

AN ELDERLY CARE AMONG THE FISHERMEN COMMUNITY IN PUDUCHERRY

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ABSTRACT

Demographic ageing is a global phenomenon. India is no immunity to this demographic transition. The life saving drugs and advancement in medical arena increased the life span of an individual. But attitudinal change and dilutions of Indian joint family system escalates the issues of aged. The elderly care has its own typical problems and issues alike childcare. The current need is to conduct research and explore new directions in research on population ageing. The relationship between the government, care providers, insurers and patients are a prolusion to any important change connecting elderly care. A suitable policy to deal with health care challenges of an ageing population is crucial for India. In this context, the present study aims toanalysis the pattern of care given by the family members to the elderly persons in the fishermen community of Puducherry region. The male members venture into sea for fishing activity. It requires a good deal of vigour and stamina. But the exhaustion of energy forces them to keep away from sea. . It seems to be young age for retirement when compare with other unorganized works and the white collar jobs in government and private offices. So the responsibility rests in the hands of the male children who started working on fishing activities at their early age like 15 or 16 years of age. So the children have to work hard for a long time to take care of their parents. An interview schedule has been constructed for data collection from 50 retired fishermen who hailed from fishing villages namely Vaithikuppam, Veerampattinam and Solainagar in Puducherry region.

KEYWORDS: *Ageing, Senior Citizen, Health Issues, Fisher Folk*

INTRODUCTION

Elderly care in India is fast emerging as an important element of equally the public and private concern. The traditional earliest culture with joint family and common land, property never posed a problem for elderly care. But in the last few decades due to modernization the elderly today do not enjoy the equal status as they enjoy in the past. The fast pace of social change is acting traditional care generous mechanism for the elderly. Therefore, itis needed for a dynamic action plan to make use of the resources of the elderly and improve their social status in the community. Geriatrics is comparatively novel in India. Relocation of the younger age group, lack of good care in the family, inadequate housing, financial suffering and break-up of combined family are the contributing factors for the mushrooming old age homes in the Indian situation. Elderly care is obviously lost from the medicinal learning programme. Also, the treatment and other paramedical member are not properly trained in providing care for aged patients.

ELDERLY PEOPLE DEMOGRAPHICS IN INDIA

India is a grey country. The ever increasing numbers of old age people give alarm call to not only policy makers, but also to sandwich population, i.e., younger generation to look into the issues of senior citizen. According to Population Census 2011, there are nearly 104 million elderly persons in India; 53 million females and 51 million males. Both the size and share of the elderly population is increasing over time. From 5.6% in 1961 the proportion has increased to 8.6% in 2011. For males, it was marginally lower at 8.2%, while for females it was 9.0%. As regards rural and urban areas, 71% of the elderly population reside in rural areas while 29 % is in urban areas.

In 2011, Puducherry had a population of 950,289 of which male and female were 468,258 and 482,031 respectively. In the 2001 census, Puducherry had a population of 735,332 of which males were 369,428 and remaining 365,904 were females. According to the Puducherry population of 2011, 9.7% was in the ageing group persons (aged 60 years or above).

REVIEW OF LITERATURE

Kam Ping-Kwong (2011) made a study on helplessness in the middle of older people in Hong Kong and examined the individual wisdom and knowledge of despair along with older people. It examines how, in current society, people experience old age affect their wisdom of authority and manage over day by day life. It analysed the structural factors that are concerned with the economic, social and political structures interplay to situation hopelessness. He finished that the below said structures play a vital role in attaining good in elder people. The not a success of such structures may get better the emotion of powerlessness.

Poon et al., (2012) studied the relationship between religiosity and adaptation in the oldest old and found a significant relationship between religiosity and physical health. But no direct significant relationship was observed between religiosity and mental health and life satisfaction. However, the results show that religiosity and coping were strongly related.

MATERIALS AND METHOD

The present study aims to study the socio-economic conditions of old age people in fishermen community, to find out the health care requirement of the old age people and to examine the awareness of the elders on existing welfare schemes meant for elders. In order to address the above issues, fifty aged fishermen who reside in the village setting were selected purposefully and information was collected by having an unstructured interview schedule. While interaction, the facial expressions were carefully observed to make inferences. Much care was taken to ensure that the respondents should hail from the village.

RESULTS AND DISCUSSIONS

Table 1: Socio Economic Profile of the Respondents N=50

Socio Economic Profile		Number of Respondents	Percentage
Age	60-70	39	78.00
	71-80	11	22.00
Religion	Hindu	43	86.00
	Christian	07	14.00
Community	OBC	-	-
	MBC	-	-
	EBC	50	100.00
Marital Status	Married (living with spouse)	24	48.00
	Widower	22	44.00
	Separated	04	8.00
Educational Status	Literate	12	24.00
	Illiterate	38	76.00

Source: Primary Data

Aging comes with many challenges in terms of biological, emotional, intellectual, social and spiritual for an individual particularly for the elder ones. The problem of aged make them to adjust in society when they are faced with certain crucial events in their life as they are growing old. Hence the age has a direct relationship with the status of the elderly in the society.

The above table shows that an overwhelming majority (78.00%) of the respondents belong to the age group of 60 – 70 years of old, and remaining less than half of the respondents 22.00% is between the age group of 71-80 years of old. Regarding religious background, the majority (86.00%) of the respondents is from Hindu Religion and the remaining less than half of the respondents 14.00% are from Christian Religion. As far as marital status, nearly half proportions (48.00%) of the respondents are married and less than half proportions of the respondents (44.00%) are Widower, and remaining 8.00% of the respondents are separated. Most of the respondents are living with their spouse carrying. Regarding their social category, they are all patinnavar fisher folk community. It is listed and referred as EBC (Extreme backward class) from 2011 onwards but previously known as MBC. Education is one of the basic wherewithal to fulfilling every day needs. Being the study area is rural, the educational background of most of the respondents is quite dissatisfactory. The majority of the respondents (76.00%) are illiterate and remaining less than half proportion, 24.00% of the respondents are literate. The main reasons were their engagement in fishing activities and inadequate teaching facility available to them in those days. It was also found that early marriage which results their early responsibility towards family.

Table 2: Perceived Health Problems of the Respondents

Sl. No	Health Problem	Number of Respondents	Percentage
1	Have health problems	47	94.00
2	Does not have health problem	3	6.00
	Total	50	100.00

The table reveals the perceived health problems of respondents. Ageing always deteriorates health. A vast majority of the respondents (94.00%) have some health issues and remaining 06.00 per cent does not have.

Table 3: Distribution of Respondents by the Various Kinds of Perceived Health Problems of Aged

Sl. No	Various Kinds of Health Problems	Number of Respondents	Percentage
1	Asthma	49	98.00
2	Diabetes	44	88.00
3	Eye sight problem	12	24.00
4	Hearing problem	04	08.00
5	Chronic diseases	18	36.00
7	Heart Disease	32	64.00
8	Blood pressure	28	56.00
9	Joint pain	48	96.00

Ageing deteriorate the health and make the body as a warehouse of diseases. Aged suffered by various miners to major ailments. The respondents were asked to prioritize their health issues. In this context, the problem revealed that all the respondents have one or more health ailments. It was found that the majority of the respondents (96.00%) were suffering from joint pain. All most all the respondents (98.00%) have Asthma. As fishermen, their frequent contact with the sea water resulted in asthma. The most wide spread lifestyle disease, Diabetics, not spared the fishermen. The data showed that 88 per cent of them affected by diabetics and 64.00 per cent of the respondents are affected by heart disease, followed by of blood pressure (56.00%), chronic diseases (36%) and eye sight problem (24%) and hearing problem (08%). Most of the old age people suffer by the Asthma compared to other health issues owing to frequent contact with worker water, including the small salt practices are slowly deposited their lungs and it causes breathing difficulties.

Table 4: Place of Treatment

Sl. No	Place of Treatment	Number of Respondents	Percentage
1	Public sector Hospital	32	64.00
2	Private Hospital	18	36.00
Total		50	100.00

The above table shows the respondents where they get the medical treatments for healing their ailments. The accessibility and affordability to hospital determine the health seeking behaviour. Along with this the attitude of the common populace also decides where to go for treatment. The available data indicated that more than three-fourths (64.00%) of the respondents are getting the medical treatments from the locally available public sector hospital and the remaining 36.00% of the respondents used to visit Private Hospitals for medical treatment. The respondents cited that the poor affordability and availability of accompanying person make them to choose public sector hospital.

Table 5: Respondents by Frequency of Medical Check-Up

Sl. No	Frequency of Medical Check-up	Number of Respondents	Percentage
1	Once in a week	15	30.00
2	Once in month	12	24.00
3	During the time of illness	23	46.00
Total		50	100

The magnitude of the ailments decides the frequency of the medical check up. Nearly half of the respondents (46%) going for medical check-up during the time of illness alone, less than one third of the respondents (30%) going to the hospital once in a week for medical check-up and nearby one fourth of the respondents (24%) to go for medical check-up in once in a month.

Table 6: Respondents by the Financial Assistance/Take Care for Medical Check-Up

Sl. No	Who Take Expenses for Medical Check-up	Number of Respondents	Percentage
1	Son	16	32.00
2	Daughter	7	14.00
3	Daughter-in-law	3	6.00
4	Spouse	9	18.00
5	Self	15	30.00
Total		50	100

Source: Primary data

Ageing is synonymously considered as wisdom and knowledge. But it also involves the financial hardships to cope up ageing. The complete dependency on heirs and others make ageing as annoying. This table presented above described the financial caretaker for medical expenses. Both son and daughter should share the responsibility. But in practice, conventionally, son(s) would be responsible. The data reveal that for less than one third of the respondents (32%) son provide financial backup for medical check-up followed by self (30%), spouse (18%), daughter (14%) and daughter-in-law (06%).

Table 7: Respondents by Satisfaction of the Health Assistance of Government Hospitals

Sl. No	Have You Satisfied with the Health Assistance of Government Hospitals	Number of Respondents	Percentage
1	Yes	07	14.00
2	No	43	86.00
Total		50	100

Source: Primary Data

Above table describes that the satisfaction with the health assistance of government hospitals. Nearly nine tenth (86%) of the respondents are not satisfied with the health assistance of government hospitals and the (14%) of the respondents are satisfied with the health assistance of the respondents. This table reiterates the general perceptions about government hospitals. On the other hand, we can't deny the government hospitals are well equipped but underutilized. The headquarter government hospitals are well equipped and vital and expensive life saving drugs are available at free of cost.

Table 8: Respondents' Expectation of the Type of Health Assistance from the Government Hospitals N=50

Sl. No	What type of Health Assistance Do You Expect from Government	Number of Respondents	Percentage
1	Availability of doctors	33	66.00
2	Creating more beds	28	56.00
3	Improve the medical equipment (Scan, X-ray)	47	94.00
4	Availability of drugs	39	78.00
5	Any others	11	22.00

Source: Primary Data

This table presented above indicates the respondent's expectation from the health assistance of the government hospitals. More than nine tenth of the respondents (94%) expecting improve the medical equipment like scan and X-ray. More than three fourth of the respondents (78%), two third of the respondents (66%) are expecting availability of doctors because less numbers of the doctors cannot manage all the patients at the same time and they can't give good treatment to everyone. Less than three fifth of the respondents (56%) are expecting more beds because they felt the lack of bed in government hospitals and the (22%) of the respondents are feeling some other problems like good facilities so the respondents expecting some other better health assistance from the government in less expense.

Table 9: Kind of Relationship with the Family Members

Sl. No	Kind of Relationship with the Family Members	Number of Respondents	Percentage
1	Very good	08	16.00
2	Good	28	56.00
3	Fair	12	24.00
4	Worst	02	4.00
Total		50	100.00

Source: Primary Data

Family is the primary care givers for dependents, especially for aged. The nature and quality of services very much depend on the kind of relationship prevail between service provider and dependent. The above table illustrates that more than half of the respondents (56.00%) feels they have very good relationships with their family, 24.00 per cent of the respondents realized that they have fair relationships with family members, another 16.00 per cent of the respondents have very good relationships with their family and the remaining 04.00 per cent of the respondents said they have worst relationships with their respective families. The reciprocity is an underlying thread which binds the people in the family.

Table 10: Aware of the Schemes Provided by the Governments

Sl. No	Aware of the Schemes Provided by the Governments	Number of Respondents	Percentage
1	Aware	37	74.00
2	Not aware	13	26.00
Total		50	100.00

India is the welfare state. She generously spends on its most vulnerable and dependent segments. For the welfare of Aged as vulnerable group, the appropriate government earmarks some sizable portion of funds and other privileges. The table discusses that the respondents' awareness about the schemes of the governments exclusively for the welfare of the aged. Nearly three-fourths of the respondents (74.00%) are partially or completely aware of the schemes such as Old Age Pensions (OAP), concession for senior citizens, health insurance, rate of interests for the aged in banking sectors for deposits and other related schemes and the rest 26.00 per cent do not have any idea about the same.

CONCLUSIONS

India is a grey country since eight per cent of its total population is crossed sixty years of old. Aging is an inevitable biological process. Biological ageing is most prominent and has figured widely in common expression and even in scientific literature. But the fact stands that the socio-psychological factors contribute greatly in shaping the problem of ageing. It has been established that ageing is substantially influenced by socio-cultural variations and the problem of ageing can be understood properly only in socio-cultural perspective. The problem of ageing is an emerging social crisis. It needs special attention. The study found that the socioeconomic condition of the respondents were nearly equal. Secondly all the elder respondents have health ailments. Most prevailed health issues were asthma and diabetics. The non-availability of duty doctors curtailed elders to approach government hospital, the study reiterated. The government may prepare comprehensive policies and effective intervention programmes to make ageing as happy ageing. On the other hand, every individual should know their moral obligations and show due reverence over aged.

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