



## ORIGINAL RESEARCH PAPER

Science

## LIFE OF ELDERLY IN RURAL AREAS

KEY WORDS:

GNANASOUNDAR  
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UDUMALPET.**Introduction:**

Population ageing is a recognized international reality, both in developed and developing countries. The number of elderly in the developing world is increasing due to demographic transition, whereas their condition is deteriorating as a result of fast eroding traditional family system coupled with rapid modernization and urbanization. In rural areas, there is a greater continuity in the occupational and familial roles of the elderly, particularly among the males. They continue to be active until physical incapacity prevents them from working. The changing roles of the women, the concepts of privacy and space, employment opportunities have reduced the care taking of the elderly. Rural elderly suffer with various physical and psychological problems due to poor diet, loneliness and physical discomforts. Longevity has increased significantly in the last few decades mainly due to the socio-economic and health care developments. These factors are responsible for the higher numerical presence of elderly people leading to change in age structure, and a higher dependency ratio. In this juncture we need to reappraise the quality of life of elderly people. The life of elderly becomes more difficult when problems related to fulfilment of basic requirements such as social relations; personal care, nutrition and accommodation are added to old age health problems. So an attempt is made to study the life of the elderly in rural areas.

**Review of Literature:**

Vijaiyalakshmi Praveen and Anitha Rani M (2106) have studied the Quality of life among elderly in a rural area. A community based cross-sectional study was conducted among 50 elderly subjects exiting the primary health centre at Nemam, Thiruvallur district, Tamilnadu. Data on QOL was assessed by WHO questionnaire (WHO QOL-BREF). They have been found that Majority of participants were of 60-64 years age group (40%). Out of 50 participants, 20 (40%) were male and 30 (60%) were females. Among the participants 52% were working and 76% married. The overall mean (SD) score was 49.28 (9.92) with first, second and third quartile scores of 43.8, 47 and 51 respectively. The difference of scores between men and women was statistically insignificant. They have concluded that the QOL score among elderly was found to be average. The scores of social relationship were low for both male and female elderly subjects. This implies an urgent need for health educating the elderly with regard to their social and physical group recreational activities that will build their self-confidence and thereby improving their QOL.

Sowmiya KR, and Nagarani (2012) have made a study on quality of life of elderly population in mettupalayam, a rural area of Tamilnadu with an aim to assess the quality of life among the elderly population and also to find out the factors influencing their quality of life. All the elderly people aged 60 years and above residing in Mettupalayam, a rural area in Tamilnadu was involved in the study. With a non response rate of 6.2%, total of 476 elderly person's quality of life was studied using WHOQOL BREF questionnaire. Student T tests and one way ANOVA were applied to compare the mean scores of different variables under the four domains and have found that the mean QOL score for all the elderly persons put together was  $47.59 \pm 14.56$ , indicating that on an average, the population as a whole had moderate quality of life. The highest score was for the social relationship domain with mean 56.6 and standard deviation.

**Aim of the study:**

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To the socio economic profile of the rural elderly people  
To study the Physical and psychological aspect of the elderly  
To study their opinion towards youth and their expectations from society.

**Research Methodology:**

The researcher had adopted descriptive research design. Interview schedule were used for data collection. The consists of questions related to socio economic profile, Physical and psychological aspects, social security measures, relationship with people and their expectation from society. The data were collected from 150 elderly people residing the Tirupur district.

**Results****Socio economic profile:**

The analysis of the data shows that 35.3 per cent of the respondents were in the age group 60-65 yrs, 24.7 per cent of the respondents were in the age group 66-70 yrs and 14.7 per cent were in the age group 71-75 and the remaining were in the age group above 76 yrs. 50.7 per cent were illiterate, 32 per cent had studied up to primary level, 10 per cent had studied up to high school. Majority of the respondents i.e., 98 per cent were married. 62 per cent of the respondents were involved in jobs such as petti shop, selling vegetables, 16.7 per cent respondents involved in agriculture and 8.7 per cent were labourers. Similarly the respondents spouse were also employed in agriculture and working as labourers. The main reason for such nature of occupation is the age factor. It has been found that 80.7 per cent of the monthly income is less than Rs.5000/- and 12 per cent were earning between Rs 5001 to 10000 and the remaining has an earning above Rs.10,000. Majority of the respondents were living in nuclear family system i.e., 77.3 per cent and the remaining were living in joint family system. It has been found that 85 per cent of the respondent were living in tiled house and 12 per cent were living in concrete house. 83.3 per cent of the respondents were living in their own house and the remaining were living in rental house. 58 per cent of the respondents were having electricity, water and toilet facility, and 25 per cent have only electricity and 34 per cent have water and electricity. It shows that majority of the respondents don't have proper toilet facility at home.

**Health :**

With regard to the physical and psychological aspect, 26.7 per cent of the respondents were not feeling healthy and they have some physical inconvenience to move around and carry out their routine activities. 10 per cent of the respondents were suffering from knee pain. 2 per cent were suffering from diabetic and another 2 per cent were suffering with heart diseases. In the case of medical emergency and for medical assistance 50 per cent of the respondents visit the nearby government hospital or PHC, 44 per cent visit the private hospital. 27.3 per cent of the respondents feel lonely and their interest towards life is poor. 32.7 per cent have been suffering from sleepless nights. 31 per cent of the respondents feel tired and energy less to carry out daily activities.

**Social Security:**

Though 35 per cent of the respondents were in the age group above 60-65 yrs of age, only 14 per cent of the respondents were covered with old age pension. Since old age pension is provided to the people who were poor and destitute, below poverty line and for those who have no support of family members.

**Relationship and support during emergencies:**

It has been found that majority of the respondents i.e., 60 per cent of their son/ daughter have got married and living separately. During any emergencies/ need of financial support they depend upon their son/ daughter and 20 per cent of the respondents were supported by their neighbours.

**Opinion and expectation from society:**

Among the total respondents 80 per cent of the respondents have a positive opinion towards youth and they say that the younger generation is giving respect to their words, they also expect pension money to be raised and to be given to all even though they have son / daughter. Since many of the elderly people does have good relations with their in laws.

**Conclusion:**

It has been found that majority of the elderly people are living in nuclear family system. The relationship between the in laws is not cordial. It is due to the generation gap or the expectation of the people are changing a lot. It is found that the elderly people perceive that the present youth are giving respect to their suggestions and advice. Though people live separately, when it comes for important decisions the elderly people were consulted. So this bonding makes the life of the elderly happy on one aspect. But economically they were poor and the social security measure is also not adequate. So the government and the younger generation should take care of the elderly.

**References:**

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