

Original Article

MAIN LIFE CONCERNS OF ELDERLY IN URBAN SLUMS OF SURAT CITY, SOUTH GUJARAT, INDIA

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ABSTRACT

Background: The United Nations principles address the independence, participation, care, self-fulfillment, and dignity of older persons as an ensured priority.**Methodology:** The study was conducted among elderly people (60 years and above) to know their main life concerns. The questions, validated before preparing questionnaire, were simple and largely close ended.**Results:** Most people move into old age after a lifetime of poverty, poor nutrition, and healthcare, and years of hard physical labor. Loneliness was the most important life concern of the respondents in this study. Some studies have revealed this earlier. Livelihood; housing; and recreation and entertainment were another life concerns. The respondents were greatly concerned about the demolition threats to their illegal houses. More than 90 per cent of the respondents were concerned of health problems and seeking health care due to poverty and ill health. In public sector health care set up, long queues and difficulty in reaching physician is very cumbersome.**Conclusion & Recommendations:** Governments need to focus their attention on better penetration of various social security schemes with special emphasis on poor elderly women. It is imperative to endow with the tailor-made recreational facilities like municipal parks, social clubs and drop-in-centers dedicated to elderly. There is a need to generate political will to understand health issues and life concerns of elderly. Special queue for elderly in health care facilities and geriatric clinics manned by the cadre of specialists/ geriatricians is the need of the hour.**Keywords:** Life concerns, elderly, urban slums

INTRODUCTION

The United Nations has identified the top three global socio-economic issues in the 21st century namely- global warming, global terrorism and global ageing.¹ WHO has restructured its programme on the health of the elderly, and given it a new name- "Ageing and Health". The process of population ageing is a by-product of fertility and mortality declines over the decades.² Health and socioeconomic issues of elderly differ from those of the general

population. While science has prolonged life, the changes that it has brought in cultural and social patterns have rocked the elderly of their status and self esteem, and have deprived them of chance to function adequately in the society.³ Majority of the problems that confront older persons are the result of priorities, policies, and practices of society.⁴ The foremost challenge is to prevent physiological ageing getting converted into pathological ageing, when diseases supervene. The psychosocial environment around elderly needs to be kept healthy.

The order of precedence in India has been mother, father, teacher and God. Since time immemorial, most of the traditional families in India cling fast to the belief that since it is the duty of the parents to look after their children, it is equally incumbent upon children to look after their dependent parents. One repays one's debt to the parents, and also paves one's way to salvation.

It is a necessary and sound investment to develop national policies and interventions promoting active and healthy ageing.⁵ A bill titled "Maintenance and welfare of parents and senior citizens bill 2007" was introduced in the Indian Parliament which makes son responsible for caring of the mother and the father aged 60 years or more, and if the son fails in his duty; he can be punished for jail up to three years or fine up to Rs 5000 or both. Of course, these remedies would not serve the purpose of healthy ageing. Exploring concerns of life of elderly, knowing their unmet needs, prioritizing and fulfilling the urgent needs is the need of hour.

In this backdrop, we thought that this could be an important work focusing on the life concerns of impecunious elderly in urban slums. This study aims to explore the major life concerns of the elderly.

MATERIALS AND METHODS

This was a cross-sectional study carried out in urban slums of Surat city. The ethical committee of Surat Municipal Institute of Medical Education and Research had granted clearance for conducting this study. The study subjects were people of the age 60 years and above. The complete enumeration technique with random sampling was used for selection of the study subjects. The study was conducted among 400 subjects purposively looking at the time and resource constrains. For any house that was found closed, the visit was invariably repeated.

The data was collected from the study subjects with the help of pre-tested self-administered questionnaire. The questions, validated before finalizing were simple and largely close ended. Attempt was made to collect a holistic view of these respondents and share their experiences and views. The period of information collected was spread over twenty one months, commencing from January 2007 up to September 2008. Data was collected from the respondents after obtaining their informed

consent, and building rapport with them to ensure their co-operation. The study subjects were given a firm assurance that their identities and the remarks individually made by them would remain confidential.

RESULTS & DISCUSSION

Loneliness was the most important life concern for the respondents, and females were more concerned with it, as compared to males, the difference being statistically highly significant. A study by Goel P. K. had revealed that 32.2 per cent of elderly were feeling lonely.⁶ In a study in Chandigarh, India, it was observed that feeling of loneliness was present in 72.8 per cent of females and 65.6 per cent of males.⁷ People should try to cope up loneliness by adopting a positive way of life and behaviours conducive to their health. In an Australian study, the specific behaviours that were found to ameliorate loneliness among aged 65 years and more, included utilizing friends and family as an emotional resource, engaging in eating and drinking rituals as a means of maintaining social contacts, and spending time constructively by reading and gardening.⁸

Table: Main life concerns of the elderly

Main life concern	Male(%)	Female(%)	P value
Livelihood	118 (86.7)	245 (92.8)	<0.05*
Housing	83 (61.0)	191 (72.3)	<0.05*
Loneliness	84 (61.8)	221 (83.7)	<0.001**
Seeking of Health	128 (94.1)	257 (97.3)	>0.05
Health problems	129 (94.8)	254 (96.2)	>0.05
Recreation and entertainment	21 (15.4)	68 (25.7)	<0.05*

* Statistically significant ** Statistically highly significant

Livelihood; housing; and recreation and entertainment were the important concerns for females as compared to males, difference being statistically significant. Livelihood was the key concern, as the cost of living has tremendously increased. Although, they were concerned about recreation and entertainment, due to their busy routine and other worries of life due to poverty, they cannot afford this luxury. The respondents were greatly concerned about the demolition threats to their houses, where they have spent their whole life. Most of the respondents were deeply hurt by these demolition thoughts, since

they did not have an alternative housing, and any saving to purchase a new house.

In this study, more than 90 per cent of the respondents were concerned of health problems and seeking health care. Vijay Kumar reported a feeling of dissatisfaction among the elderly with regard to the provision of medical aid, lack of proper familial care for the sick elderly, and insufficient public health services to meet the health needs of the elderly.⁹ In his study, the two major health concerns among the elderly were their disability/ impairments and chronic disease prevalence.

Morgan reported the following worries among the pensioners over 70 years of age: financial worries and dependence (48.0 %), spouse and family (21.0 %), poor health and physical dependence (18.0 %), unable to work (6.0 %), family relationships estrangements (5.0 %), and death (1.3%).¹⁰

It is often claimed that ageing is accompanied with multiple illnesses and physical ailments. Besides physical illnesses, elderly are more likely to be victims of poor mental health which arises from senility, neuroses and extent of life satisfaction. The concern about seeking of health care is due to poverty and ill health. In public sector health care set up, long queues and wastage of time in moving from one window to another, and reaching the physician is very cumbersome, and sometimes a whole day is wasted for seeking treatment. Kartikeyan reported that the socioeconomic problems of the elderly are aggravated by the lack of social security, inadequate facilities for health care, rehabilitation and recreation. In most of the developing countries, pension and social security is restricted to those who have worked in the public sector or the organized sector of industry.¹¹

In our study, majority of respondents did not have savings, and majority of them were self employed. The male members of the family were addicted to one or other habits, and they usually spent all of their earning on habits, and hence it becomes difficult for females to meet the routine household expenditure. A few of the respondents were concerned of infighting among sons; habit of alcoholism among males; fear of getting killed by alcoholic son; death of daughter-in-law; running away of daughter-in-law, and consequently whole responsibility of bringing up of the kids and running the house;

repayment of money taken from money lenders; death of son-in-law, and worry of the widowed daughter; worry of daughter married in very poor family; marriage of unmarried son and daughter; education of grand children; to live good life like others; handicapped children; death of son in accident etc.

RECOMMENDATIONS

Governments need to focus their attention on better penetration of various social security schemes with special emphasis on poor elderly women. It is imperative to endow with the tailor-made recreational facilities like municipal parks, social clubs and drop-in-centers dedicated to elderly. Urban local bodies need to reinforce their efforts to provide low cost housing to those occupying illegal public land, and staying in poor quality housing without fear of becoming homeless. There is a need to generate strong political will to understand life concerns of elderly which could have significant positive impact on their quality of life and health.

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