



Cover Page



PROBLEMS OF THE AGED IN TELANGANA: A CASE OF NALGONDA DISTRICT

Goli Ravi Kumar

Ph D Research Scholar

Department of Sociology, Osmania University

Hyderabad, Telangana State, India

ABSTRACT

The present research article deals with “**Problems of the Aged in Telangana: with reference to Nalgonda District.** In India, a demographic billionaire has been witnessing burgeoning growth of elderly population. Every tenth person in the country i.e., above 1.2 billion populations has crossed sixty. Though majority of the older persons continues to be reeling under confronting socio-economic, health and psychological problems, significant number has witnessed net worth value increasing dramatically over the years. India is a country full of diversity, where, people professing different religious communities, speaking different languages co-exist. People from different castes and creeds, diverse geographical regions and varied socio-economic, educational and family backgrounds live together. It is discernible from the peep into their cultural pluralities and diversities that there is wide ranging disparity in financial status of old people in India.

Keywords: Psychological Problems, Religious Communities, Different Languages, Castes and Creeds, Cultural Pluralities and Diversities.

Introduction

Importantly, the state of Telangana has the highest percentage of elderly population suffering from various problems in the country. In this connection, one in three elderly persons or around 33 per cent of the State’s elderly population suffers from bone and joint disease.¹ Also, the State has the second-highest percentage of the elderly population suffering from neurological or psychiatric problems. Telangana also has one of the highest percentages of elderly population suffering from restrictive lung disease (46 per cent), and usage of aids for disability (18 per cent).² In Telangana, nearly 14% of the elderly above 60 years of age and 9 percent of people between the age of 45 and 59 years have sleep deficit a problem which can have serious implications on their mental and physical health.³

Important of the study

Telangana has unique features in the development parameters as compared to other states of India. The state government, NGOs, charitable and religious institutions have initiated a number of programmes and schemes aimed at the welfare of the aged persons. However, Nalgonda District has three revenue divisions which are called, Nalgonda, Miryalaguda and Devarakonda divisions is far behind in the development in the State, due to its unique socio, economic, cultural and geographical features. Majority of the mixed communities resides in the Nalgonda region. Due to the closely knit family system prevailing among the Hindu community, young and old stay together in the families having very close interaction and support for the aged. However, there is higher rate of migration to gulf countries from the Nalgonda District.

However, the most of the migrants have left their old parents behind to fend for themselves which is worrying outcome of the trend. A vast number of primitive Hindu communities also reside in the remote area of this district. Therefore, the senior citizen in the district has unique problems. Not many studies have been conducted in the State of Telangana to address the problems of the aged, but the studies are concentrated mostly on the advanced southern districts like Nalgonda District etc. Hence, the present study is pertinent and has been designed with a view to find out the psycho-social development, problems and welfare of the aged in the Telangana state in general and that of the Nalgonda District in particular.

Review of literature

1. **Karunakaran (1998)** critically examined the various problems facing the elderly in India. He stressed that the help given to the aged is not a charity, but a need, duty and obligation of the society and highlighted the physiological, psychological, social, economic and occupational problems faced by the aged.

¹. Provisional Population Totals, Paper 1 of 2011 India Series 1, Office of Registrar General & Census Commissioner, India.

². According to a report on ‘an investigation of health, economic, and social well-being of India’s growing elderly population’, conducted by Longitudinal Ageing Study in India Wave-I, Ministry of Health & Family Welfare Government of India, New Delhi,2020.

³. Ibid



Cover Page



2. **Leela Gulathi (1991)** examined the ageing process of the female population of Kerala in the light of demographic trends both current and future, and prefer in the socio - economic implications of the process. She points out the advanced demographic transition of this southern state. Kerala has a high density of population, but which shows a rapid tendency to decline. The average age of marriage is high and there is a high level of family planning and birth control.
3. **Nair (1997)** conducted a study of the aged people in Trichur District in Kerala. Kerala is a land of high literacy and mainly as a result of this health care is given high priority by the people and the government. In this State, the enrolment in primary schools is said to be as high as in west Europe and infant mortality rate is as low as in New York.
4. **Zachariah and Raj an (1997)** studied the Kerala's demographic transition and it is very similar to that of a developed country. Birth rate and death rate in the state is decreased considerably so that the number of aged populations is increasing at a larger pace. This has far reached consequences in the development of the state.
5. **Raj an (2000)** had studied about the Old Age Homes in Kerala. In India, Kerala had the large number of old age homes. People of Kerala widely accept the concept of old age home in their late adulthood. It is found that 40% of the inmates coming to the old age home because of the neglect and ill treatment by their son or daughter-in-law, 20 per cent of the inmates have nobody to look after them. 12 per cent of the inmate ready to go back to their home if their relatives ready to accept them. Another important point is that 60 per cent of the inmates are women.
6. **Sreevals and Nair (2001)** studied the socio-demographic characteristics of the inmates of Old Age Home in Thiruvananthapuram. The study noted the reasons why the inmates opted to live there and the level of satisfaction of the inmates about the Old Age Homes and its determinants. One Hundred and fifty-seven inmates from eight randomly selected Old Age Home from Thiruvananthapuram district constitute the subject of study.
7. **Gangadharan (2003)** studied the geriatric hospitals in India and found that old age is often accompanied by sickness and immobility due to chronic disease. Appropriate chronic care of elderly patients is not found due to the demographic shifts and the general hospitals and nursing homes in India are unable to provide geriatric care because of the lack of facility and nursing services. For these reasons, geriatric hospitals and geriatric wards should be established for the care of the elderly patients.

Statement of the problem

The aged people and their problems exist right from the beginning of the human civilization. In remote times, charity and other social virtues were exercised in relation to the sick, the destitute and the disabled; the needy included the elderly infirm lacking the support of family or friends. In the past, old age was associated with virtues, knowledge and wisdom. Recent changes in the social values, social structure and economy, coupled with the demographic transition, have created problems for the aged who are now under a severe strain. Families now find it difficult to meet their obligations to the aged.

In India majority of older persons face financial hardship in old age as most of them are not in a position to earn their livelihood. Their savings, if any, are not enough to meet their day to day, particularly the medical expenses. Many a times their family members and relatives exploit them due to their vulnerability. In India, more than 65 per cent of the aged had to depend on others for their day-to-day maintenance. The problems of aged persons are of different type varying from loneliness to ill health and from financial insecurity to psychological imbalance. The major problems of the aged can be classified into economic, familial, health and medical care and housing or shelter.

Problems of aged

Ageing in India is exponentially increasing due to the impressive gains that society has made in terms of increased life expectancy. With the rise in elderly population, the demand for holistic care tends to grow. By 2025, the geriatric population is expected to be 840 million in the developing countries.⁴ It is projected that the proportion of Indians aged 60 and older will rise from 7.5% in 2010 to 11.1% in 2025.⁵ In 2010, India had more than 91.6 million elderly and the number of elderlies in India is projected to reach 158.7 million in 2025. An aging population puts an increased burden on the resources of a country and has raised concerns at many levels for the government in India. The aging population is both medical and sociological problem. The elderly population suffers high rates of morbidity and mortality due to infectious diseases. The demographic transition in India shows unevenness and complexities within different states.

1. Lack of Infrastructure

With increasing longevity and debilitating chronic diseases, many elder citizens will need better access to physical

⁴ . WHO (2002) Tufts University School of Nutrition and Policy. Keep fit for life: Meeting the nutritional needs of older persons. WHO, Geneva, Switzerland?

⁵ . United Nations Department of Economic and Social Affairs, Population Division (2008) World Population Prospects (2008 Revision).



Cover Page



infrastructure in the coming years. Lack of physical infrastructure is a major deterrent to providing comfort to the aged. Many elder citizens need better access to physical infrastructure, both in their own homes and in public spaces. Unattended chronic disease, unaffordable medicines and treatment and malnutrition are part of old age life in India as there is no system of affordable health care. Emphasis on geriatrics in the public health system is limited with few dedicated geriatric services. The other issues of the public health system are lack of infrastructure, limited manpower, poor quality of care and overcrowding of facilities due to insufficient focus on elderly care.⁶

2. Changing Family Structure

The traditional Indian society with an age-old joint family system has been instrumental in safeguarding the social and economic security of the elderly people. The traditional norms and values of Indian society also laid stress on showing respect and providing care for the elderly. However, with the emerging prevalence of nuclear family set-ups in recent years, the elderly is likely to be exposed to emotional, physical and financial insecurity in the years to come. There is an upward trend in the living arrangement pattern of elderly staying alone or with spouse only from 9.0% in 1992 to 18.7% in 2006. Family care of the elderly seems likely to decrease in the future with the economic development of the nation and modernization.

3. Lack of Social Support

The elderly in India is much more vulnerable because of the less government spending on social security system. The elderly in urban area rely primarily on hired domestic help to meet their basic needs in an increasingly-chaotic and crowded city. Social isolation and loneliness have increased. Insurance cover that is elderly sensitive is virtually non-existent in India. In addition, the preexisting illnesses are usually not covered making insurance policies unviable for the elders. Pension and social security are also restricted to those who have worked in the public sector or the organized sector of industry. In a study by Lena et al., almost half of the respondents felt neglected and sad and felt that people had an indifferent attitude towards the elderly. It was also found that 47% felt unhappy in life and 36.2% felt they were a burden to the family.⁷

4. Social Inequality

Elderly is a heterogeneous section with an urban and rural divide. They are less vulnerable in rural areas as compared to their urban counterparts, due to the still holding values of the joint family system. All the elderly are not seen in the same view as the needs and problems of elderly are rejected to a vast extent as government classifies these people based on caste and other socio-cultural dimensions. In a case study, it was found that a major proportion of the elderly women were poorer; received the lowest income per person; had the greatest percentage of primary level education; recorded the highest negative affective psychological conditions; were the least likely to have health insurance coverage and they recorded the lowest consumption expenditure.⁸

5. Economic Dependency

As per the 52nd round of National Sample Survey Organization, nearly half of the elderly is fully dependent on others, while another 20 percent are partially dependent for their economic needs. About 85% of the aged had to depend on others for their day-to-day maintenance. The situation was even worse for elderly females. The elders living with their families are largely contingent on the economic capacity of the family unit for their economic security and wellbeing. Elderly often do not have financial protection such as sufficient pension and other form of social security in India. The single most pressing challenge to the welfare of older person is poverty, which is a multiplier of risk for abuse. Also due to their financial dependence, elderly persons though are most vulnerable to infections have low priority for own health. Migration of younger generation, lack of proper care in the family, insufficient housing, economic hardship and break-up of joint family have made the old age homes seem more relevant even in the Indian context.⁹

Objectives of the study

1. To study the socio-economical background of the aged in Nalgonda District.
2. To analyze the health status and health related issues of elderly in rural areas.

⁶ . FICCI-Deloitte (2014) Ensuring care for the golden years – Way forward for India.7th Annual Health Insurance Conference: Health Insurance 2.0: Leapfrogging beyond Hospitalization.

⁷ . Rajan SI (2006) 'Population Ageing and Health in India', Centre for Enquiry into Health and Allied Themes, Mumbai.

⁸ . Hiremath SS (2012) The Health Status of Rural Elderly Women in India: A Case Study. International Journal of Criminology and Sociological Theory5: 960-963.

⁹ . Bajwa A, Buttar A (2002) Principles of geriatric rehabilitation. In: Rosenblatt DE, Natarajan VS (eds). Primer on geriatric care, Cochin, Pixel studio 232-243.



Cover Page



DOI: <http://ijmer.in.doi./2021/10.09.126>

3. To study the socio-economic problems of aged in Telangana
4. To examine the present scenario of income generating of aged in various levels in rural areas
5. To study livelihood and socio-economic condition of aged in Nalgonda district

Research Design

The purpose of the study is to find out the problems of aged. The Nalgonda district was selected for this study using purposive sampling method because much in depth studies about the aged in this district was not conducted. The respondents were contacted and the relevant information's were obtained from them through personal interviews. Samples of 200 aged people were thus selected for the study. The details of the sample are given in Table- 1.1

Table-1.1 Details of the Sample Selected for the Study

Division	Selected mandals	Sample size
Nalgonda	Nalgonda	100
Miryalaguda	Miryalaguda	50
Devarakonda	Devarakonda	50
	Total sample size	200

Conclusion

The review of related literature illustrates that ageing and its related issues is a major subject of research all over the world. As such, a number of studies have been carried out on ageing in Telangana also. The studies carried out mostly covers, demography of ageing, perceptions and stereotype attitude towards older persons. The ageing differentials by gender which focus on women aged and the rural urban differentials of ageing have also been researched. The related literature also reveals that a lot of work has been carried out on retirement and social security, ageing in family context, interaction and abuse, policies and services for the welfare of the aged.

However, none of these studies have attempted to understand the psycho social problems of aged in Telangana State. The investigated analyzing the problem, and the welfare measure of the aged especially in the backward region of Nalgonda District. The problems of the aged have also been left untraced. In this regard, the present study assumes significance and examines the various psycho-social dimensions of development and problems during the old age and analyses the problems and welfare measures for the aged in the state of Telangana.