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Research Paper

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QUALITY OF LIFE AMONG THE OLDEST OLD: A SOCIOLOGICAL ANALYSIS

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ABSTRACT

The main aim of the present paper is to assess the quality of life of the oldest old 80+ living in old age homes. Identification of old age homes; Survey of old age homes in urban Shivamogga district. The following 05 old age homes were randomly selected for the study and also some of the case study was explained. Selection of Sample is Purposive random sampling; the cross section of the society with 80 old age people residing in old age homes between the age ranges of 81-98 years constituted the sample. A sample of 20 men and 20 women above 80 years were selected from 05 old age homes in Shivamogga and Chickamagluru districts of Karnataka. The study reveals that, the 21st Century is often called the ***'age of ageing'****. One of the world's greatest challenges of the present century is the enormous increase in the absolute number and proportion of older persons in the world.Aging is generally defined as a process of deterioration in the functional capacity of an individual that results from structural changes, with advancement ofage or population above 60 years of age. Some demographers also distinguish young old 60-69 years, middle old 70-79 years, oldest old 80-89 years and the extreme old 90+ years. Older people are heterogeneous i.e., extreme losses of physical, mental and social functions are often seen in old people yet many people continue to maintain high level of function. However,as* ***"young old"*** *move in to the* ***"oldest-old"*** *category, they tend to have more health complaints and diagnosed illness. The problems faced by them range fromill-health, absence of social security, loss of social role and recognition and thenon-availability of opportunities for creative use.*

KEYWORDS: *Ageing, Oldest, Health, Globalistion*

INTRODUCTION

Globalization, urbanization, industrialization, modernization have paved the way for many old age people being left alone by their families. As a result, a large number of old age homes have come up like mushrooms all over the country. Today, the old age homes are indispensable as they are needed to take care of the lonely and forsaken elderly in the evening of their lives.The several consequences of such trends, one that causes serious concern is that of providing care to a large number of older persons to have better quality of life.

As India being a welfare state recognizing the importance of health in the process of country's socio-economic development and improving the quality of life of its people Government of India through the Department of Health and Family Welfare labouring to provide better medical facilities. India is following the 'Primary Health Care' model of Alma Ata declaration. Various health care programmes are functioning in look and corner of the country namely communicable diseases, malaria, tuberculosis, leprosy, polio eradication programmes, reproduction, child health and family planning programs, old age problems and health education Kerala, Tamil Nadu & Punjab and other South Indian states have more number of elderly.South India has the highest number of elderly persons above 60 years and maintains its lead in the next 40 years (19 million in 2001 to 70 million in 2051)

GLOBAL AND INDIAN SCENARIO

Presently one out of every 10 persons is 60+, By 2050 one out every 5 will be 60+By 2150 one out every 3 will be 60+Oldest country is Japan31 Percent of its total population is above 60 Years

Table-1: Global (No. of 60+)

Year	2006	2050
World	11	22
Developing	20	32
Developed	07	18

Source: Global Health Report

Quality of Life is a broad ranging concept incorporating in a comparing way the person's physical health, psychological state, level of independence, social relationships and their relationship to salient features of their environment.In the light of the above discussion, the present study was carried out to assess the quality of life among the oldest old 80+ in Shivamogga district

Table-2: Indian Scenario (60+Population)

Sl. No	Year	Percentage
01	1901	5.08
02	1911	5.11
03	1921	5.24
04	1931	5.38
05	1941	5.69
06	1951	5.50
07	1961	5.63
08	1971	5.69
09	1981	5.97
10	1991	6.48
11	2001	6.50
12	2011	9.08
13	2021	9.87

Source: Indian Health Report.

OBJECTIVE AND METHODOLOGY OF THE STUDY

The main objectives of the paper is to to assess the quality of life of the oldest old 80+ living in old age homes.

To meet the above objective of the study, the researcher used both primary and secondary data, the required secondary data have been collected from various health reports, articles journals etc. and primary information is collected from selected respondents in shimoga district. Identification of old age homes; Survey of old age homes in urban Shivamogga district. The following 05 old age homes were randomly selected for the study and also some of the case study was explained. Selection of Sample is Purposive random sampling; the cross section of the society with 80 old age people residing in old age homes between the age ranges of 81-98 years constituted the sample. A sample of 20 men and 20 women above 80 years were selected from 05 old age homes in Shivamogga and Chickamagluru districts of Karnataka.

ANALYSIS AND INTERPRETATION

Identification of old age homes; Survey of old age homes in urban Shivamoggadistrict.The following 05 old age homes were randomly selected for the study. Selection of Sample is Purposive random sampling;the cross section of the society with 80 old age people residing in old age homes between the age ranges of 81-98 years constituted the sample.A sample of 20 men and 20 women above 80 years were selected from 05 old age homes in Shivamogga district, which is shown in table-3 below;

Table-3: Age of the Respondents

Respondents Age Group	81-89 Years & Percentage	90-98 Years & Percentage	Total& Percentage
Men	08(80%)	02 (20%)	10 (100%)
Women	07 (70%)	03 (30%)	10 (100%)

Source: primary data

Table-4:
Educational Qualification of Men and Women Respondents Living in Old age Homes

Educational Qualification	Men &Percentage	Women&Percentage
Illiterate	**03**(30%)	**05**(50%)
Literate	**07**(70%)	**05**(50%)
Total	**10 (100%)**	**10 (100%)**
If yes Literate		
Primary (01-08 Std.)	01(14.30%)	--
Secondary (09-12 Std.)	03(42.80%)	--
Degree	02(28.60%)	02(40%)
Post Graduate	01(14.30%)	02(40%)
Professional	--	01(20%)
Total	**07 (100%)**	**05 (100%)**

Source: primary data

Table-5: Marital Status of Men and Women Respondents Living in Old age Homes

Marital Status	Men &Percentage	Women&Percentage
Married	08(80%)	05(50%)
Single	01(10%)	01(10%)
Widow/ Widower	01 (10%)	03 (30%)
Divorced	---	01(10%)
Total	**10 (100%)**	**10 (100%)**

Source: primary data

Case Studies

01. After the death of her husband 10years ago, her life style has completely changed. The big mansion in the village was sold by her son and daughters and promised her that they would take care of her in turn. But within one and half year they started abusing her physically, psychologically and emotionally which resulted in her staying in a rented house in the outskirts of a town. Her son is running a business with corers of turnover but hardly takes care of her except sending a partly amount of Rs. 2500/- per month. Only occasionally her youngest daughter visits her and comforts her but that is hardly sufficient for her well being
02. She was the second wife to her husband, who was looking after the village accounts in a village. After the husband's death there were differences with her step wife who was also living with her till then. As she didn't have any children she came down to Warangal the district headquarters where her only brother was residing. As she was marginalized and emotionally abused she went out and started living independently. She was forced to beg for her daily bread and only when she became too old she has been brought back to her brother's house.Her psychological needs like affection and caring are not being met and her only entertainment is TV. Every day she is abused by her sister in law for no fault of her. Her health needs are neglected. Though she has become deaf, she is not provided any hearing aid.Now she is only hoping against hope that her end should come as early as possible and her brother is hoping to usurp her fixed assets.
03. He hails from a high income group in the village and owns a big house and more than 13 acres of cultivable land. All the three sons are employed by the Government of Karnataka. Hence till ten years ago he was in charge of his agricultural work and the income from the yield was distributed equally among his sons. As his physical activity started slowing down the sons' started selling off the land and finally sold away the house also and started sharing the parents' welfare in turn. As he has become too senile he is restricted to his bed. The sons do not provide any nursing assistance nor extend any emotional support. He is confined to his room to be taken care of by his ailing wife. His daughters in law do not talk to him and heap oral abuses everyday making him emotionally disturbed.Presently because of the daughters-in law's negative feedback their sons resorted to physical abuse also by beating him. Only because of the social stigma this old man does not want to go out with his wife to live separately, resigning to his fate.
04. Among four sons, the eldest son is employed in a construction company in Jeddah and sends Rs 12000/- to his mother. As soon as the money is credited into her bank account, her 04 sons who do very menial jobs, physically attack her and force her to withdraw all the amount from the bank and leave her penniless. Every day she is abused physically, psychologically and financially. They threaten her not to reveal about this abuse to their brother as she has to live at their mercy only. Even daughters in law cannot empathize with her because of the fear of their husbands.Though her health is deteriorating she is not provided with any medical care. She gets respite from this abuse only once in three years when her eldest son visits India and takes her to hospital for the treatment
05. In contrast to the above cases this old man is a happier lot because of the emotional bonding that is still present among all his family members. His two sons stay in their ancestral home in Davanagere town and they take necessary advice from this old man periodically.

Psychologically he is happy as the affection showered by his sons and daughters in law is overwhelming. His social needs are taken care of as he is encouraged to participate in social get together s of elderly. No wonder he looks younger than his actual age because of his robust health. He was heart fully thanking all his family members for the way he is being taken care of during my talk with him.

Health is the heart of human development. Health care and health security are the rights of older people. Development, whether social or economic, becomes meaningful when it is equally benefiting and sustainable to each and every section of the population. Elderly can be the participants as well as beneficiaries of the developmental processes if an all-encompassing and inclusive vision is there for planning and execution.

The case studies presented above clearly indicated that unfortunately the oldest old are subjected to physical, psychological, financial and social abuses.To conclude the following suggestions are placed to prevent abuse among the oldest old

- Empowering the aged in terms of sensitizing their responsibilities and rights
- Strategic alliance between government and non-governmental agencies (NGOs) were essential to promote awareness and prevention of elderly abuse.
- Strengthening of institution of family by inculcating values among younger generation.
- Strict implementation of national policy on the age.
- Establishing and strengthening rural and urban gerontological centers.
- Heath insurances and strict implementation of old age pensions would go a long way for preventing

abuses among the oldest old.And finally, let us parent our parents and grandparents!

Health Care and Medical services

- Minor problems like defective eye sight, general weakness, joint pain, cough, defective hearing, blood pressure, digestive complaints, breathing trouble, etc.
- Chronic Diseases
- Accidents
- Non-Adoption of preventive measures etc.

Perceptions about the Current State of Health

- Nearly one-third had reported illness.Data available for those who reported illness, and those who did not report illness.
- Persons who did not report illness had a more positive perception about own Current State of Health
- 81 percent of males and 78 percent of females reported good or excellent own Current State of Health
- Males had a more positive perception than females and similarly urban residents had a more positive perception than rural residents.
- 58 percent of rural males and 53 percent of rural females have a positive perception of their own Current State of Health
- 13-17 percent of aged who were not sick considered that they were in a state of poor health
- Majority of men and women suffering from Hypertension, Diabetes Mellitus and Arthritis, cent percent of women found to be suffering from osteoporosis.
- Oldest old are physically week, psychologically insecure and socially isolated.

SUGGESTIONS

- Mobile medical care is very much useful as this part of the Kalrayan hills is faced with lack of transport facilities.
- Primary health centers and health centers should take initiative for periodical health checkup for this community.
- Medical camps can be organized by both the government agencies and the NGOs.
- Further, more empirical research is required in case of elderly especially the oldest old among the scheduled tribe communities.
- There is a need of more social scientists, anthropologists, NGO workers, to explore how health care can be made responsive to solve the health problems of the oldest old.

CONCLUSION

- Data for the study comes from diverse sources-SRS, Survey of Causes of Death, NSS, Population Census. Reliability of data is questionable
- Mortality rates increase with age, and is higher for rural than for urban, lower for females compared to males
- The mortality has declined in the past decade, but decline has come down in the recent past.
- Cardiovascular diseases, particularly tuberculosis, urological disorders, gastro intestinal diseases and accidents and injuries account for the largest proportion of reported ailments.
- Chronic disease now makes up almost one-half of the burden of disease, creating a double burden of disease when coupled with those infectious diseases that are still the major cause of ill health in India
- Among the Oldest Old only 26.9 percent in rural areas and 28.3 percent in urban areas were confined to bed
- Among the aged (60+).who had experienced ailments, 55 to 63 percent expressed CSH as good or excellent while the proportion among those without ailments was 77-78 percent.
  This indeed is a positive finding for active ageing
- Health is the heart of human development.
- Health care and health security are the rights of older people.
- Development, whether social or economic, becomes meaningful when it is equally benefiting and sustainable to each and every section of the population.
- Elderly can be the participants as well as beneficiaries of the developmental processes if an all-encompassing and inclusive vision is there for planning and execution.

."Add life to years not years to life".

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