The joint family system has always been an integral part of Indian culture. The family transmit cultural standard to next generation. The imbalance Social Relationship means the deviation of normal social relationship in relation to traditional social wellbeing in family the psychological wellbeing

benefits of receiving social and physical support. It has been attempted to understand the psychological and social correlation of giving and receiving material of social support of the family members. There are multiple relationship exists in family with pouch sons and daughter, daughter in law, mother-in-law, father-in-law and friends, and also other kinship members. Social support system associated with more favorable mental wellbeing. Increasing urbanization and industrialization have contributed their share in aggravating the psycho-social problems of elderly citizens. Nuclear families, working couples, children overburdened with studies- all these leave our elders neglected, uncared for and lonely. Many victims are people who are older frail and vulnerable and cannot help themselves and depend on others to need their most basic need. There are majority rural folk aged persons are living in the marginal agricultural activity. The agricultural land gradually divided generation after generation, lastly owned small plot of land for younger generation. The joint family breakdown due to lack of sufficient agricultural land and crop .The socio-economic support did not possible by younger generations The person gradually confronted with multiple problems in relation to diet, medicine, shelter and social care. Sometimes relation becoming bitter with son and daughter in law, aged parents committed to suicide .The nature of elder abuse is more acute and vulnerable in relation to biosocial aspect in rural West Bengal. Indian national policies on ageing have also emphasized the role of family as the most important cherished institution in India that provides social security to older person the family. It has been recommended that state policies have had financial assisted to the NGOs to provide services which reach out to older person in the old age home, or in the community.

LITERATURE REVIEW

In 1987 K.L. Sharma describe that ageing implies physical and psychosocial change reflected in general weakness, decline in sense of perception and mental activity and lessening social activities interest. Mukharjee (1997) has classified the old people into three categories. They have significant role in the community and depended totally on their family members for all practical problems.

Chakraborty Falguni, 2003, study among the elderly population in as agrarian setting in rural West Bengal focuses on the contribution of the elderly persons to the family and community. He found that there is a clear cart allocation of tasks on the basis of sex than age in the performances of various works he observed that old man and woman are sharing a variety of socio-economic and religious duty and tasks essential for the family and community.

D'Souza, (1989) observed that changes in living arrangements, family structure and mode of retirement adversely affect the old. Further, he observed that the old people are in increasing proportion losing the status and security. Once they enjoyed in traditional India society.

Srivastava, (1995) defines the family as a transmission belt for the diffusion of cultural standards to the next generation as a psychological agent of society, as a shock absorber, and as an institution of many enhancing and valuable qualities. The joint family system or a multi-generational household has always been an integral part of the Indian culture.

Area of study-The Field work present study conducted to 13 old age home which are situated at remote area in Purba Medinipur and Paschim Medinipur. There are seven old age home located at NGO's premises and six old age home at Purba Medinipur. All these old age homes are non-paying which is financially assisted by Central Government under the nodal authority social welfare advisory board, Govt. of West Bengal. There is each old home beneficiary capacity is 25.

Objectives:

- To understand socio -economic condition of the aged reside at old age home coming from tribal and agricultural community.
- To understand social relationship of aged person with their son and daughter and psychosomatic problems.
- To understand Govt. policies and issues to ameliorate misery and morbidity.

MATERIAL & METHOD

The study has been conducted in the 13 old age home situated at Purba Medinipur and Pachim Medinipur which are financially assisted by Central Government. The total sample size is 325 which are selected

stratified purposefully. The total male respondents are 148 and female respondent's is 177. It is empirical research and the investigation has been carried out by field observation and structure and semi structure interview. Information has also collected through group discussion and in-depth interview.

DISCUSSION

Demographically in India, around 70 percent of our population lives in the rural areas. There are major differences among the Indian states in the proportion of the population above 60 years of age. And inevitable consequence of the demographic transition and the shift to lower fertility and mortality has been the evolution in the age structure. The proportion of elderly was 5.8 percent in 1961 and increased continuously over the period of time and reached 10.55%. This article described about the socio-demographic scenario of Ageing population in rural West Bengal specifically at Purba and Paschim Medinipur. The population density in Purba Medinipur is 1081/sq.km and Paschim Medinipur is 636/sq. km. The studied of aged population represented through this table.

Age-Sex composition of aged person at old age home

Age Group	Male	Female	Total
Young old (60-69yrs)	49 (15.07%)	80 (24.61%)	129 (39.69%)
Old-old (70-79yrs)	62 (19.07%)	71 (21.84%)	133 (40.09%)
Oldest-old(80+yrs)	37 (11.38%)	26 (8.04%)	63 (19.38%)
Total	148 (45.53%)	177 (54.46%)	325 (100%)

Source-Quantitative data have collected at old age, Home 2015

The total aged male & female are classified into 3 categories at 10 years interval i.e, Young- old (60-69 yrs), old- old (70-79 yrs), oldest- old (above 80 yrs). The total male population is 148 & female is 177. It is observed from the above table the young old male is 49(15.07 percent) and female is 80(24.61 percent) respectively. There is old - old male is 62(19.07 %) &Female is 71(21.84 percent). There are oldest - old male is 37(11.38 percent) & female is 26(8.04 percent). It is significant to note that maximum aged people belong to old to old (70-79 yrs) category

133(40.09 percent). There are lowest number of aged people belong to the oldest to old (80 + yrs). There is maximum aged female are belonging to young old category (60-69yrs), 80(24.61 percent). There are lowest number of males is found in the age found at the oldest to old category i.e 37(11.38 percent).

Types of family:

These families are classified into nuclear family. Joint family, Extended family, Conjugal family, single (nasant family). The total number of aged respondents are 325, out of which 89(27.38 percent), 81(24.92 percent) 45(13.84 percent), 33(10.15percent), 77(23.69percent) are belong to the family of nuclear family joint family, extended family, single(nasant) family.

Literacy Status:

The literacy status of the aged males and female are classified in to 5 categories that is illiterate, primary secondary graduate and above. There are illiterate aged male and females are maximum that is 92(29.23%) and literate is 5817. 84%. The maximum old aged females are illiterate there are second higher status having primary education 68(09.92). There are only 17(5.23%) male and female having graduate above education. There are most of the graduate old age persons are ex-service man and few were unemployment.

Marital Status:

The marital status of the aged person is classified into four categories. i.e., married, unmarried, divorce, widow. The married aged person has come to the old aged due to social distance with spouse, or offspring. There are few aged couple reside at non-paying old, aged home due to low level economic condition and poor social relationship. There are 62(19.07percent) aged males and 48(14.76percent) is married. There is un-married aged male is 29 (8.92percent) and females are 21(6, 92) respectively.

Economic Problems-In old age people as often encounter the problem of low income due to loss of job for those who engage in organized sector, retirements begin for them as sudden decline of income. In agricultural society the aged persons have lost their physical power to engaged in agricultural field as day labor. Also, he or she has no money

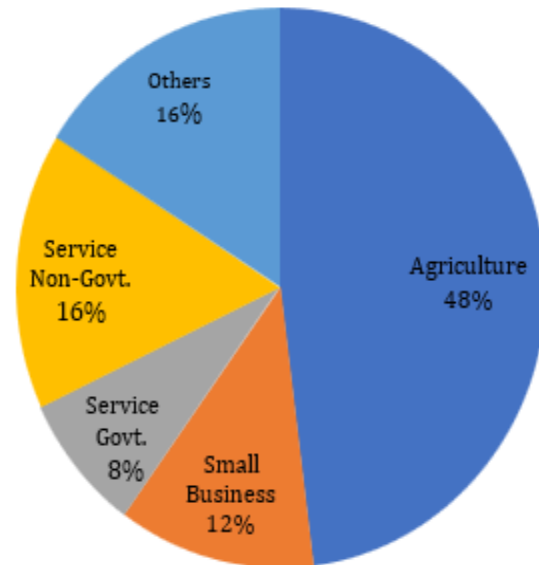
investment to run certain kind of expenditure. The aged persons have lost economic power as well as decision making power.

It is observed about the respondent's previous socio-economic background, and presently non-working status. There are 109(33.53percent) aged person engaged in agricultural activities out of which 24.61 percent male engaged at agricultural activities. There are 32(9.84 percent) aged male and 7.38 percent aged female have been engaged at the agriculture day labor and marginal land holders. There are 18(5.53percent) aged male and 14(4.30 percent) female engaged at Govt. and non-Govt. service sector. The maximum aged person 165(50.76percent) aged male and female come from the agricultural family and reside at non-paying old age home.

Family-wise Landholding Pattern and monthly income:

The land holding patterns have categories into 5 types viz. below 10cottash, 11:12 cottash, 21-30 cottash, 31-40 cottash above 41 cottash. It is found that the below 10 cottash of family are 104(32.0%) out of the total land holding household. There are 43(13.23%) families having 11-20 cottash land. There are 51(15.69%) of the family belong to the 21-30 cottash of land. There are 42(12.92%) 85(25.15%) female having 31-40cottash and above 41 cottash of land respectively. It is significant to note that maximum old, aged people were belonging to below 10 cottash of land. Due to lack of agriculture land and poor economic respondents is classified into 6 types viz below Rs 2000, Rs. 2000-4000, Rs. 4000-6000, Rs. 6000-8000, Rs. 8000-10000, above Rs. 10000 there are 6(1.84%) males, and 107(32.92%) aged females were belonging to below Rs. 2000. There are 92(28,30) male and 15.30% female were belonging to Rs 24000 monthly income. There are 3(0.92%) males and females were belonging to Rs 6000 to 8000 monthly income. There are 2.71% males and 1.53% aged female were belonging to Rs 8000-10000 per monthly income. Only few aged people belong to above Rs. 10000 per month. There are 6(2.75%) aged male and 0.92% females. It is significant to note that 255(78.46%) aged male and female were belong to Rs 2000-4000 monthly income.

Male Occupational Status



Social Relationship:

Social ties with younger generation can instill a sense of responsibility and concern for others that their lead individual to engage in behaviors that protect the health of others as well as their own health. Social ties provide information and create a norms that further influence health habits. The relationship of the respondents depended on the aged marital status and number of offspring. The generation gap between the elderly and youngsters depended on various factors. Behavioral attitude of younger generation towards the elderly has undergone changed. It is observed that there are 83(25.53%) males have not good relationship with their nearest kin. There are 40(42 30%) and 25(7.69%) aged male and have not good social relationship with their sons and daughter. There are 109 aged females have not good social relationship with her nearest kin. There are 44(13.53%) aged male and 24% aged female have not good social relationship with their sons & daughter in law. Even if they have tortured physically and mentally by their son and daughter in law. There are conflict took place between daughter in law and mother in law, father in law and daughter in law. Sometimes bitter relationship took place with son and father. Even if drunker son biting his parent. And conflict arise parents and children due to property ownership.

Systematic Disorders of aged Respondents:

In recent national sample survey organization (2006) data highest distribution at hospitalized cases per 1000 elderly was found for heart diseases, respiratory disorders, renal disease and hypertension. Disability and impairments leading to immobility among the elderly is a cause of concern for ageing individuals as it adverse effect the quality of life. The aged male and female are suffering from various type of system disorder like eye problem, ear problem, nose problem, skin problems, and mental problem this system disorder represents in relation to age and sex composition. There are 138(42.46%) and 149(45.84%) aged male and female affected by eye problems There are 52(16.0%) male and 61(18.70%) aged male and female affected by problems there are 27(8.30%) aged male and 22(6.76%) aged female as suffering from tongue problems. There are 17(5.23%) aged male and 15(4.60%) aged female are suffered from nose problems. There are 28(8.60%) male and 35(10.76%) female suffering from skin diseases. There are 20(6.15%) aged male and 19 (5.34%) female suffered from mental disorder. It is significant to note that there are highest aged population is 287 (88.30%), aged male and female suffering from eye problems.

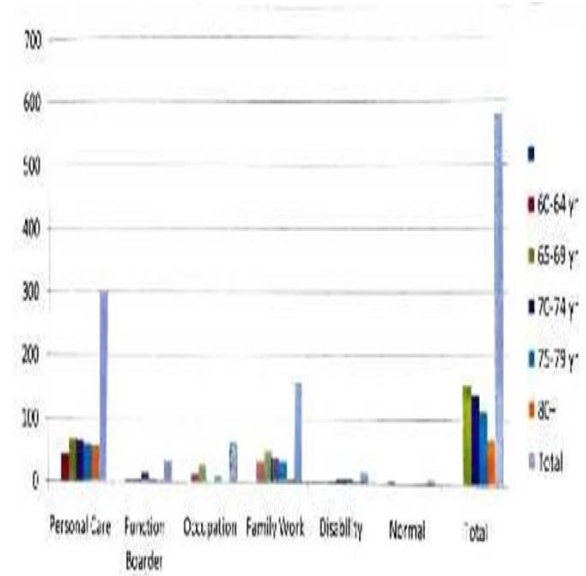
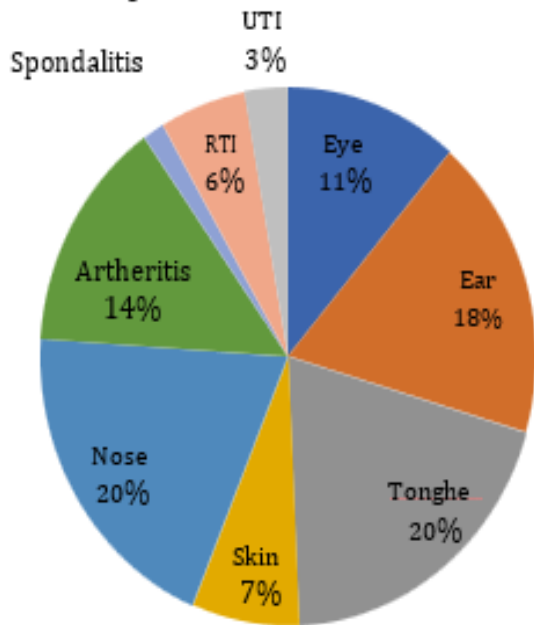
Physical Problem (Degenerative Problems):

The total sample size of old age home is 325, out of them 160(46.23%) suffer from arthritis irrespective of male and female. There are 56 aged females affected by spondylitis. There are 99(30.46%) aged person suffered from RTI out of them 49(15.7%) males and 15(4.60%) female suffer from RTI viz, cough and cold asthma and respiratory trouble. There are 14(4.30%) males and females suffered from Gastric infection viz. hyper acidity, Amebiosis, Chronic Diarrhoea and colitis. It is observed that 61(18.76%) affected by skeletal problem, out of them 21(6.46%) male and 40(12.30%) female affected by fracture, osteoporosis and other problems. There are 43 (13.23%) person aged people suffered from UTI problems. There are few males and females affected by hemiplegia 27(8.30%) respectively.

Specific Area Function:

There are 298(91.69%) aged male and female able to maintain personal hygiene. There are 64(19.69%) aged male and female have physical ability to work old age home of surrounding village. There are 156(48.0%) females able to work. It is significant to note that 5.23% aged people suffering from disability and 7(2.15%) aged male and female are able to perform normal daily activity.

Systemic Health



Mental Health Status:

The psychological conditions changes due to ageing even in normal person: Among older people the mental state of health decrease and psychological disorder takes place, as a result social behavior has been changed .The older people may show the following emotional responses to guilt, loneliness, loss of meaning in life lack of motivation, anxiety/hostility depression .The forget fullness(Dementia) and depression are common mental health problems among the older people. Dementia is one of the greatest public health and social challenges. It is neurological disorder that effects the ability to speak delayed memory. Many aged persons suffer from of a combination of factors include i.e., chronic disease and disability, dependent, anxious, avoidance personality stressful life-events poor social support of old age. The mental defective feature is loss of reading ability, loss of speaking. Loss of sleeping forget fullness depression fatigue. There are (29.84%) aged person able to read and (11.64%) aged people have defective speaking. it is the common problem loss of sleeping duration 62(19.07%) have loss of their sleeping. There are 80(24.61%) and 145(44.61%) aged people mentally affected by forget fullness and depression. It is significant to note that the highest 145(44.16%) people suffer from depression. There are (24.30percent) aged people after affected by mentally fatigue. It is known that self-rated health related to factors such as functional ability, medical diagnosis, physical and mental symptoms (foyers, 2002).

Self-Rated Health status:

The perception about the health condition of aged person is classified into 3 kinds viz, very healthy, quite healthy not healthy. The quite healthy at the state of subclinical level and not healthy means requirement of medical checkup and medicine in every day. It is found that there are 51(15.69%)males are in very healthy condition there are 58(17.84%) males and 72(22 15%) females are in quite healthy condition. It is also found that, there are 39(12.00%) male respondents and 34(10.46%) females are not healthy (poor health status). It is also found that they have been suffering from disability. Case Study-1,Name-Nirmal Chowdhury, AGE-72 years, Sex-Male, S/O-LATE-Haripada Chowdhury, Date of admission- 04/11/2008. Category- General, Old age home- Bikram Nagar Udyan Sangha- He has admitted at Old age Home at

4-11-2008.He has come to here due to quarrel his son. His son is addicted at alcohol. He has been bitten by his son frequently and willed all property all property to his son. Latter on his wife admitted at same old age home. He has been suffered from arthritis .His nephew helped to him admit here.

Case Study-1, on Old Aged Person:-

Name:- Nirmal Chowdhury Age: 72
Sex : Male
S/o : Late Haripada Chowdhury Category : General
Date of Admission : 04/11/2008
Old Age Home : Bikram Nagar Udyan Sangha

He has admitted at old age ashram on the dated on 04/11/2008. He has come to here due to quarrel his son. He has only one son. His son is addicted at alcohol. His biting him frequently and it is very pathetic he willed all property. He suffers from Arthritis. His nephew helps him to admit here. His wife also admitted here 06/04/2010. Now both the couple stays here. His wife is suffering high blood pressure. They stay here with happily. The Doctor has visited regularly at NGO and check up the health of the aged people. They take homeiopathic & alophatic medicine irregularly. They enjoy TV serial and gossiping aged person in the old age home. They have own house in their resident but they do not go there for fear of his son.

Case Study-2, on Old Aged Person:-

Name:- Bharati Das
Age: 66 Years
Sex : Female
Husband : Lakshmi Kanta Das Date of Admission : 14/03/2015
Old Age Home:- Vivekananda Lokoshikha Nikatan, Contai, Purba Medinipur

She has one son and stay with her son family. She has two grant son and daughter in law and two biggest of land. Her son had been died due to cancer. After the death of her son, she wills agricultural land to daughter in law. She stayed with her grandson. They have driven to her from house. She takes shelter in different relations, She has given the money lender to some familiar person But they dial not return the loan with interest. She repays all loan after selling all gold and land.

Lastly she gets engaged to the midwife of different house-hold. She gets shelter helped of contain councilor. Now she is suffering from GI-Tract trouble and dyspepsia affected by loss of sleep and physically trouble.

Developments Approach:

They have admitted at old age home through the help of dearest kin, friend, club volunteer, panchyate, and B.D.O. They have enjoyed hospitality in relation to two principal meal, tiffin and tea. There are qualified doctor visited every day to cheque up their health. There have sufficient place for bed room, bathroom, supply pure drinking water, and place for meditation. National social assistance scheme (NSAS) old age pension scheme, National family benefit scheme (NFBS) and national maternal benefit scheme is centrally funded schemes launched in 1999. In addition. there are also a few other schemes to benefit for older destitute such as Annapurna yojana a food security programmed introduced in March 1999. These programme provides 10 kg of wheat, or rice monthly free of cost to below poverty aged. The Annapurna yojana" is a centrally funded scheme to provide food security to the older persons in all over the country. The aged people also get some subsidies on railway transport.

National old age pension scheme (NOAPS):

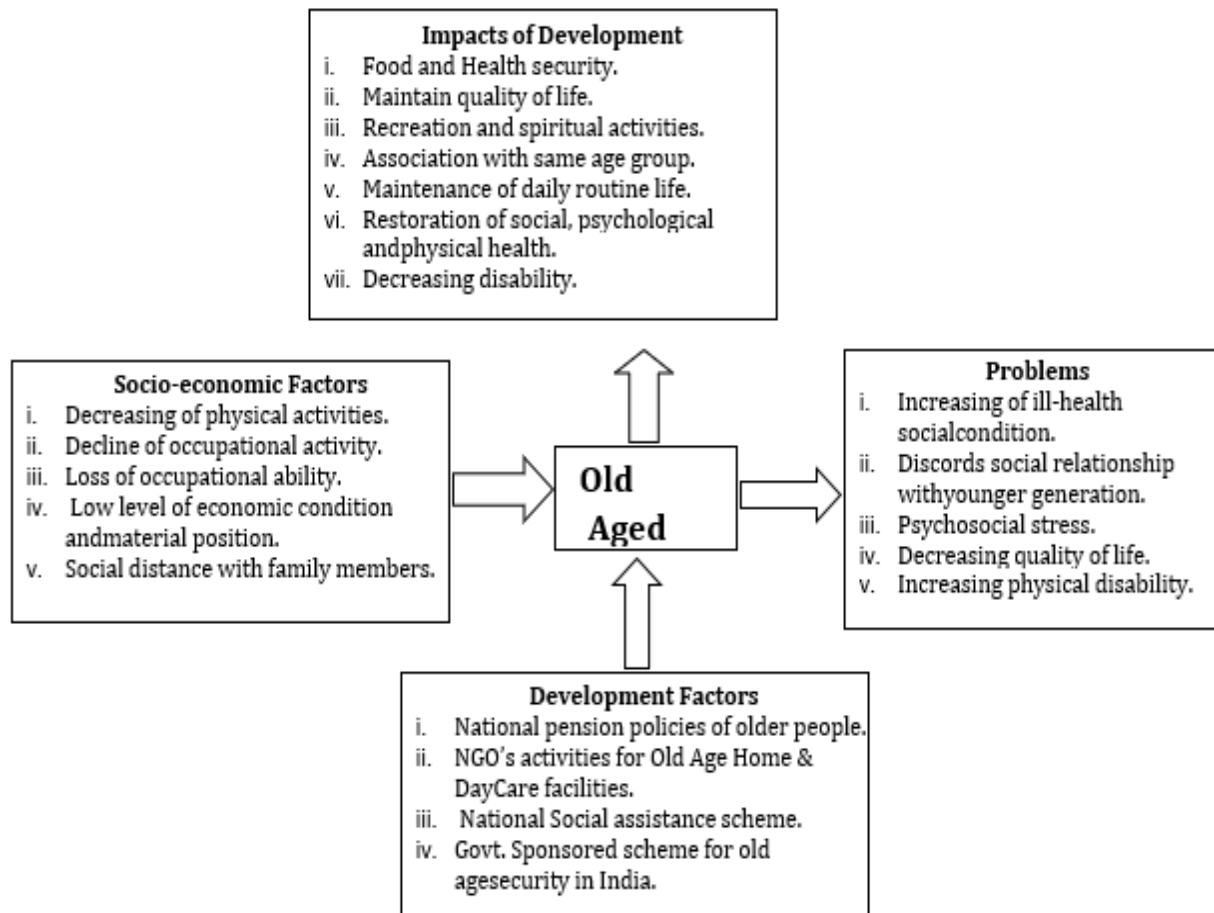
This scheme launched on August. 15. 1999. This scheme has some criterion for the beneficiaries in implementation. The criterions are following as the applicant male or female should not be less than 65 years of age. These applicants must be destitute means those with little or no regular means of subsistence from his, or own source of income or through financial support from family members and the central amount of old age pension for this purpose is Rs 75 per month. State however, may contribute further and provide higher benefit of Employee provident fund, employee pension fund, civil servants pension scheme, Govt. provident fund, special provident funds, public provident fund, superannuation plans, personal pensions, State level of social assistance and National old age pension scheme.

Facilities in the Old Age Home:

The earlier impression about the individuals who are living in old age home are of poor who do not have families to support or those elderly abandoned by their own family and children. There are four NGOs have horticultural field, agricultural field beside the Old AgeHome The aged people work in the horticultural activities resides at Old Age Home. They have produced various types of vegetables in all season and utilized for them. There are two NGO have cattle raising place, the aged male and female look after for domestication and poultry, The aged male and female get cow milk, egg and meat for their own consumption. A male and female participated at the village ritual festival and take lunch or dinner in surrounding hamlet. There are few aged men irregularly donate some money to compromise deficit. Some well-wisher give new cloth as memory of departed parents.

CONCLUSION

Historically gradual growth of Town & Industry, leads to population increase & decreasing of agricultural land. Beside the family land holding pattern has been decreasing generation after generation. The present younger generation have owned small plot of land, most of the aged person come from the marginal agricultural family and agricultural daily labor. The younger member of the family suffers from unemployment and lack of agricultural production. The relationship between aged parents & younger generation are conflicting due to low level of economic condition. The aged person suffered from multiple problems in relation to diet & dress, physical health and medicine etc. The poor level of socio-economic condition leads to change the social behavior of younger generation and it creates discord social-environment at the domestic level. Aged father & mother compelled to take shelter at old age home. They have got the hospitality at old age home in relation to diet medicine, sanitation & meditation, enjoy the stress free life up to the end.



Schematic diagram showing the socio-economic factor and problems, with impact of Old Age Home in rural Bengal.

SUGGESTION AND RECOMMENDATION

- Community based service can be provided in all centers. These should be broad based covering community as a unit. The NGO will play vital role to create hospitality and to ameliorate the measure of the aged people.
- Sharing the benefits of social development Human rights and privileges should be extended to the age of the people. The NGO volunteer may deliver to family members of ageing person.
- Old age security and safeguards will be more strengthened for implementation.
- Health Card- Most of the aged person have suffered from various types of communicable diseases. They are belonging to income less condition health card will be providing them for free clinic facilities at hospital and affiliate. Special gerontology dept will be set up at Hospital and Nursing home.

- There are many aged persons who have knowledge about singer, story writer, clay modeler and carpenter writer They will be given the scope to utilize their experiences. The psychosocial stress will be disappearing from free due to engagement in their leisure activity.
- Systematic exercise will improve their health but it is most important to preserves or restores one's capacity to remain functionally independent even in the age of oldest to old. The policy further suggests that "society will need to be sensitized to accept the role married daughters in sharing the responsibility of supporting older parents in the light of changing context where parents have only one or two children, in some situation only one daughter.
- A clear public health message is needed to promote the importance of fitness and role exercise physical activity and an active living life-style. It would be recommended that the state policies should

be encourage children to co-reside with their parents by providing tax relief allowing rebates for medical expenses and giving preferences in the allotment of houses. The adult person should be encouraged to go in for long-term savings and health insurance during their eating days.

viii) National guidelines and eventually standards of practice should be adopted to support effective and safe exercise intervention for all older adults including the robust, reportable and the frail Government needs to start some training programmed for elders' people for the facilitation of positive and productive ageing with help NGOS.

ix) Encourage to build positive images of the elderly through TV programmers and widespread sympathy among younger generation. National Social Assistance Scheme (NSAS): The National Social Assistance Scheme should be enhancing funding more national old Age pension Scheme. This scheme launched on Aug 15, 1999. This scheme has some criterion to get the National Social Assistant Scheme.

x) The Govt. will give special attention to the problems of oldest - Old/80 years and above the widow, never married and childless elderly woman, handicapped etc., in order to allow them to lead a healthy living.

xi) The NGO should be encouraged and assisted to provide services which reach out to older persons in the home or in the out to older persons in the home or in the community. Short term stay in facilities for older persons should also be supported .So that families can get some relief when they go out counseling services are to be strengthened to resolve the ageing problems.

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