

International Research Journal of Interdisciplinary & Multidisciplinary Studies (IRJIMS)

A Peer-Reviewed Monthly Research Journal

ISSN: 2394-7969 (Online), ISSN: 2394-7950 (Print) Volume-II, Issue-I, February 2016, Page No. 8-18

Published by: Scholar Publications, Karimaani, Assam, India, 788711

Website: http://www.irjims.com

Socio-Economic Status of Aged People at Dewli and Getugachhi Gram Panchayat in Chakdaha C.D. Block, Nadia District, West Bengal Biswajit Mandal

Asst. Professor, Dept. of Geography, Nahata JNMS Mahavidyalaya, WBSU, W.B., India **Dr. Biswaranian Mistri**

Asst. Professor, Dept. of Geography, The University of Burdwan, W.B., India
Abstract

In the 21st Century, aging is the most challenging and urgent issue in developing countries in the world. It is the biological and psychological change in human life. The Ministry of Social Justice and Empowerment, Government of India, has mentioned the age of the 'senior citizen or old aged' as 60 years old or above in 'National Policy on Older Persons' (January, 1999). Aged people face a lot of problems in society. They suffer from economic insecurity, health problem, insufficient shelter, mental disorder, loneliness and different sorts of inhuman treatments etc.

This empirical research work has been done in Dewli and Getugachhi Gram Panchayat of Chakdaha C.D. block in Nadia district of West Bengal. There are 139 respondents in 92 families have been interviewed through the method of purposive sampling. There are 73.40% aged people who have not any income source; they totally depend on son, daughter and grandson. Only 4.30% aged people have got old age pension. 52.50% of aged people have been suffering with two to four types of diseases at a time. The 51.80% of aged people have consulted with quack doctors due to their low level of income and 7.9% of aged people have been suffering from loneliness which may responsible for mental disorder of the aged people. Thus, this research study has been focused on socio-economic status of the aged people and tried to find out the feasible measures for the misery.

Key Words: Aging Person, Economic Insecurity, Mental Disorder, Loneliness.

Introduction: In 21st Century, aging is the most emerging issue in the world. The phenomenon of aging population was first focused in 1982 when the United Nations organized the first world conference on aging in Vienna. It is the biological, sociological as well as psychological change of the human life that is the last phase of the human life cycle (Laxmi and Murthy, 2010). World Health Organization (WHO) defines all persons who are of 60 years and above as the elderly or the aged people. The Ministry of Social Justice and Empowerment, Government of India (GoI), in adopting 'National Policy on Older Persons' (January, 1999), defines 'senior citizen or old aged' as a person who is 60 years old or above. It is also called as aged person or elderly or senior citizen (Nasreen, 2009). The elderly or the aged persons are gradually increasing, because of increasing pattern of life expectancy rate and decreasing pattern of mortality rate. In the world, approximately 840 million (11.7%) persons belong to the given age bracket (aged 60 years or above) (World Population Ageing, 2013). In India, numbers of the aged people are also gradually increasing year to year. In the census of India, 2001, aged persons were about 76 million (7.44%) and in 2011 it Volume-II, Issue-I

Socio-Economic Status of Aged People at Dewli and Getugachhi... Biswajit Mandal & Biswaranjan Mistri increased to 103 million (8.57%). In west Bengal, it is 5.7 million (7%) in 2001 and 7.7 million (8.5%) in 2011, at the same time in Nadia district, it is 0.38 million (8.29%) in 2001 and 0.48 million (9.41%) in 2011.

Table No.1: Percentage of Urban and Aged Population (60 years and above), Census of India, 2001 & 2011

	Place						
Years	India		West Bengal		Nadia		
	Aged	Urban	Aged	Urban	Aged	Urban	
	Population	Population	Population	Population	Population	Population	
	(%)	(%)	(%)	(%)	(%)	(%)	
2001	7.44%	27.8	7%	27.97	8.29%	21.27	
2011	8.57%	31.2	8.50%	31.87	9.41%	27.81	

Source: Report and Tables on Age, Census of India, 2001 & 2011.

India is the second largest country in the world where over population is challenging issue. At the same time, the aged problem is also added a new range with its. Here the aged are suffering from various problems such as social and economic insecurity, health problem, malnutrition, mental disorder and loneliness etc. (Mehrotra and Batish, 2009). For this reason, the problem of increasing number of old people poses a big question in the society of developing countries like India (Madhu and Sreedevi, 2013).

The economic dependencies of aged are rapidly increasing, so they become an economical burden in the family. Hence, the socio-economic status which they did enjoy earlier as bread earners of family is gradually diminished. Most of the time, they face disrespect and disregard. Though, Indian traditional society, they were the most respected members of the family (Narang et al, 2013). On the other hand, now-a-days, the joint family has turned into nuclear family. The growth of 'individualism' in modern life led to the aged alienation and isolation from family and society. At present, the young generation feel that, the aged are a bunch of senile nuisance.

So the aged people suffer from acute loneliness which often takes the form of horrible sufferings. These circumstances create the loneliness and keep them away from the active mainstream society. According to Census of India, 2011, around 1.50 core elderly live alone. NSSO data reveals that this is a higher incidence of elderly living alone or with spouse in rural areas (Mohapatra, 2011). In the study area, Dewli and Getugachhi Gram Panchayat in Chakdaha C.D.block in Nadia district of West Bengal, 7.9% of aged people have been suffering from loneliness which may responsible for mental disorder of the aged people and they feel a very tough moment of their life. In this context, the study has been focused on socio-economic status of the aged people and tried to draw the feasible suggestion for their betterment.

Location of the Study Area: In the study area, Dewli and Getugachhi Gram Panchayat (G.P.) are situated in Chakdaha C.D. block in Nadia district of West Bengal. The Chakdaha-Bongaon 20 No bus route across in the middle portion of these gram panchayat. The Dewli gram panchayat is consisted of 14 mouza and 17 villages, covering 2961.32 hectare area. There are 33070 populations (Census, 2011). It is extends from latitude 22°59'44"N to 23°03'41"N and longitude 88°35'44"E to 88°39'56"E. On the other hand, the Getugachhi gram panchayat is consisted of 21mouza and 21 villages, covering 3280.31 hectare area. There are 34911 populations (Census, 2011). It is extends from latitude 23°00'24"N to 23°04'38"N and longitude 88°33'20"E to 88°37'20"E. These gram

Socio-Economic Status of Aged People at Dewli and Getugachhi... Biswajit Mandal & Biswaranjan Mistri panchayat are bounded on the western by Rautari G.P. and Tatla-II G.P.; on the east by Hingnara G.P.; on the north by Tatla-I G.P and Dubra G.P. and on the south by Haringhata C.D. block.

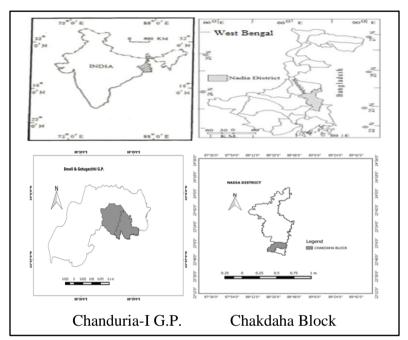


Fig.No.1: Study Area

Objectives:

The objectives of the study are as follows-

- 1. To find out the socio-economic status of the aged people
- 2. To draw the feasible suggestion for their betterment

Materials and Methods: The present study is based on primary data collected by structured questionnaire through interview from door to door survey. Two gram Panchayat as Dewli and Getugachhi has been selected as purposive sampling method from Chakdaha C.B. block in Nadia district. There are 139 elderly of 92 families have been interviewed for this investigation. Finally, data have been analysed by the statistical techniques as frequency distribution, percentage distribution and represented through suitable cartograms of age-sex pyramid, pie graph, bar graph and line graph.

Major Findings of the Study:

Socio-demographic Status:

In the present study, the socio-economic status of the aged people is considered by education, family type, living status, occupational pattern, health status, nutritional status, shelter and psychological disorder etc. There are 24.60% of the aged people are in the age group of 60-64 years, followed by 70-74 (19.60%) years, 65-69 (18.70%) years, 75-79 (16.50%) years, 80-84 (10%) years, 85-89 (5.6%) years and above 90 (5%) years respectively (Fig.No.2). In the study area, 61.90% of the aged belong to Hindu religion and 38.10 % to Muslim religion. Besides, there are 64% of the aged

Socio-Economic Status of Aged People at Dewli and Getugachhi... Biswajit Mandal & Biswaranjan Mistri belongs to the general caste, 10% of the aged belongs to other backward classes (OBC) and 26% of scheduled caste (SC).

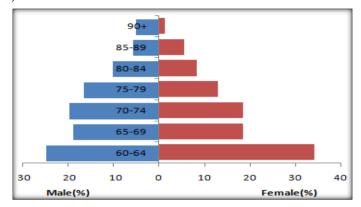


Fig.No.2: Age Sex Distribution of the Aged by Pyramid

The age-sex distributions of whole population are represented in the form of population pyramid to compare with the age sex distribution of the aged. The structure of the age-sex distributions of whole population indicates abnormal condition in pattern of age composition.

The age category of 0-14 age group (15.40%) and 15-24 age groups (14.20%) are low. It is indicating reduction in overall fertility rate. But the age group of 60 years and above (32.40%) is striking high whereas age group of 25-59 belong to 38% who are participated in economic activity. Therefore, the age group of 60 years and above people are economically depending on the age group of 25-59. It shows high economic dependency and demand for age related health service.

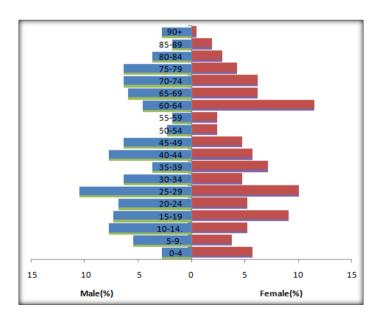


Fig.No.3: Age Sex Distribution of Whole Population

Socio-Economic Status of Aged People at Dewli and Getugachhi... Biswajit Mandal & Biswaranjan Mistri

In the study area, educational status of the aged is not satisfactory as 56.10% of the aged are illiterate and 25.20% of the aged are up to primary level, 18% up to matric level and only 0.70% is graduate and above.

Table No.2: Distribution of Marital Status and Family type of the Aged

Marital Status	N=139	%	Type of Family	N=92	%
Married	98	70.50	Nuclear family	84	91.30
Widow/widower	41	29.50	Joint family	08	08.70

Source: Primary Survey, 2015.

There are 91.30% of the aged people belong to nuclear family and only 8.70% to joint family. The 70.50% of the aged people are living with their spouses as wife or husband and 29.50% of the aged people are widow or widower (Table No.2). As 66.20% of the aged people live with son's family, 25.90% of the aged people live with daughter, grandson and a relative and but 7.90% of the aged people live alone (Table No.3).

Table No.3: Distribution of Accompanied Persons with the Aged

Living Status	N=139	%
Live alone	11	7.90
Live with spouse, daughter, grandson and relative only	36	25.90
Live with son's family	92	66.20

Source: Primary Survey, 2015.

Economic Status: In the study area, economic condition is not better. There are 58% of the aged male people are not engaged in any work and 24.60% of male aged are depend on agricultural labour and day labour, 5.70% of male aged are old age pensioner, 3.00% of male aged people are engaged in business and 8.70% of male aged people work in unorganized sector as in grocery shop, vegetable seller, carpenter, tube well mechanic, tailor and motor van driver (Table No.4). Many aged male of 60 years and above, they compelled to work for their poverty. On the other hand, 88.60% of female aged people are not engaged in any work, 5.70% of female aged people are enjoying the old age and widow pension and 5.70% of people are working in unorganized sectors. Consequently, 70% of the aged are fully dependent, 16% of the aged are partially dependent on their son and married daughter, grandson as well as others relative and only 14% of the aged are not dependent. Yet, most of the aged do not get any government help. Only eight (21.60%) of the aged people get old age pension (OAP) and widow pension out of 37 BPL holders.

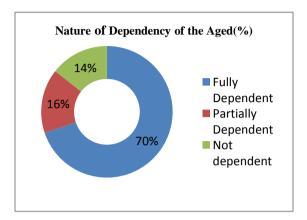
Table No.4: Distribution of the Aged based on Occupational Structure

Occupation in after	cupation in after Male		Occupation in after 60 years	Female	
60 years	N=69	%		N=70	%
Not engage in work	40	58.00	Not engage in work, only Housewives	62	88.60
Agriculture labour	17	24.60	*Unorganized Sector	04	5.70
and day labour					
Old age pension	4	5.70	Old Age and Widow Pension	04	5.70
*Unorganized Sector	6	8.70			
Business	02	03.00			

^{*}Unorganized Sector indicates vegetable shop, grocery, carpenter, tailor, tube well mechanic, motor van driver.

Source: Primary survey, 2015.

There are 73.40% of the aged people do not have any source of income. 10.80% of elderly income level is below ₹2000 and 9.30 % of elderly income level is ₹2001-₹4000, 3.60% of elderly income level is ₹4001- ₹6000 and only 2.90% of elderly earned above ₹6000 (Fig.No.5).



Income Level (Rs per month)

Fig.No.4: Nature of Dependency

Housing Condition: Housing conditions is not better of the aged in the study area. There are 31.50% of the aged live in kachha house, 35.90% of the aged live in semi pucca and 32.60% in рисса (Fig.No.6). Availability of room in house of the aged also is not sufficient. There are 43.9% of the aged people have one room facility, 31.6% have two room facility and only 24.5% have three room facility (Fig.No.6).

Fig.No.5: Income Level

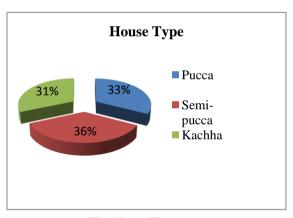


Fig.No.6: House type

Physical Ailments: After the analysis of the responses from the aged respondents along with photo copies of prescription are inferred with medical practitioners, a grim picture on the health condition of the aged has been revealed. It is surprising that almost 100% of the aged have been suffering from at least one disease. The aged people are mainly suffering from arthritis (25.90%), heart problem (15.80%), low and high blood pressure (15.80%), Gastrointestinal (13.70%), respiratory disorders (11.50%), diabetes (6.50%) and cough as well as cold (5.80%). Similarly, there are 52.50% of the aged people are suffering from two to four diseases at a time. They are also suffering from various diseases like osteoporosis, tuberculosis, leucoderma, urinary problems, tumor, uric acid and thyroid problem. There are 32.90% of female aged have been suffering from arthritis and rheumatic diseases whereas in male aged people the magnitude of the disease is 18.80%. So it is indicating that physical condition of the aged is not better and situation of female aged is more critical than male aged (Fig.No.7).

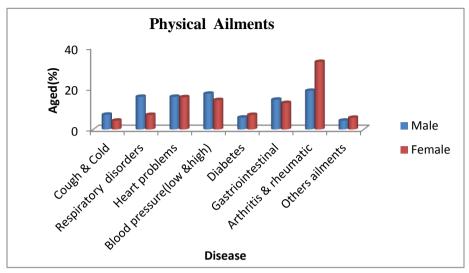


Fig.No.7: Physical Illness

Nutrition and Body Mass Index of the Aged People: In the study area, most of the aged do not get nutritious food. The food intake of elderly is simple as rice, *dal* and *rutti* twice daily and fish and meat once in a week. They are rarely intake any nutritious food like fruits and milk due to money problems. In this context, to study the general health of the aged: the Body Mass Index (BMI). According to World Health Organization (WHO), the BMI have categorized into four range like <18.5 (underweight), 18.5-24.9 (healthy), 25-29.9 (overweight) and >30 (obese). In accordance with, there are 24% of the aged people belong to underweight (BMI<18.5), 58% of the aged people belong to healthy (BMI 18.5-24.9) and 10% of the aged people belong to 25-29.9 BMI, what is indicates the overweight condition and 8% of the aged belong >30 BMI (obese) (Fig.No.8).

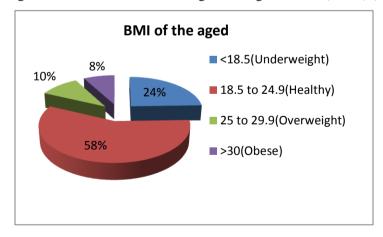


Fig.No.8: Nutrition and BMI of the Aged

Distributional Pattern of Care Givers

In the present situation, the aged people feel lonely in their life. According to Indian Census, 2011, around 1.50 core people of 60 years old or above live alone. In study area, 66% of the aged people are taken care by their son, 19% of the aged by spouse and 7% of the aged by their daughter, grandson and relatives. 8% of the aged have no care givers and they are suffering from loneliness, feeling relative less due to isolation from son's family as well as daughter's marriage (Fig.No.9).

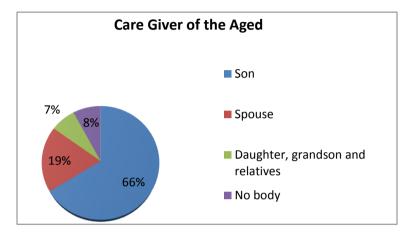


Fig.No.9: Distribution of Care Giver

Psychological Problems: After the consultation with the practitioner doctors, it is revealed that nearly 87% of respondents out of 139 have been suffering from various psychological problems like loneliness, amnesia, dementia, tension and depression, anxiety, afraid and worry. There are 34.5% of the aged suffering from tension and depression, 18.7% from amnesia and dementia, 13.7% from anxiety disorder, 7.9% feel from loneliness, 6.5% as well as 5.8% of the aged feel from worried and afraid respectively (Fig.No.10).

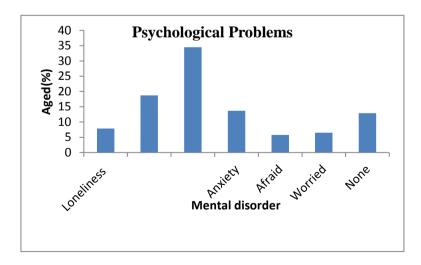


Fig.No.10: Psychological Condition

Relation between Physical Problems and Income Level

Karl Pearson's Correlation has been applied to find out the relationship between income level and physical problems. It is seen that there is a negative relation (r= - 0.847) between income level and physical problems. Here income level plays an important role to control health condition and it is significant at 2% level in 5 degree of freedom (calculated 't' value is 3.56 and tabulated 't' value is 3.37) (Fig.No.11).

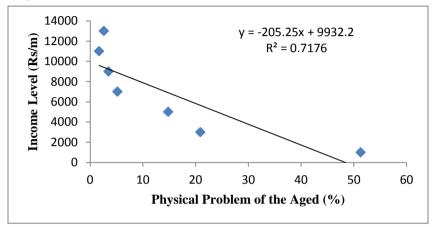


Fig.No.11: Relation between Physical Problems and Income Level

Relation between Age and Psychological Problems

It is found that age is an important factor that contributes to psychological disorder among the aged people. So, it is revealed that old age and psychological problems positively related (r=0.895) and it is significant at 5% level in 5 degree of freedom (calculated 't' value is 3.27 and tabulated 't' value is 2.57) (Fig.No.12).

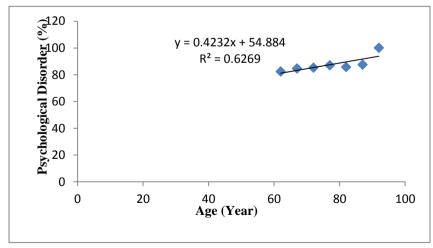


Fig.No.12: Relation between Age and Psychological Problems

Socio-Economic Status of Aged People at Dewli and Getugachhi... Biswajit Mandal & Biswaranjan Mistri

Relation between Income Level and Health Expenditure of the Aged

It is indicated that income level and health expenditure of the aged people negatively related (r=0.909) and it is significant at 2% level in 5 degree of freedom (calculated 't' value is 3.66 and tabulated 't' value is 3.37) (Fig.No.13).

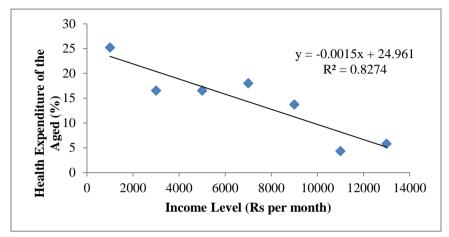


Fig.No.13: Relation between Income level and Health Expenditure

Suggestion and Conclusion: After the detailed analysis and interpretation of the aged issue, it is revealed that the overall socio-economic status of the aged people is not good and elderly women are more critical than elderly men. In this circumstance, some suggestion can be proposed to improve the present situation of the aged people.

- 1. To improve the socio-economic status, the local government should provide any compatible perennial work in whole year for the aged.
- 2. The old age pension (IGNOAPS) should be provided to all aged people who belong to BPL.
- 3. The *Annapurna* and *Antyodya* scheme should properly be executed for all the aged.
- 4. The medical treatment for all aged should be provided with free of cost and new health centre should be established in nearer location and or mobile medical unit is arranged.
- 5. For the all aged who are card BPL holders can be included with *Indira Awas Yojana* (IAY).
- 6. Finally, the local government should start help line for the aged people and awareness level of young generation as well as common people should be increased, else problems of the aged gradually be increased that will be more critical to the humanity in future.

Acknowledgement: Authors are very much grateful to Mahadev Ghosh and Kshudiram Chakraborty, Ph.D. research scholars in Department of Geography, The University of Burdwan, for their untiring help whatever and whenever sought.

References

- 1. Chatterjee, S. (2010). A Comparative Psychological Profile of Married Male and Female Elderly with Respect to Anger Expression and Depression Tone, Ageing & Society, CMIG Publication, Calcutta, Vol.XX, No. I & II, pp.36-53.
- 2. Chakraborty, S. (2005). Health Seeking Behaviour of Aged Population of a Rural Block in West Bengal, Working Paper No.8, SCTIMST, Triruvanthampuram.
- 3.Kesavachandran, C.N., Bihari, B. and Mathur, N. (2012). The Normal Range of Body Mass Index with High Body Fat Percentage among Male Residents of Lucknow City in North India, Indian Journal of Medical Research, 135(1),pp.72-77.
- 4. Madhu, T. and Sreedevi, A.2013: A Study of Socio Demographic Profile of Geriatric Population in the Field Practice Area of Kurnool Medical College, International Journal of Research and Development of Health, Kurnool, April, 2013, Vol. 1(2), pp. 69-76.
- 5.Mehrotra, N. and Batish, S. (2009). Assessment of Problems among Elderly Females of Ludhiana City, Journal of Human Ecology, 28(3), pp.213-216.
- 6. Mohaptra, T. (2011). Living Arrangement of Elderly: An Empirical Study in Orissa, Ageing & Society, CMIG Publication, Calcutta, Vol.XXI, No. I & II, pp.51-79.
- 7. Narang, D., Kordia, K., Meena, J. and Meena, K. (2013). Interpersonal Relationships of Elderly within the Family, IJSSIR, Vol-2(3), March 2013, pp.132-138.
- 8. Nasreen, A. (2009). Urban Elderly Coping Strategies and Societal Responses, Concept Publishing Company, New Delhi.
- 9. World Population Ageing (2013): Department of Economic and Social Affairs, Population Division, United Nations, New York.