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Living Arrangement among Poor Aged People in Karwar Taluk of Uttar Kannada District

KEYWORDS: Health, Poor, Old Age.

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Introduction
Poverty in India is a historical reality. The long colonial rule left India a poor and under developed country. As a result we had been facing several serious problems since Independence. Poverty is one of them. The poverty is the major problem in the world and in India also. It affects the development of the country by forming a vicious circle. India suffering from poverty which means that many people do not have sufficient money. Among aged people, they do not have such capacity to go for work and earn money. A large people do not get proper nourishment, therefore they are unable to work efficiently. For this reason the overall production declines which in turn affects the economic growth of the country. Since economic progress is hampered, people remain group of poverty and poor aged people facing lot of health and food problems. Because once they get age old they are the non-economic earning people.

According to the report of planning commission of India in the year 2012, (Tendulkar Committee) indicates that 21.9% of all people in India fall below the international poverty line witnessed a consistent decline with the levels dropping from 37.2% in 2004-05 to 29.8% in 2009-10. The number of poor is now estimated at 250 million of which 200 million reside in rural India. Chhattisgarh, Manipur, Odisha, Madhya Pradesh, Jharkhand, Bihar, Assam figure among the poorest states where over 40% of below poverty line according C. Rangarajan Panel. Even in rural Karnataka there are majority of people lives below poverty. Number of health problems observed among poor young and aged people because of lack of economic source.

On the demand side, old age people suffer from a range of problems, among which health care demands are at the top. However, growing prevalence of morbidity and poor health status beside significant increase in longevity is evident (Alam, 2000) and about four-fifth (80 percent) of the elderly population in India are living with high prevalence of disease and non-satisfactory conditions of health care system. On the supply side, because of the increased pressure of urbanisation and industrialisation increased migration of young generation, shift in employment pattern among the non-aged and moreover, increase in female employment opportunities (who are supposed to be the main caregivers for the aged), a rapid breakdown in social support networks and continued disintegration of joint family support system to nuclear family has been noticed in the last few years. These recent changes in the size and structure of the family members and finally, left the aged to cope with all the anomalies and to be face increased social isolation. Poverty and poor health among elderly is a matter of grave concern, especially in rural areas where a significant proportion of rural aged live their life without enough income, functional autonomy and with chronic ailments and disability (Alam, 2008: Pandey, 2009).

Objectives
The main objectives of this study are as follows.

- To study about food habits among poor aged people.
- To know about disease and health problems among poor aged people.
- To analyse the response of poor people to health problems.
- To study about their education, poverty and living conditions.

Review of Literature
Streib G.F (1956) defines old age as, "covering the later part of the life of an individual, when physical deterioration begins to appear, is generally marked by a shift in individual's position from active social participation to significant decline in role performance and economic self sufficiency to economic dependence. The role deficit and consequent lowering morale is primarily considered a problem of adjustment arising out of withdrawal from work, poor health and low socio-economic status".

Leonard Z Breen (1963) brings out ageing in three dimensions. "Firstly aging as a natural process a change characterized by reaction and adjustment to the physical and social stresses to which all people are subject to. Secondly, aging is seen as a pathological condition with a poor prognosis for the individual. Finally aging is seen in its normative aspects, where one is expected to perform in prescribed ways and in response to them, one completes a tautological argument".

Opler (1963), in his study of illness in a village India examined that the role of idea of harmony and balance in the hindu view of health and disease and concluded that there is a direct relation between the two. In India, religion is very important in guiding the individual behaviour and according to Hindu theory of Karma, disease is often regarded as a punishment for once deeds in previous birth.

The salient features of poverty are further identified by Hartford Thomas (1971:12), who stresses that poverty may be understood basically on the deprivation of services which are necessary for the survival of man. Hence Thomas opines that poverty brings along with a host of lack of enjoyment of basic amenities such as lack of sanitation, illiteracy, unemployment, lack of safe drinking water, unhygienic conditions etc. These basic necessities when they are not available, makes the life of the poor distressing and with

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lack of dignity.

Thomas further continues to underline the main or basic features of poverty such as

Insufficiency of food which can bring about malnutrition contributing of lack of energy, to perform any tasks or income generating work.

Lack of safe drinking water becoming the main source of spread of disease, the victims of which are often new born victims.

Spreading of disease due to unhygienic conditions and unhygienic environs making life full of deprivation.

Lack of medical benefits and health clinics, hospitals etc which makes them carry on with their illness as a burden in life.

Underdeveloped capacity due to lack of awareness of skills, illiteracy, lack of proper qualifications and skills to obtain better jobs thereby reinforcing the vicious circle of poverty.

Consequent to above factors, the poor suffers from very low and unsteady income making them ineligible to enjoy the basic necessities of life such food. Clothing and shelter.

According to Timiras (1972), "Ageing may be defined as a decline physiologic competence that inevitably increases incidence and intensifies the effects of accidents, disease and other forms environmental stress".

Kurien (1978: 28-29) observes that one of the most acute aspects of poverty in the dimension of deprivation. Due to a perpetual fight to obtain the basic needs of existence the lives of the poor are consigned to fighting for the basic necessities of. He identifies poverty as not only a social phenomenon but also as a social process. In this context he says that poverty is not just a social phenomenon which needs immediate attention to be eradicated, but it is social process which has deep roots in the historical past. Hence it was in existence in the past and it exists today compounded by all the existing problems and if not tackled, poverty will continue in the future.

Yesudin (1979), in his study of Madras found that various health services were utilized more by the rich than the poor. The selection of health centre by the well to do person was, on the bases of their personal knowledge of the doctor in the centre and at the same time, they utilized the private health services also. The poor on the other hand, depended entirely on public health services for all their health needs. Lack of resources and ignorance were the main causes for the poor being unable to properly utilize health services.

Srinivas (1987) reviewed the effort of the government in the delivery of health care facilities to the rural people since the beginning of the planned era. It was observed that the people living in interior and remote rural areas did not have access to the primary health centre. He has also focused on the goal to be followed by the government for increasing the accessibility of health services in rural areas. The government of India hopes to achieve, 'Health for All' by 2000 A.D

Vyas (1995:312) says that India has made sincere attempts at reducing poverty in rural areas by introducing the community development schemes, land reforms, farmer's development agencies, TRYSEM, IRDP etc. These are significant achievements since independence. However they have not been able to make any significant contributions in the reduction of poverty. For this Vyas identifies the following main reasons (i) the traditional rural structure which prevents the poor from receiving help as the elite in the villages misappropriate the benefit for themselves. (ii) The capacity of government agencies in identifying the really poor and giving them proper and timely help.

Martin Revallion (EPW 1998:30) stresses that the need for increasing standards of living among the rural poor by providing technical assistance, medical help, eradication of diseases and better marketing facilities are the proper methods for reducing rural poverty.

Above review of literature is partially true in our study region of Karwar taluka. But since so far no one good study has been taken by the government or NGO people.

Theories of Health, Poverty and Ageing

Parsonian functionalism and 'the sick role' (1951): Although Parsons were interested in a variety of issues concerned with the management of illness, it is for emphasis on the social importance of the sick role that he is usually remembered. Parsons stresses that there is a significant issue of motivation involved in being sick and getting better; in effect, people have to decide that they are sick and that they need treatment. Since being sick means 'choosing' to withdraw from normal patterns of social behaviour, it amounts to a form of deviance; as such, the functioning of social system depends on the management and control of those who have decided they are sick so that they can be restore to health to ensure that they return to the performance of normal tasks and the renewed meeting of normal social obligations and responsibilities. In short, the sick role requires a commitment on the part of those feeling unwell to try to return to normality as soon as possible.

Four features to define the sick role.

Sick people are legitimately exempted from normal social responsibility, such as those associated with work and the family.

Sick people cannot make themselves better but need professional help.

Sick people are obliged to want to get better: being sick can only be tolerated if there is desire to return health.

Sick people are therefore expected to seek professional treatment.

Theory One: Poverty Is Individual

The right-wing view is that poverty is an *individual* phenomenon. On this view, people are in poverty because they are lazy, uneducated, ignorant, or otherwise inferior in some manner. If this theory were true, it would follow that impoverished people are basically the same people every year. And if that were true, we could whip poverty by helping that particular 15% of the population to figure things out and climb out of poverty. Thus, a program of heavy paternalistic life contracts to help this discrete underclass get things together might conceivably end or dramatically reduce poverty.

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Theory Two: Poverty Is Structural

The left-wing view is that poverty is a *structural* phenomenon. On this view, people are in poverty because they find themselves in holes in the economic system that delivers them inadequate income. Because individual lives are dynamic, people don't sit in those holes forever. One year they are in a low-income hole, but the next year they've found a job or gotten a promotion, and aren't anymore. But that hole that they were in last year doesn't go away. Others inevitably find themselves in that hole because it is a persistent defect in the economic structure. It follows from this that impoverished people are not the same people every year. It follows further that the only way to reduce poverty is to alter the economic structure so as to reduce the number of low-income holes in it.

The disengagement theory of aging states that "aging is an inevitable, mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system he belongs to". The theory claims that it is natural and acceptable for older adults to withdraw from society. The theory was formulated by Cumming and Henry in 1961 in the book *Growing Old*, and it was the first theory of aging that social scientists developed Thus, this theory has historical significance in gerontology.

Methodology

Nature of the problem

In every community people are living together but in some community people are scattered in different spheres of social life. In India age old people not living systematically, they are away from basic needs like systematic life, food, social relationship among the family members etc. Therefore the present study is undertaken to study living arrangement and health problems among poor aged people of KarwarTaluk of Uttar Kannada district.

Researcher focused and studied about their problems, food habits and other various problems through interview schedule and observation method.

Universe of the study

According to the 2001 census, total population of Karwar taluk was 72,852. Out of this 30-40% is constituted by old age people.

Sample

The respondents have been selected from different villages. The data was collected from 50 poor age old respondents.

Tools and Techniques:

To conduct this study both the primary data and secondary data is used. With the help of interview schedule and observation the primary data is collected. Researcher also refered secondary datas like books and articles. After the completion of the data collection, each interview was carefully edited to check the completeness, accuracy and validity of the data.

Discussion

1. To study about food habits among poor aged people.

Food is a basic requirement of poor old age people. With the help of nutritious food a person can stay physically fit and lead a good life. But due to lack of nutritious food poor old age people suffering a lot. Most of the coastal belt people prefer to have rice and curry in their afternoon and night diet. Very rare people use to have chapatti in their night time food. Almost majority people except Brahmins consume fish. Because fishing is a main occupation of coastal belt.

Table 1

Food Pattern	Respondents
Vegetarian	06
Non-Vegetarian	--
Both	44
Total	50

In this study out of 50 respondents, 12% respondents replied that, they are vegetarian and 88% respondents replied they are having both veg and no-veg food.

Table 2

Quality of Food	Respondents
Pakka Food	14
Kachha Food	36
Total	50

It's not possible to consume every one pakka food (prepared with ghee) because they do not have enough economic sources to have pakka food. The above table it indicates that, only 28% respondents having pakka food and rest of the 72% respondents replied that, they are having kachha food (cooked in water). They are saying sometimes it's difficult for them to prepare food because of shortage of necessary things to prepare food.

2. To know about disease and health problems among poor aged people.

Ageing as a stage where a person is suffering from different health problems like hearing, low eye sight, blood pressure, diabetic, joint pain etc. Old age often has limited regenerative abilities and are more prone to disease, syndromes and sickness than younger,

Particulars	Respondents
Bone and joint pain	18
Eye sight	06
Hearing	04
Dental problem	06
Blood pressure	12
Diabetic	04
Total	50

Table 3

The above table shows that out of 50 respondents, 36% respondents replied that they regularly face joint pain and pain in legs. 12 % respondents replied, they are suffering from eye sight problem and 8% respondents said, they are not able to hear properly. In old age period problem in teeth is common. So, 12% respondents replied that, they have teeth pain. Out of 50 respondents, 24% respondents said they are the patient of B.P and they are taking medicine regularly. Only 8% respondents said they are the diabetic patients.

3. To analyse the response to health problems

As we understand in earlier table respondents face different health problems. These problems are due to some reasons

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Particulars	Respondents
Poor economic condition	24
Lack of good infrastructure	12
Sanitary conditions	12
Lack of medical facilities	02
Total	50

Table 4

Respondents are interested to maintain good health but they do not have proper house, income etc. Few houses are constructed in such a manner (slum areas, market areas, road side) that the environment of those areas is not suitable for them to maintain a good health. In this study it indicates that 48% respondents replied that, their economic condition is very poor. It doesn't mean that the rest of the respondents have good economic condition. Out of 50 respondents, 24% respondents said that they have lack of good infrastructure. 24% respondents replied that, they have lack of sanitary facilities (toilets and bathroom). Only 4% respondents said that, it's because of lack of medical facilities they face health problems. Actually they are not blaming hospitals but they are not able to go hospitals and utilise the facilities. Altogether it shows that because of poor economic conditions, sanitary reasons they face health problems. If they have good economic source then they can take treatment in good hospitals but it's not possible for poor old age respondents.

4. To study about their education, poverty and living conditions.

Education is the need of the present society and through education an individual can achieve goals of his life. With the help of education, status of a person is increasing. But poor old age respondents lacking from education because during those periods they have not given much importance. Even it was difficult for their parents to send them school. Now the situation is changed, society is moving from simplicity to complexity. The present generation of every family taking education, their grand children's are going school. Education mobility among their grand children's is taking place

Particulars	Respondents
Primary	12
SSLC	--
Illiterate	28
Total	50

Table 5

The above table it shows that out of 50 respondents, 24% respondents replied that, they have taken only primary education. 76% respondents said that, they are illiterate because they didn't go to school and they don't know to read and write.

In this study poor old age respondents do not have earning source. Few respondents monthly income is low than 1000 rupees, which helps them to manage their daily life. Some of the respondents depend on their sons for the economic purpose.

Findings

Food which old age respondent consume is not nutritious which prone them to suffer from diseases.

Respondents suffer from health problems like Blood Pressure, joint pain etc.

Researcher studied that due to poor economic and unhygienic condition they suffer from health diseases.

Old age poor are suffering from discrimination because there are many schemes for the development of poor agriculture people but not such schemes which helping the poor old age people. It is because of lack of education and awareness they are not able to access any benefits of government schemes

The economic condition of old age respondent is poor, because they may live alone and their children's are living away. For this reason they do not have economic support to lead a happy life.

Conclusion

Poverty is a major obstacle in Indian society, if certain policies and schemes implemented properly to all the sanctions of the people and especially poor aged people in our study region, we may avoid economic problems and psychological problems. If NGO taken up the study and involved in problem solving among the aged, we can reduce the few problems.

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