

Research Paper

Social Health Aspects of Elderly: A Study with Special Reference to Kottayam District

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ABSTRACT

The aging process is of course a biological reality that has its own dynamic, largely beyond human control. This study examining one of the dimensions of quality of life called health. This quantitative study conducted in the Kottayam district. There are 6 municipalities in the Kottayam district and two of them were selected for the study. 50 respondents were selected through systematic random sampling in probability sampling. An interview schedule was the instrument used for collecting data from the selected sample. The study resulted that the elderly wants more family support in social health and social problems. They are unsatisfied in interpersonal relationships and failed to maintain social relationships. This study concluded that there is a strong relationship between health aspects and social support.

Keywords: *Elderly, Social health Aspects, Health*

Old age, the last phase of one's life, is one of the most difficult stages of life. This is mainly due to the general decline in health and physiological functioning, which is associated with aging. Elderly face chronic illness, deteriorating functional capacities of muscles and the sense organs, and problems with memory and cognitive functions. Added to these are the increasing financial dependence, lack of opportunities and inability for social contact, the pains of isolation and bereavement due to the death of loved ones, especially life partners, family members, and friends. The life of the aged is becoming more and more miserable and there is a growing dissatisfaction among the older elation that they are not taking care of, as they deserve. The aging process is very subtle, and the changes are slow. However, by mid-60 the changes are more noticeable physically. Their skin becomes thinner and less elasticized wrinkles appear, bones become more brittle and more likely to break, joints become stiffer and more painful. Height is reduced and the spin may become rounded, also muscles become weaker. Their balance becomes impaired, taste and smell deteriorate. Hearing and sight start to fail, blood pressure can increase, the glands do not function so well, and they are more prone to health risks and infections. It is very important that the individuals get the many needs such as convenient health and leisure facilities, sometimes many elderly people tend to need help from a care worker. Elderly

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people still have many intellectual needs. Just because they are growing in years does not mean they can no longer grow and learn new things as well; the elderly is essential to communicate with others as they may feel isolated and vulnerable. The elderly is very vulnerable. They are at risk of crime and attack. They may feel depressed because their life has lost their routine. Usually at this is age if an individual has had kids and the kids have probably moved out and got a job and so they can spend their days doing things they have always wanted to do providing that they stay healthy and able. There are many sociable activities that an elderly person can do, they can go for walks, they can play online games, they can do many things, they have always wanted to. By doing this they will be able to make more friends through formal activities.

The world population continues to grow older rapidly as fertility rates have fallen to very low levels in most world regions and people tend to live longer. When the global population reached 7 billion in 2012, 562 million (or 8.0 percent) were aged 65 and over. In 2015, 3 years later, the older population rose by 55 million and the proportion of the older population reached 8.5 percent of the total population. According to the law, a "senior citizen" means any person being a citizen of India, who has attained the age of sixty years or above. A report released by the United Nations Population Fund and Help Age India suggests that India had 90 million elderly persons in 2011, with the number expected to grow to 173 million by 2026. Kerala's total population as per the 2011 census is around 3.36 crore, of which 12.6 percent are aged above 60 years. According to the census, the state's elderly population is growing at a perpetual rate of 2.3 percent. The growth rate is high among the elderly aged 70 or 80 and above. If this trend continues uninterrupted, it is expected to cross over the proportion of young and old in between 2021 and 2031, the study, conducted among 7582 households with 10,027 elderly persons spread over 300 localities in Kerala said. As the number and proportion of older persons are growing faster than any other age group, there are concerns on the accommodation capacities of society to address challenges associated with this demographic shift. As per the census, females outnumber males among the elderly and in the higher age group; the percentage of female elderly is greater.

Social health aspects

Health is defined as a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity (WHO, 1996). Social health is the amount of interaction a person has with their community. Social health is the ability to form satisfying interpersonal relationships with others. It also relates to the ability to adapt comfortably to different social situations and act appropriately in a variety of settings. Spouses, co-workers, and acquaintances can all have healthy relationships with one another. Each of these relationships should include strong communication skills, empathy for others, and a sense of accountability. There should be good physical health in order to build good social health. One should have a healthy mind and body without any diseases to become socially healthy. Social health involves your ability to form satisfying interpersonal relationships with others. It also relates to your ability to adapt comfortably to different social situations and act appropriately in a variety of settings. Spouses, co-workers, and acquaintances can all have healthy relationships with one another. Each of these relationships should include strong communication skills, empathy for others, and a sense of accountability. In contrast, traits like being withdrawn, vindictive or selfish can have a negative impact on your social health. Overall, stress can be one of the most significant threats to a healthy relationship (Study.com, 2013).

Significance of the study

The health aspects of the elderly comprise Physical, Psychological, and Social status. Social health aspects can be seen in several factors such as the relation with grandparent, parent, spouse, friend, kinships, group member, and religious role and functions. The elderly is affecting physical, physiological impairment or diseases that will change their social life. Social health helps the elderly to adjust socially in a productive manner fulfilling one's responsibilities towards oneself, one's own family, community, and the country. While this research recognized a link between health and social relations, this study sought to examine how changing social connections over time influenced health. While the elderly is vulnerable to losing formal social roles through retirement or the death of a spouse, they could still seek out social activities in other fields. To lead an independent life, the elderly needs some basic requirements and skills for day-to-day living that include the ability to undertake social activities and perform personal and domestic tasks. So, these factors lead to finding out some need in this area, so the researcher took up this study as the social health status of the elderly.

Statement of the problem

Health status is an important factor that decides the quality of life of an individual. Aging is a time of multiple illnesses and poor health is repeatedly quoted by the aged as one of their most serious problems. It is a difficult time for many people, a time of declining health, reduced income, and the loss of a meaningful role or death of loved ones. These problems can create unhappiness for elder people and can damage relationships with children and others. So, the researcher wanted to analyze the level of family support, daily life activities, and social habits, how they can cope with issues, interaction with others, group activities, and religious activities are taken to analyze the needs and to know their present condition. Change in socio-economic status adversely affects the individual's way of life after retirement. All of these factors can result in isolation, loss of independence, loneliness, and psychological distress in older people.

Base objective

- To understand the social health aspects of the elderly in the Kottayam district.

Specific objectives

- To profile the socio-demographic data of elderly.
- To identify the level of family support to elderly.
- To identify the affiliations of elderly.
- To know the daily life activities and social habits of elderly.

Scope of the study

In this research, the researcher attempted to study the social health aspects of the elderly in the Kottayam district. By addressing elders, to know the social health status includes family relations, affiliations, and how they can interact with others. Moreover, this research is also helping the elderly to fulfil their social health status and to evaluate life satisfaction. While the elderly is vulnerable to losing formal social roles through retirement or the death of a spouse, they could still seek out social activities in other fields. This study helps those older adults who maintain high levels of social activity or rise up their social life as they age might be protected from increases in physical and cognitive issues over time. This study helps to establish new initiatives by considering them as a reference for finding a solution to the problem of social health. It can be considered as a basic tact for this problem.

METHODOLOGY

This quantitative study is descriptive in nature. The researcher chooses this research design to describe the social health aspects of elderly people above the age of sixty. The researcher conducted the study in the Kottayam district. There are 6 municipalities in the Kottayam district and two of them were selected for the study. 50 respondents were selected through systematic random sampling in probability sampling because it relies on arranging the target population according to some ordering scheme and then selecting elements at regular intervals through that ordered list. The researcher collected both primary and secondary data. The interview schedule was used to collect the data. The interview schedule was divided into four sections. The first section includes the socio-demographic background of the respondents. It covers age, gender, education, marital status, religion, occupation, and the number of people in the household of the respondents. Section second covers the family support of the respondents it includes caretaker, people presence, level of attachment, roles, sharing experiences, loneliness, participation of social activities, discrimination, consultation of family matters, financial support, personal relationship, health, and life satisfaction. Section third covers the life activities and social habits of the respondents which include physical activities, feeling of relaxation, food habits, friends, and crisis management and the fourth section covers the affiliations of the respondents which include religious person and activities, social activities, membership in a social forum, and daily living activities. The survey was the method adopted by the researcher for data collection. The interview schedule was the instrument used for collecting data from the selected sample. The interview schedule helped to get socio-demographic details and to assess the family support, daily activities, and affiliations of the elderly. The collected data were analyzed and interpreted using SPSS (statistical packages for social science). This study followed all the ethical considerations.

Analysis and Findings

The analysis is done on the basis of the objectives of the study. Statistical Package for Social Sciences (SPSS) is used for the descriptive and inferential analysis. The analysis includes the socio-demographic details of the respondents and also their response to the questions framed for the achievement of the research objectives. This section deals with the findings of the study “social health aspects of elderly with special reference to Kottayam district. The major findings of the study are summarized below with four dimensions.

Socio-Demographic Factors

Out of 50 young old groups 40.3percent of them are male and out of only 8.1percent are female but in the next category middle age, old female is dominated with 19.4percent and the oldest old is equally distributed. 68percent of the respondents have primary education only 13% are illiterate. This substantiates the education literacy levels of the elderly in Kerala. Out of 100percent 50percent of the respondents are engaged in other occupations (cashier in shops, carpenter) so they get more social contact and support to avoid loneliness and earn money (dependent children) remaining 32percent agriculturist, 3percent are teachers. 41.9percent have low income. This shows that most of them are depending on low wages so this can affect their income. 11.3percent are staying alone while children are 53.2percent and with a spouse is 35.5percent from that we can identify that most of the elders are living with their children, it is indicating that they have strong familial support. The majority of the respondents are interested in their life and 4.8percent are not at all interested in life. The majority of the respondents are spending their leisure time with grandchildren because they feel joyful memories and loving relationships.

Family support

In the study, the 43.5 percent of respondents are doing their personal needs by themselves. It is clear that most of the respondents do not get any kind of assistance as well as support from the family for doing their personal activities like medical care, physical assistance, and so on. In this study majority of them are depending on their family, hence, 32.3 percent of the respondents show their strength and ability to manage their own things. 72 percent of respondents have not felt discrimination from society but there are 27 percent of the respondents felt discrimination. The majority of the respondents are considering family matters and decision-making. The 37.1 percent of the respondents are depending on their children while 35.5 percent of respondents depending on their own pension, remaining they have secured savings, i.e., the majority of them are not saved from their earnings, so that they are forcefully to get money from their children because they are not stable financially. The respondents of 43.5 percent have a health concern that shows they are fearful of death and limited in doing daily activities.

Social Activities and Food Habits

The major portion of the respondents is light food i.e., the nutritional status of older adults relates to their quality of life and ability to live independently. Access to a balanced diet to be critical for the prevention of diseases. The majority of the respondents are maintaining relationships with friends. The elderly is facing economic problems due to their retirement, which affects their social health. The elderly is identified with visual and hearing impairment. This leads others to avoid the elderly for social interaction. This affects the social health of the elderly. The elderly is unable to help others when others came to ask for financial help. It is due to lack of income and it influences social interaction negatively.

Affiliations

Majority of the elderly are religious, the religious community is the largest source of social support outside of the family, and involvement in religious organizations is the most common type of voluntary social activity. The respondent's memberships in club activities are less. If it is useful, they can avoid lonely feelings. Daily living activities of the respondent can be able to perform; some are not able to perform without the help of others.

Suggestions

- It is necessary to promote activities that lead to improving the social health of the elderly. The program can be initiated by the Panchayath authorities with the help of social workers.
- Provide regular pension for elderly and the authorities should have ensured whether they will get or not. So that their economic problem can be solved to an extent.
- Elderly helpline and counseling centers should be promoted in Panchayath so that the welfare of elderly can be ensured.

Form elderly groups which will lead to increase social interaction and relationship building. Thus, social health can be promoted. Promote the elderly clubs in each ward which will help to interact with others avoid loneliness. More care and support should be given by the relatives so that the emotional health can be improved. Relatives and caregivers should spend more time with the elderly on Sundays and let grandchildren interact more with them so that social and emotional health can be promoted to an extent. Relatives and caregivers should fulfill the wishes of the elderly if it is possible so that it can lead to forming good

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social health and satisfaction. Conduct programs and activities at the Panchayath level so that it can lead to forming a social relationship.

CONCLUSION

In short, aging is the gradual change in the structure and function of humans that occur with the passage of time and eventually head to the increased probability of death. The hallmark of the elderly is concerned with the reduced ability of the older individual to respond adaptively to environmental changes. By conducting the study, the researcher analyzed and it is clear that the elderly wants more family support in social health and they faced social problems such as loneliness, Inability to independently manage regular activities of living, boredom from retirement, and lack of routine activities financial stresses from the loss of regular income. They are unsatisfied in inter-personal relationships and failed to maintain social relationships. It is also identified that there is a lack of facilities such as employment, recreational activities. The majority of the elderly are concern about their health. Physical and emotional health has an influence on maintaining social health. As a result of the study, the researcher could learn about the social health status of the elderly and it is able to say that there are some needs to be fulfilled for good social health.

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Conflict of Interest

The author(s) declared no conflict of interest.

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