



DEPARTMENT OF SOCIOLOGY

PATTAMUNDAI COLLEGE,

PATTAMUNDAI

TOPIC:

**“PHYSICAL PROBLEMS OF AGEDS IN RURAL
SETTING DATA COLLECTED FROM NILAKANTHAPUR
PANCHAYAT IN THE DISTRICT OF KENDRAPARA”**

DISSERTATION

**SUBMITTED IN PART FULFILLMENT OF THE
REQUIRMENTS FOR THE DEGREE OF
+3 ARTS**

In

SOCIOLOGY HONOURS

**PATTAMUNDAI COLLEGE,
PATTAMUNDAI**

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REPORT

A project on "PHYSICAL PROBLEMS AGEDS IN A RURAL SETTING: DATA COLLECTED FROM NILAKANTHAPUR PANCHAYAT IN THE DISTRICT OF KENRAPARA" was undertaken by student of Sociology department during the month of April in 2021. Twenty one nos of student participated in the project work. They visited different villages of the panchayat and collected data about the project. The project work was guided by Mr . R.K.Senapati, Reader in Sociology. In the last part the students presented their project report in front of external and internal examiner.

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INTRODUCTION

CHAPTER-I

INTRODUCTION

In more recent times, the field of gerontology and geriatrics have become the focus of extensive concern all over the world. Ageing has arrived as an issue and object of study; people are examining what it means to be old. The increasing percentage of people of the total global population living to age sixty and beyond have not received as much attention from health and other professionals as have younger people. However, the recent researcher has now shown a kind of special concern with the aged as it reminds them that someday, the too will grow old die. As a result, the expectation of life at birth in India has risen from the overall 22-9 years in 1901-1910 to 54.71 year in 1981 (Health statistics of India, 1984). According to 1981 census, the 60 + population in India was 44.78 million which constitute 6.3% of the worlds + populations that year (Behera, D.K. and M. Parida,1990:166)

Gerontology comes from two Greek word, "Geron" meaning "Oldman" and "Logos" meaning "study of science of". So, gerontology means the scientific study of the old. During these days, this subject is getting special attention both form scientists and social workers. This is mainly because rapid advance in the field of medicine have reduced infant mortality, controlled several diseases increased averaged human like span, and thus ultimately increased the number of old people in the world. In the German democratic republic for instance,

we are told that more than 19% of the population is above the age of 60 in the United states.

In 1900, only 4% of the population was over 65. But in 1975, the figure jumped to 10% (Rosenfeld, 1979)

Human concern about the phenomenon of ageing is age old. Man has for long, been trying to unravel the miseries of growth, ageing and the death and perhaps of the "after life" or "next birth". But till date, there has not been any conclusive research finding on why we age, though the indications are many. However, the objectives of modern research on ageing are not to prolong life perennially, but make life, in the last stage of human existence, pleasant and livable.

The National report, submitted to world assembly on ageing in Vienna in September 1982 by the Govt. of India, indicates that the govt. is fully aware of the problem of ageing in India. The emerging features form the report may be summarized as follows:

- a. The forces of modernization, technological change, mobility and the explosion, the lateral transmission of knowledge are making changes in lie-styles and values to adjust to the changing circumstance. Individuals and families tend to be caught between tradition and modernity, which sometimes lead to ambivalence in attitudes towards the use knowledge and experience of the past in solving problems of the present. When this happens, it tends to make, and people feel less valued.
- b. The shortage of housing accommodation in the cities and their high rentals act as a severe constrain in common

residence of the aged with their sons particularly for migrant families.

- c. The migration of younger people increases the vulnerability of the old's who stay behind, particularly for families which do not have independent production assets (Land, livestock or household industry and are dependent primarily on their labor.
- d. Increasing employment of women, outside the home in office and infantries, implies that they can spent less time for taking care of the older members, specially who require constant care. Further the relatively independent status acquired a white by collar women worker, who has her own career aspirations sometimes leads to demands on the husbands for getting up a separate nuclear family.
- e. There is known a greater investment by the family on education and up living of children, which effects the intra-family distribution of income in favor of the younger generation.
- f. The joint family system, an important sustaining factor of which was the common ownership of the means of production (primarily land), is gradually breaking down. This has increased the vulnerability of old, particularly those with no children or immediate kin as there is lesser readiness in discharging long term social obligation towards such members.

The culture of ancient India has contributed much to the present-day culture of the world. Ancient India culture was rich magnificent and quite different from other cultures and like ancient Roman culture, ancient Greek culture, ancient

Mesopotamian culture, ancient Chinese culture etc. A culture is expressed in the literature, religion, customs and traditions of the people of that culture. If one examines these expression of the Indian cultures, one can see that respect towards the elderly was part of Indian way of living.

In Indian literature the aged are generally termed as the "Vradha" (advanced) four type of "Vradhas" are found described in ancient Indian literature;

1. Topo Vradha - advanced in penance
2. Kala Vradha - advanced in age
3. Jnana Vradha - advance in knowledge
4. Dhana Vradha - advance in wealth

The old respected in India as parents or Petrus. The Upanishads advice people to respect their father, their mother, their teachers and their guests' epics as gods. In the Ramayana and Mahabharata, the two great epics of Indian, many lively and moving episodes showing the veneration of young for the old are described.

For example, in the Mahabharata, Yudhishtira, The elder most of the Pandavas before commencing the historical war of "Kuruksheetra" against his stepbrother the "Kauravas" goes to his guru(teacher) whom he consider as god and begs his permission for starting the fight and his blessing for winning the war. His guru was on the side of the enemies. The moment was when the armies were face to face in the battlefield and the war was about to begin. Nonetheless, Yudhishtira goes to the enemy camp, pay homage to great teacher and begs his permission and blessing to wage the war.

Again, in the same Mahabharata, Arjuna the charming warrior among the Pandavas, skillfully makes a bouquet of arrows at the feet of his great guru, pays respects to him and only then starts the fight.

There are similar instances in the Ramayana also. While at a battle field Dasharatha, the king of Ajodhya gives Kaikeyi (one of his three wife's) a special boon. She could ask him anything she wanted, and he would grant it without a second thought. On a later occasion, Kaikeyi demands the fulfillment of boon. She asked the king to make his son in her, Bharata the next king and send Rama. When Rama comes to know of this, goes to his father, and consoles him by expressing his willingness to go to the forest for the fulfillment of his father's promise. Rama knows fully well that he is losing a kingdom and his beloved one, and that life in the forest will not be a bed of roses. Yet he obeys his father and saves him from disgrace with which the old were treated in Ancient India.

Another memorable episode in the Ramayana is Bharata's behavior towards his elder brother Rama. Bharata who becomes the king of Ajodhya through the incident mentioned above, does not consider himself worthy of the throne. Instead, he places Rama's sandals on the throne and rules the kingdom on Rama's behalf. He does not want the dishonor of superseding his elder brother.

The custom of present-day Indian society also shows clearly how the Indian regard their elders:

1. Young persons do not take their seats without the permission of the old persons. No son will ever sit in

the presence of his father unless asked to do so by father.

2. Before all auspicious activities, Indian touch the feet of their elders, parents, teachers, elderly relatives, elderly neighbors and ask for their blessing (touching the feet of a person is considered an expression of respect for him).
3. The young never speak very loudly in the presence of their elder. (Speaking softly is considered a mark of respect.
4. The elder, even those who are not related to one's family, are addressed respectfully as "brother", "uncle" etc.

Though these customs and traditions are slowly waning due to the westernization of Indians, the present older generation in India is still treated with regard and respect. They are not considered useless burdens of others. Their advice is sought before taking important decisions. They are well looked after. The joint family system which is prevalent in India even today creates the appropriate climate for this.

Definition of ageing: -

According to Cowdry (1942)

"Two conflicting views are held by students of ageing in man. One considers ageing as an involuntary process which operates cumulatively with the passage of time and is revealed in different organ systems as inevitable modification of cells, tissues and fluids. The other view interprets the changes found in aged organs as structural alternations due to infection

toxins, traumas and nutritional disturbances or in inadequacies giving rise to what are called de-generation changes and impairments”.

There are some other definitions of ageing also by different other personalities. Overall, ageing seems to mean deteriorative, biological and psychological changes that-

- A. Occur in a genetically mature organism.
- B. Are irreversible
- C. Weaken the organism ability for survival and adjustment and
- D. Eventually cause the organisms death.

PRESENTATION OF PROBLEM – SCOPE AND SIGNIFICANCE: -

From the moment of conception to the moment of death, ageing is experienced by the human organism. Throughout early years of life, ageing involves physiological growth and development; it is therefore generally viewed favorably by the individual and by significant others in his or her environment. Adult life and middle age are privileged, but parts nevertheless, of the lifelong ageing process. Old age may be as a period of physical decline as well as of declining social prestige.

Shephard (1978) has classified old age into following four categories: -

1. **Middle Age**: - The second half of a person's working career age (40-65).
2. **Old Age**: - The immediate post retirement period (age 65 to 75 years – sometimes describe as young old age).

3. **Very Old Age:** - A stage when there is usually some functional impairment, but the individual can still live a relatively independent life. (age 75 to 85 years sometimes described as middle old age)
4. **Extreme Old Age:** - A stage where institutional or nursing care is usually needed (age 85 and above, sometimes described as old age).

These age boundaries separating the several functional categories are naturally quite flexible and show different cultural or geographical variations. The average age of retirement varies substantially from one country to another, while in many western countries, it is between 60-67 years, the same is generally between 55 to 60 in India. However, it has been recognized that chronological age is poor criterion to demarcate the beginning of old age because of the marked individual variation.

There are three general categories of different individual type, with its own peculiar characteristics. They are: -

- I. The Autonomous type
 - II. The Adjusted type
 - III. The Anomic type
- I. **The Autonomous type:** - They are characterized by creative activities with a lively spirit that keeps the body alive. They are not upset by cultural changes and for them ageing brings increasing in wisdom. They are not

necessarily balanced or well-adjusted individuals. However, their number is relatively small.

- II. **The Adjusted Type**: -The Adjusted are those who carry out the tasks given to them and are kept alert by their sense of duty and task given to them and kept alert by their sense of duty and devotion to their tasks. The load of tasks imported upon them by their environment provides them a "Protective surrounding". They can thus maintain themselves only so long as the cultural situation remains favourable.
- III. **The Anomic Type**: - The Anomic type of people decay as soon as physical vitality is lost. They cannot function independently and must rely upon the forces that come from the cultural environment.

As a rule, physical ageing proceeds mental ageing, though there may be exception to this rule also. Sometimes the reverse occurs mental ageing proceeds the physical, particularly when the individual believes that he is growing old as a result, let's go mentally when the first sign of physical ageing appears.

The problem old age is not alone personal. Many social problems arise not only or the aged, but also for their families and for society. The quality of life deteriorates. Not surprisingly, certain cynics have called the aged in the society as the "Surplus Population". In the present-day society, falling death rate and decreasing birth rate has resulted in considerable increase of their senior citizens in the population

like surplus commodities, these elders are usually discounted, devalued, dumped and often discarded.

OBJECTIVES OF THE STORY

In the context of the problem presented earlier, the lime light of the present study now shifts to the two villages Namely - (1) Adhajori, (2) Balia of the Pattamundai block of Kendrapara district. The population of these village consists of Brahmin, Gopal Is, Weavers and the Scheduled caste, among the scheduled caste Kandra are the most dominant caste. The people of all these villages profess Hinduism. They have different socioeconomic and educational standards and above all different attitudes to life in general. The problem that is common to these groups of people that conforms a social scientist is the problem of the be setting of old age. The main objectives of the study are.

1. To study the general demography pattern of the villages and to evaluate the vital statistic of the population.
2. To find out, broadly, their health status, the nature of sickness/diseases commonly encountered by them.
3. To highlight the use of medicines and their belief in the types of medicine.

REVIEW OF LITERATURE

Since 1946, the study on the process and problem of ageing has received considerable attention from govt. and research agencies. The initial good book on ageing covering social aspect was Otto Pollak —Book" social adjustment in old age —publish in 1948. In the new area and that few studies existed in that area. This book was important because he provided the sociologists with a framework through which to conduct feature studies.

Noelkar and Harel (1977) tried to find out the predictors of wellbeing and survival of the aged. The subjects of their study were 124 aged residents in long term care moral life satisfaction and expressed satisfactions with care received, were found to be some of the indicators of personal wellbeing. The investigators found that the residents wellbeing could be assessed from whether they were satisfied or not with living arrangements.

Robinson and Thurner (1979) examined from a longitudinal perspective the experience of adult children in caring for aged parents. The areas explored were type of services rendered, perceptions of all attitudes towards parents, and stress due to dependencies of the aged parents. They found that the coincidence of the parent's maximum demands with the child's own awareness of shrinking futurity aggravated stress and conflict. They emphasized the need to identify ways for reducing stress in both generations and concluded that social service personally had to be more involve with work in this area for reducing these stresses.

Costa and Mc Cral (1997) studied cross-cultural differences in Masculinity femininity in Adult men. The subjects were 163 twenty-five to 35 years of old men and 141 fifty-five to eighty-two years old men. Field independence and tough-minded than young men was found verified. It was also observed that feelings and ideas had a more balanced representation in the experience of older man.

Palmore (1978) tried to find out the best predictors and explanatory factors of successful ageing, He define successful ageing as a survival to age 75. With sound physical health and happiness. The subject where 83 women and 72 men in the age group of 60+074. The best predictors at first examinations were health and happiness. Secondary group activities and physical activities for both sexes, solitary activities for women, and work satisfaction for men were the strongest explanatory factors his findings were infect supportive of the activity theory of ageing.

Behera and Parida (1990) studied that problems and Treatment of the aged among the Plane-Bhuiyan's of Orissa. Bhuiyan's is one of the 62 scheduled tribes of Orissa. Their responce were 80 Bhuiyan's above the age of 60. The study was conducted in the district of sundargarh and they examined the physical economic and socio-psychological problem the respondents.

METHODOLOGY

For the purpose of study mainly 2 villages of Pattamundai Block in the district of Kendrapara were selected and the field work was conducted during March 2019. This

area was selected by the department probably because of the following reason:

1. Availability of suitable communication form Pattamundai, the Block headquarters.
2. There is no language problem for data collection.

Initially, the villagers did not co-operate us. They took us as the agents of Govt. some of them also took as the agents of political leader as the elections to the Lok Sabha were to be held after two to three months. However, these were also some other persons who came to us with the expectation of old age pensions and governmental assistance. Ultimately, we got them convinced through the village and our field guide. After that, they provided us with all possible co-operation throughout our stay in the field.

By aged persons we mean all the individuals above the age of 60. We took age sixty as the cut point because in that area mainly all the people are dependent upon casual labour and agricultural activities. For them, there is no such age limit as age retirement from active work. They go on working if their physical condition permits them to do so. For the present study, we have adopted sampling method instead of census method because the total number of aged persons in both the villages. Exceeds our required number.

From the census scheduled, the names of all the old men and women of the sample villages, above the age of sixty were collected and they were interviewed separately. Data were collected through interview and interview, observation and case study methods. For conducting the interview and

interview scheduled was prepared by me, in consultation with my research guide. Suitable privacy as is essential and necessary was ensured while collecting data. Under such situations the respondents provided us frank replies to some of our confidential questions of the interview schedule.

CHAPTER-II
THE UNIVERSE

THE UNIVERSE

Mahatma Gandhi the Father of the nation once said India lies in villages. If village prosper then India will prosper and if villages perish India will perish. So the prosperity and development of the villages. A great anthropologist Doctor Ayippan once said that India is the paradise of anthropologists.

Keeping all these things at the back of our mind and being the student of the department of Sociology of Pattamundai College we had been to Nilakanthapur Panchayat of February of 2020. This panchayat consists of only 3 villages named Gobindapur, Kadalibana and Haradia. The Panchayat is situated at a distance of nearly 5kms from the Block Head quarters. This panchayat is situated in the site of Pattamundai Sandhapalli Road.

Nilakanthapur Panchayat is situated on the Eastern side of the Block. There are three Grama panchayats. The distance of this panchayat from the district head quarters is about 2kms. In the village covered by us. People belonging to various cast like kacchara, weavers, kautas, khandayat, Brahmins, Gopal, Carpenter, Barbers, Guides teli, benia, washer, pans etc. are there.

CLIMATE AND RAINFALL

The climate is normally not in summer and cold in winter. In Rainy season flood come to this area because this village is a situated near the Brahamani River.

Soil in this area is fertility. But till the farmers used mores and for fertilizers for getting better production in Agriculture.

In Agriculture sphere, the aged old tradition tools are still used. People are still using old plough for tiling the filled. However they also using the modern tolls of Agriculture like Tractors and Power Tellers etc.

CROPS

Usually paddy used main crop her. Beside paddy they also hares green gram and vegetables also.

FLORA AND FUNA

Our responded usually keep domesticate animal like Cows, Bullocks, Goats, etc. they also keeps birds like Hen and Pegion etc. Among plants Bannana and Lamon etc.

MEDICAL FACILITIES

Our respondents manly depend upon Pattamundai U.G.P.C. which is 4.5km from this village. They also depend upon.

The marks Headquarters Hospital at Kendrapara which is 25km distances from the village.

EDUCATION FACILITIES

In this Panchayat there are 3(Three) Primary school and One High School her College Education they mainly depend upon Pattamundai College and Kendrapara College.

MARKET FACILITY

Our Universe as a poor marketing facilities. The respond of hour universe mainly depend upon Pattamundai market for selling there product and purchasing there daily requirements.

BANKING FACILITIES

The Banking facilities hour respond mainly depend upon different Banks like SBI, HDFC, PNB, and upon Bank etc. local at Pattamundai.

RELIGIOUS FACILITIES

In our universe there are 8 Temple such as the Temples of Lord Shiva, Sai Baba, Maa Durga, Bangali Durga, Hanuman Temple, Maa Dhanadhai Thakurani Temple, Sidhanatha, Sani Temple.

ELECTRICITY FACILITIES

We found that all the house of hour universe and Electrified.

COMMUNICATION FACILITIES

Our universe as very good communication facilities because is situation very closed to the main road. The road facilities inside the village are really good.

CHAPTER-III
PHYSICAL PROBLEMS

CHAPTER-III

PHYSICAL PROBLEM CHAPTER

Population ageing is one of the significant bi-product of the so called demographic transition, which has far reaching implications especially in less developed countries. Considering the level of development and the average life expectancy. It is suggested that sixty years may be considered the land mark for diteming the proportion of aged in less developed countries, particularly in Asia.

Ageing is Primarily the result of reduced fertility. When fertility begins to decline, the youthful segment of the population is reduced and the proportion of the economically active population of 15-64 years increases. The population then starts the process of (ageing)mainly from the bottom or lower part of the age distribution through reduction in youthful cohorts. Finally, as mortality reduction spread through out the age spectrum including the elderly segment, population ageing occurs from the trop of the age distribution. These fenomenan were once limited to the more developed regions of the world where the onset of demographic transition was much earlier. however, less developed countries in Asia and Latin America which has recently begun to experience substantial gains in fertility reduction are already showing the signs

of population ageing. The 1980s marked a turning point where the number of the elderly in the developing regions of the world exceeded those in the developed region, with Asian region containing the bulk. Until recently, the ageing process has been very slow in India mainly due to the slow pace of fertility decline. Now with the possible acceleration of fertility decline as a result of more intensive family planning programme implementation.

A Shift toward old age structure is incipient. In 1961, the proportion of population above 65 years 1.1%, in 1971 it was 3.3% and 1981 it was 3.8%. If we consider the proportion of 60 plus, it is 5.6% in 1971 and 6.2% in 1981. According to this calculation, it has been estimated that in 1981 over 43 million People reside in India Over 60 years of age in 1981. The science of gerontology is primarily concerned with the changes that occur between the attainment of maturity and death of the individual. The goal of research in gerontology is to identify the factors that influence these changes and apply this knowledge to reduce the disabilities associated with ageing. Basically ageing has three major aspects namely (a) Bio-Physiological, (b) Psychological-Behavioral and (c) Socio-Economic. The Bio-Physiological aspects of ageing enquires into the basic biological factors that underline ageing and general health status that is the changes that make a person vulnerable to diseases with the advancement of

age. Ageing has evolutionary significance too it is an evolutionary adaptation or altruistic behavior without death, life as we know would be impossible. It helps to keep down total population size and those who die make way for youth. It also gives chance for mutation. In human beings, the long old age and menopausal period is said to have considerable survival advantage on the young. (F:oy, 1990:98).

While it is true that one ages from the moment of conception to the moment of death, we do not normally talk of an ageing child. Ageing for most of us carries some connotation of decline or deterioration of health and vitality. Most of the biologists have focused their attention on what happens to the individual after maturity has been reached. Moreover, much of the research of biology and medicine dealing with the ageing process has focused on the latter part of the mature adults life cycle. All human beings are inescapable to the process of ageing. The process of ageing slowly but surely decreases the individuals ability to cope with its environment. Due to oldage, different age-related changes are found in human physiology. Some of these are –a) Visual acuity diminishes. b) Loss of teeth and hearing capacity. c) Skin changes in appearance becoming darker. It loses its elasticity. d) Joint stiffens and the bone structure becomes less firm and it causes loss of height and erect posture

and loss of muscle power. e) Breathing and urination are also affected. f) Heart muscle loses strength and flow of blood becomes difficult. g) Respiratory, nervous and gastro-intestinal systems become less efficient. h) Kidney filtration system shows a decline.

- i) Sensation of touch is reduced.
- j) Taste and smell becomes less sensitive.
- k) Reflexes and reaction time are slow.

The net effect of all these is often that the individual feels less capable of mastering his or her own environment, becomes increasingly defensive and to slowly begins to isolate himself or herself.

Knowledge of illness in the elderly is of vital importance. Time is not on the side of these patients and treatment needs to be prompt and appropriate. There is no doubt that earlier diagnosis of disease and better planned management of disability at home, could prevent many admissions to hospitals, some of which become long term. Multiple Pathology is common and the management of illness in the elderly is therefore difficult and complicated. Good clinical management is the key to success. Some of the common problems that we come across with the elderly are constipation, acute confusional state,

pressure, sores, instability and immobility. Joint diseases nutritional deficiency and the therapeutic problems. (Natarajan, 1997; 3-10). There are a number of examples that indicate that nutritional deficiency states are associated with age. Such deficiencies can be corrected simply by supplementation with specific vitamins. When low plasma levels of vitamins occur in older individuals, they can be reversed by the administration of the specific nutrient. In addition, the studies provide evidence that there is no impairment in absorption of vitamins in elderly subjects. (Bhatia, 1997:41).

Ageing, in general is associated with multidimensional problems. The problems which are associated with old age and the care of the elderly are not exclusively the problems of social, cultural and economic ramifications, rather they include health and medical problems also that affect the life of a community as well. Paradoxically it is the advanced technology of medicine which in turn facilitates contraception and reducing morbidity during the 2nd half of life, has eventually increased the prominence to the needs of the elderly. In some respects ageing is more difficult in a rapidly changing materialistic society. Modernization, urbanization and consequent mobility play a vital role in the ageing process of an individual, while compared to the urban elderly, elderly in rural areas tend to have more chronic health impairments,

higher numbers of medical conditions, more functional limitations and a greater number of performance difficulties in activities of daily living and instrumental activities of daily living in rural India, Primary health centers and sub-centre as are catering to the health needs of the people. How-ever they neither have geriatric wards nor specialists. Some of the aged though they are awayer of their ailments fail to consult or take regular treatment due to non-availability of mobilization and lack of personal care. Not merely on account of these reasons but owing to illiteracy, majority of the aged are not even awayer of their ailments at the stage where prevention control is possible. Like children, the aged to need health and personal care and hence there is need to establish separate geriatric wards in the hospitals with geriatric professionals. It is also suggested to implement mobile geriatric care centers which will core more number of the elderly in rural areas. (Vijaya kumar, 1996:16-21).

Health care system in India is characterized by "fore Toos" "too for away from home, too few tread attendants, too poorly equipped to identify or handle complications and too deficient in quality of care". The Panchayats can and should play a significant role in promoting health care of the elderly. They should ensure that health for all must include equity and accessibility as well as of portability. Efforts should be directed towards improving the P.H.C.S. by

making them more accessible, staffed by competent and trained professional, adequate equipments and medicines and working in close association with the local people and the Panchayats. Health education should be oriented towards imparting education to the elderly about leading an improved quality of life. It should include educating them about the changes occurring in them as a result of the ageing process, and encourage not to view these changes as signs of illness of disease. They should be sensitized to the need to recognize early the ominous signs of major illness and encouraged to take preventive steps early. On the part of the health professionals, they need to be committed and be able to identify themselves with the elderly in rural areas, mobilize them, conscientize them and help organize themselves for their betterment. (Bali, 1997:32-36).

OKTAY AND SHEEPARD (1978) discuss home health care for the elderly. They present an over view of the aged population requiring home-health care and a detailed picture of the development and content of such services in the U.S. They point out how the growth of the elderly population has greatly increased the number of persons requiring long term health services. They estimate that only high per-cent of the elderly population are in institutions at a given time. They point out that the old person can benefit socially and

psycho-logically if he can avoid the disruption, isolation and impersonali-sation of institutional placement. On the whole, they conclude that an expansion of home-health service is necessary. Brink, (1977) presents a practical guide for the pastoral care of the aged. He identifies chronic physical conditions, retirement and changing family relationships as the potential dangers to mental health in old age. He suggests religion as a positive force for mental health in old age. He recommends an eight step plan for the pastoral care of the aged. Storandit, Siegler and Elias (1988) attempts to review the correct diagnostic and therapeutic procedures for old patients, and to define the areas deficient in information. They identify these areas:- Assessment issues related to cognitive functioning: personality assessment, particularly the relation of personality theory and process of ageing the application of different therapeutic procedures to the old. They also examine other topics like. "Treatment of Senile dementia" and "Psychological complication of retirement".

CHAPTER-IV
CONCLUSION SUMMARY
OF
THE FINDINGS

CHAPTER-IV

CONCLUSION

SUMMARY OF THE FINDINGS

India is graying quite rapidly during the last couple of decades and at present people over the age of 60 have crossed the 50 million mark and it is estimated that by the turn of the century there will be 76 million Indians above the age of 60. One of the basic problems for a large number of aged all over the world is the protection against insecurity-economic, social and psychgo9logical during the later years of life. Old age has always been accompanied by handicaps but their nature has never been as complex and extensive as we find it in the present times. Earlier the family and kin groups were the main agencies to provide security and protection to the aged with the growth in the process of industrialization and urbanization, family and kinship urbanization are fast changing. The inadequacy of the traditional arrangements for providing security and services to the aged is also becoming apparent now. The alternative in the form of social security has been recognized as the only liable answer.

Social security is the security that society provides through-appropriate organization against certain risks to which its members are exposed. Social security measure are generally grouped under two broad categories, namely social assistance measures and social insurance measures. The distinction between the two depends on the condition where the recipients have contributed to such benefits through their personal savings or not. The social security measures in India have mainly been confined to the employees in the organized sector and public servants employed in Government and semi-government organization. Article 41 of the constitution of India also discusses this. However, the programmes in this direction have been far less than satisfaction.

Some of the schemes providing social assistance to the aged and other social security schemes recently introduced in India are as follows"- Old age Pension:- India has not so far developed any comprehensive and universal old age security system, many states in India have instituted old age pension schemes. The benefits under these schemes are in the nature of social assistance to old and infirm people. These schemes provide pension to destitute aged 60 years and above with no source of income and no relatives bound by custom to support them. Old age pension to the poorest among the

poorest, constitutes a basic strategy to rich the poor and provide them assistance and protection so that they may pull themselves out of the miserable existence of want and neglect. Special Social Security Schemes:-

A few state Govt. and Commercial Banks in the country have come forward with special schemes to provide old age security to the citizens. The Govt. of Tamilanadu and Andhrapradesh started the scheme in 1974. These schemes enable an individual to earn a monthly pension for 20 years in return for a small monthly payment during his working life. Pensions and Other Benefits Available to Govt. Employees.

The employees of the central and state Govts. in India are entitled to non-contributory pensions as part of the service conditions. The pensions are paid to the retired employees in accordance to the rules governing the grant of such pensions. Death-cum-Retirement Gratuity.

A Govt. servant who has completed five years qualifying.

Service may be granted an additional gratuity in accordance with the existing rules. Besides the above, there are also other schemes like family

pension and extra-ordinary pension. The problem of old age is a common problem in all community be they scheduled castes or general castes. It is a problem of all blesses, both rural and urban. The problem was their in the past, unit exists now and may well remain in future. But the present state of affairs of the (Senior citizens) of the country call for a new appraisal of the problem. Old age can be a time of golden years and a glorious period. Old age can be happy or it can be dull, unhappy and humiliating. Time passes very quickly old age will come for us tomorrow or the next. So it is quoted," for you to come for me the gone by; you are painting to live, I am waiting to die. Through out history death has been a distinct possibility for all age groups and has commonly occurred at any point in the life cycle. Impact of death on society:- The aeath of those who comprise a social group can cause considerable strain and pension as the group attempts to reorganize itself in the absence of the dead. Methods of coping with the crisis of death can be seen in the smaller grouping such as families, as well as larger groups such as work forces and even societies. Death that strikes the young and those in their adult years seems more devastating to the social order. In these societies, death frequently strikes those who are involved in functional activities which are critical for the society. Thus, replacement must be quickly found and much effort must be made to reorganize without the dead person.

Perhaps, the most wide spread attitude towards death is fear.

All people, how-ever at some point of times most see their own death as a part of life. The famous anthropologist Mallinoski belief that hope for a life after death his the only thing that makes the fear of death manageable. Religion also reduces the fear o_ death. Six areas have been identified by social health workers which outlines to specific needs of the elderly. They are

1. an income and economic security gained by socially useful and personally satisfying means,
2. a sense of maximum personal effectiveness,
3. a suitable place in which to live,
4. opportunities to spend liger time constructively,
5. a sense of positive and well integrated social relationships within the community and
6. a sense of achieving and maintaining spiritual values and goals.

Economic problem also is a great barrier to maintain a recent standard of the quality of living people work in old age to: earn a living or to supplement their income. It is an absolute.

Compulsion for them. It is a possibility that less people want to hire them. There is a constant lack of security. Happiness or health never

comes in a half empty stomach. No programme has been adopted in our country or the social and economic re-habilitation of the elderly. Our universe Balia and Adhajori are kh therefore no exception. The physical problems which our respondent face can be discussed as follows:-

- 1) Presence of multiple diseases.
- 2) Lack of proper and adequate care in the family as well as in the Hospital.
- 3) Lack of mobility due to old age and the presence of diseases.
- 4) Constant fear about health and consequent suffering.
- 5) Limited scope for social participation due to poor health conditions.

All these physical problems are present in out field situation Life may soon loose it's objectivity for them. When they find no purpose in day to day living. The children of the elderly people and other realties have a moral responsibility towards the aged. An understanding of their special proplem and some deeds of compassion foes a long way to lubricate the wheels of life and keeps it moving in the family. Tolerance should be spontaneous, channels of communication most always being kept open to avoid crisis situation to develop. These will always treat the problem of generation gap. So, mutual understanding is a must. 1 Preventive

health measures should be taken to maintain stability and comfort. Health promotion of the elderly is the promotion of all those factors that help them to achieve the maximum level of functioning capability. Any physical deformity or handicap problem of vision or hearing should be attended to do. Elderly people are also to be protected from extremes of environmental stress. No fulfillment of the normal expectation of life brings emotional and psychological problems. The problem becomes acute when the children instead of becoming an asset to the family, become a burden and liability. The expected sense of pride and achievement is replaced by sense of anger and frustration. Similarly if the family.

Treats them as a surplus population, then the same psychological.

Upset become apparent. We have assessed the nature of the physical needs that are not met either fully or partially in our field situation. A large segment are really frustrated. This is bound to create a great rift which may be difficult to pride. Depression and fear can ultimately cause havoc. There are nearly 250 old age homes in India which are run by different non-government and voluntary organization in Orissa there are found old age homes. But the elderly in our universe

can not leave their family and seek shelter in an old age home. The best resource is to sustain oneself by adaptation to the changing situations. Old order must give way to the new. Old people have to gracefully accept this with new understanding and tolerance. To conclude we can be pragmatic about the life satisfactions. The three levels of need-physiological, sociological and psychological can be best fulfilled in a family. When each one cares for the other in the same way he demands the same for himself. The golden rule stat that "Whatever you want others to do for you do so far them". The society should wake up to it's obligations. They can be summarized by the following quote from the older American Act (1965).

1. To provide the best possible physical and mental health.
2. To provide an adequate income to all elderly people.
3. To Provide suitable housing.
4. To provide full restorative services.
5. To provide opportunity for employment without age discrimination.
6. To provide for retirement in health, honor and dignity it can be concluded with the words. of John Diefen Baker. This former Prime

Minister of Canada, "While there is snow on the roof, it does not mean that fire is gone out in the furnace". The perhaps in the same spirit of optimism we may or face the advancing year.

PHYSICAL PROBLEM

PHYSICAL PROBLEM DISEASE

TABLE NO.31

Age Group	A	B	C	D	E	F	G	H	I	J	K	L	M
60-64	5	0	6	2	6	12	-	-	-	-	4	-	8
65-69	2	1	6	-	4	8	2	-	-	-	6	-	6
70-74	6	3	4	2	6	4	-	-	-	-	6	-	4
75-79	4	3	6	2	6	4	-	-	2	-	4	-	6
80 Above	6	5	2	-	4	2	-	-	2	-	4	-	2
Total :-	23	12	24	6	26	30	2	-	4	-	24	-	26

a. Pain in Joints

e. Loss of teeth

L. Asthma

b. Pain in Chest.

f. Hard of Hearing

J. Paralysis

c. Indigestion

g. Skin disease

k. Problem in the eyes

d. Breathlessness

h. T.B.

I. Thumbing

m. General Weakness.

LOOKING AFTER LINESS**TABLE NO- 3.2**

Age Group	Wife/ Husband	Wife/ Son	Neighbors	Wife/Son/ Daughter	Daughter- in-low	Any Other	Total
60-64	10	-	-	2	2	2	16
65-69	-	-	-	4	4	-	6
70-74	4	2	-	8	8	-	16
75-79	2	-	-	6	6	-	10
80 above	2	-	2	8	8	-	12
Total:-	18	2	2	28	28	2	60

NEEDING MEDICAL ATTENTION**TABLE NO- 3.3**

Age Group	Yes	No	Total
60-64	16	-	16
65-69	6	-	6
70-74	16	-	16
75-79	10	-	10
80 above	10	2	12
Total :-	58	2	60

GETTING REGULAR TREATMENT**TABLE NO- 3.4**

Age Group	Yes	No	Total
60-64	14	2	16
65-69	4	2	6
70-74	12	4	16
75-79	8	2	10
80 above	10	2	12
Total :-	48	12	60

SEX OF THE ATTENDANT**TABLE NO- 3.5**

Age Group	Yes SAME	Noosite	Total
60-64	12	4	16
65-69	4	2	6
70-74	10	6	16
75-79	6	4	10
80 above	8	4	12
Total :-	40	20	60

OVER ALL PRESCRIPTION OF YOUR HEALTH

TABLE NO- 3.6

Age Group	On the whole Good	Minor Health Problem	Serious Health Problems	Total
60-64	-	16	-	16
65-69	-	6	-	6
70-74	-	14	2	16
75-79	-	10	-	10
80 above	-	8	4	12
Total :-	-	54	6	60

SATISFIED WITH THE TREATMENT RECEIVED AT HOME

Table No-3.7

Age Group	Yes	No	Total
60-64	14	2	16
65-69	6	-	6
70-74	10	6	16
75-79	6	4	10
80 above	4	8	12
Total :-	40	20	60

SATISFIED WITH THE TREATMENT RECEIVED AT HOSPITAL

TABLE NO- 3.8

Age Group	Yes	No	Total
60-64	16	-	16
65-69	6	-	6
70-74	16	-	16
75-79	10	-	10
80 above	12	-	12
Total :-	60	-	60

TYPE OF MEDICINE USED

TABLE NO- 3.

Age Group	Allopathy	Ayurvedic	Homeopathy	Any Other	Total
60-64	14	2	-	-	16
65-69	4	2	-	-	6
70-74	14	-	2	-	16
75-79	10	-	-	-	10
80 above	10	2	-	-	12
Total :-	52	6	2	-	60

TOPIC TABLE

We conducted field work in Physical problems, among the aged. We found many physical problems in our field out of 60 respondents 23 are suffering from pain in joints, 23 are suffering from pain in chest, 20 are suffering from indigestion, 8 are suffering from breathlessness, 20 are suffering from loss of teeth, 20 are suffering from loss of teeth, 15 are suffering from hard of hearing, 3 are suffering from skin disease, only 1 are in asthma, 0 are suffering from paralysis, 8 are suffering from trebling, 25 are suffering from general weakness. So out of which 54 are taking medicines, 6 are not taking any medicine.

Table no-3.1 Physical problem of deases

Out of 60 60-64 age people 5 are suffering pain in joints. 0 are suffering pain in chest 3 are in indigestion and 2 are felling breathlessness in their body and 5 people are no teeth. 0 People are in skin disease and other 3 people are feeling eye problem and 7 general weakness.

65-69

2 People are facing joint pain. 1 Are chest pain 3 people are suffering from indigestion and - 1 also facing breathlessness 1 are suffering in skin disease out of 60 2 are mainly facing general weakness.

75-79

4 Are highly affected by joint pain. 3 Are felling chest pain in their body and 5 people facing general weakness.

80 above people

6 Are affected by joint pain and 5 are chest pain, 11 indigisation, loss of teeth, hard of hearing, problem in eye.

Table No-3.2 Looking after illness

In the case of looking after during illness out of respondent, 60 are depend upon wife/husband, 4 are depends upon neghbiours 2 are depends upon sons, are depend upon any other.

Table N0-3.3

Out of 60 respondent, 40 respondent are needing medical attention out of them 55 need occasionally 2 need frequently and 3 need regularly.

Table No-3.4

60-64-

14 people are needing regular Treatment.

65-69 4 People are regular terminating.

~~70-79~~ ¹² People having

75-79 8 People are regular treatment

Total

60-64 regular treatment

Yes 4

65-69

Yes - 4

~~70-79~~

Yes - 12

80 above - 10

Table-3.5

60-64 4 age are same sex and 12 are opposite sex.

65-69 2 are opposite sex and 4 are same sex.

75-79

6 have been opposite sex and also same sex.

Total

60-64

same- 4

Opposite- 12

65-69-

Same- 2

Opposite- 4

80 above

Same- 4

Opposite- 8

Table No. 3.6

60-64 ¹⁶ are in minor health problem and are services health Problem.

56-69

6 are minor health problem.

~~75-79~~ 14 are minor health problem are serious health problem and people completely goods.

75-79

10 are minor health problem and are in serious 80 above.

4 Are serious health problem

Total

60-64

On the whole good-

Minor health problem- 54

Serious health problem- 6

65-69

On the whole good- minor health problem- Serious health problem.

75-79

10 Minor health problem-

Table no-3.7

60-64

14 are satisfied which treatment they are getting at home did not satisfied

65-69

6 Are satisfying the treatment at home but are not satisfied

75-79

6 Are satisfying which treatment they received at home.

80 above.

4 Are satisfying but other are did not satisfied

Table No-3.8

60-64

14 Are satisfied the treatment of the hospital that he getting

35-69

6 Are satisfied in medical facility and one did not get satisfied

75-49

10 Are satisfied at hospital facility. They require medical facility frequently.

80 above

12 Are satisfied but one did not get satisfied.

Table No- 3.9

60-64

14 Are depended upon allopath medicine.

65-69

Among the age group (65-69) has been depend upon allopath

75-79

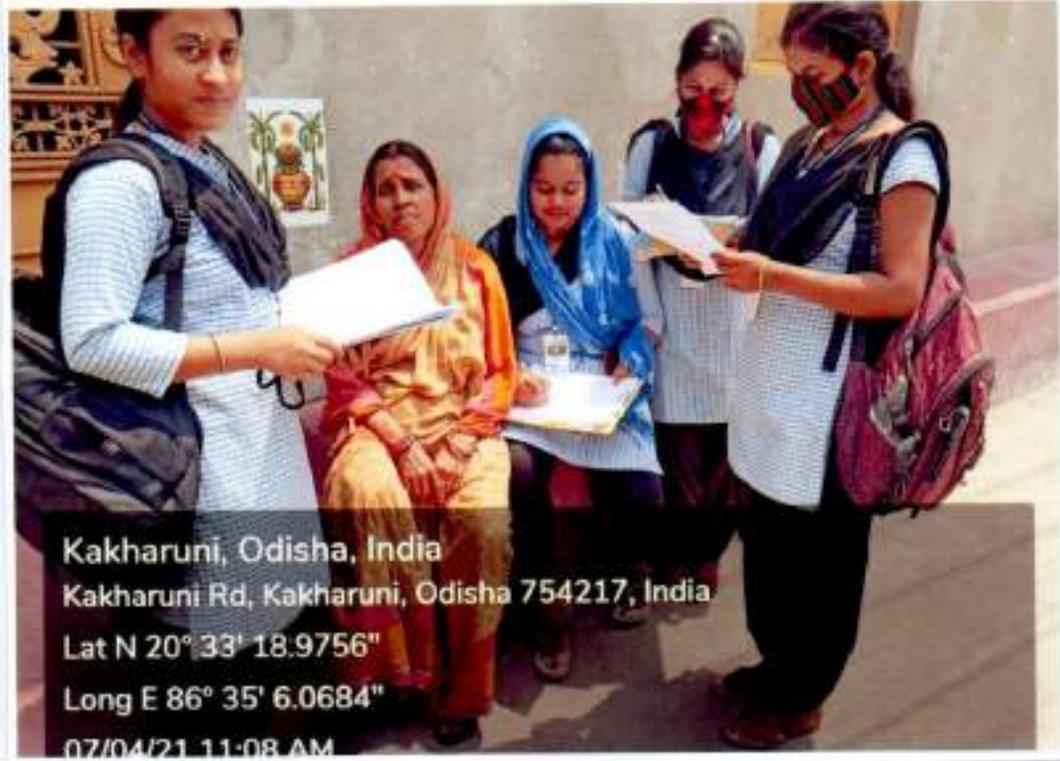
10 People are depending upon allopath

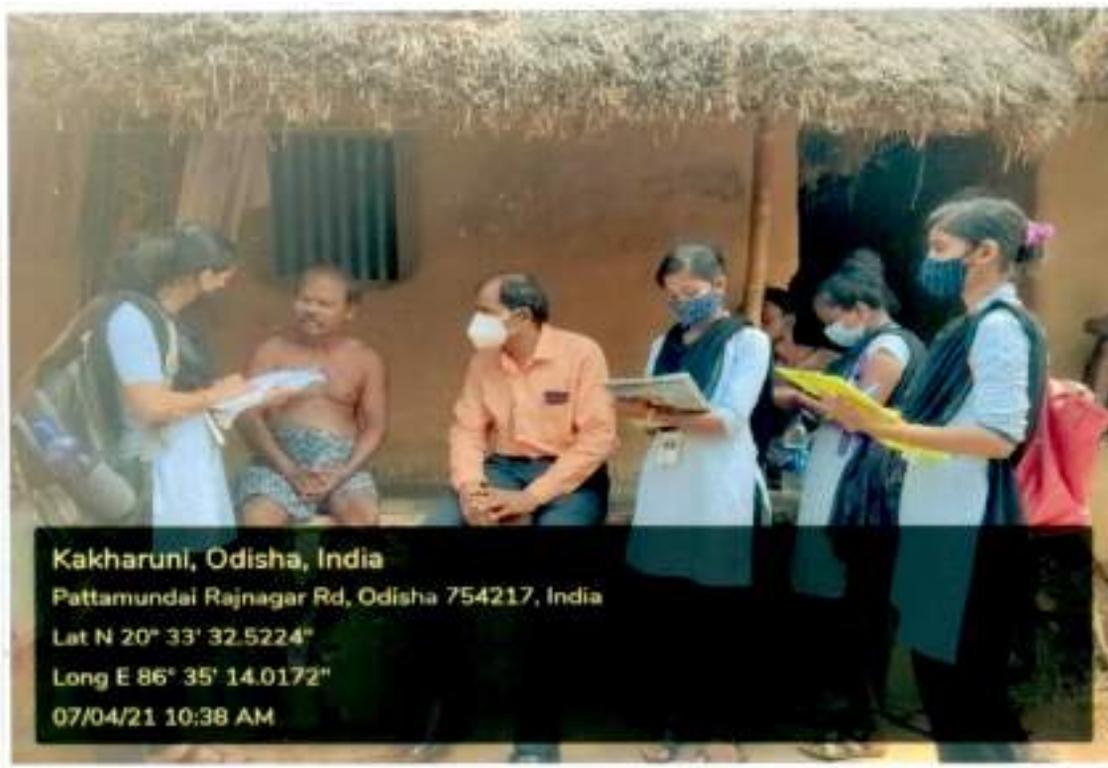
80 above

10 Has been depending upon allopath and keeping believe upon magico-religious.

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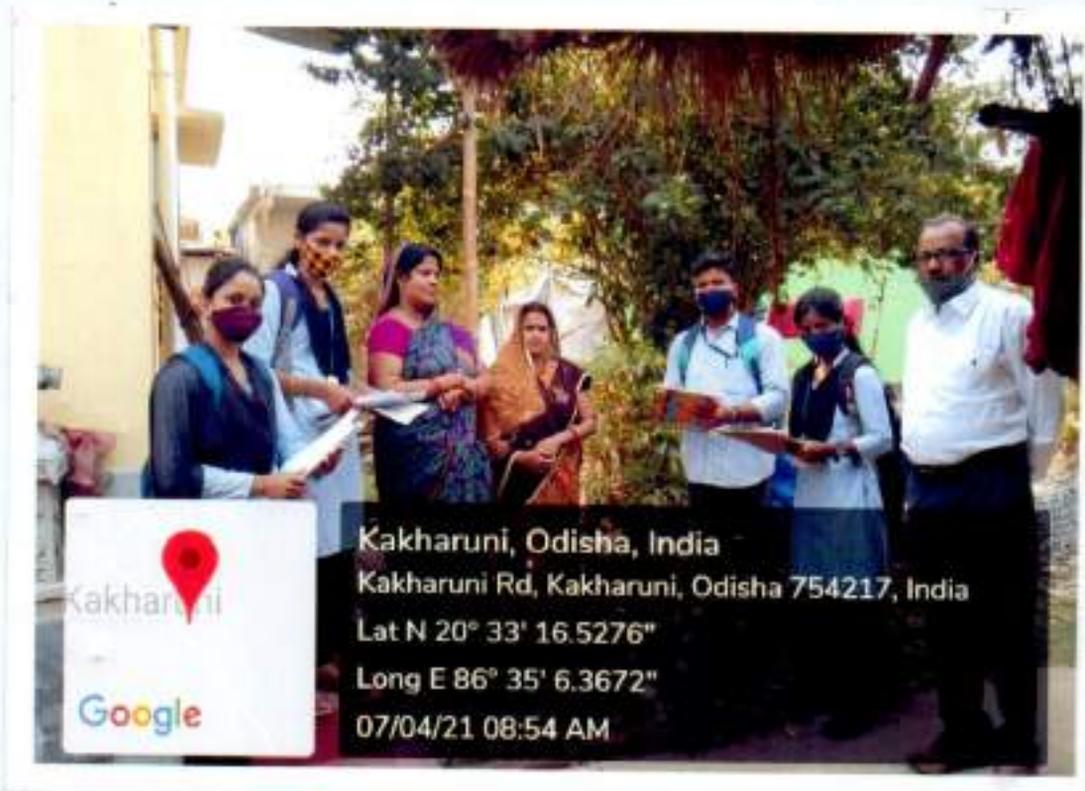
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Kakharuni, Odisha, India

Kakharuni Rd, Kakharuni, Odisha 754217, India

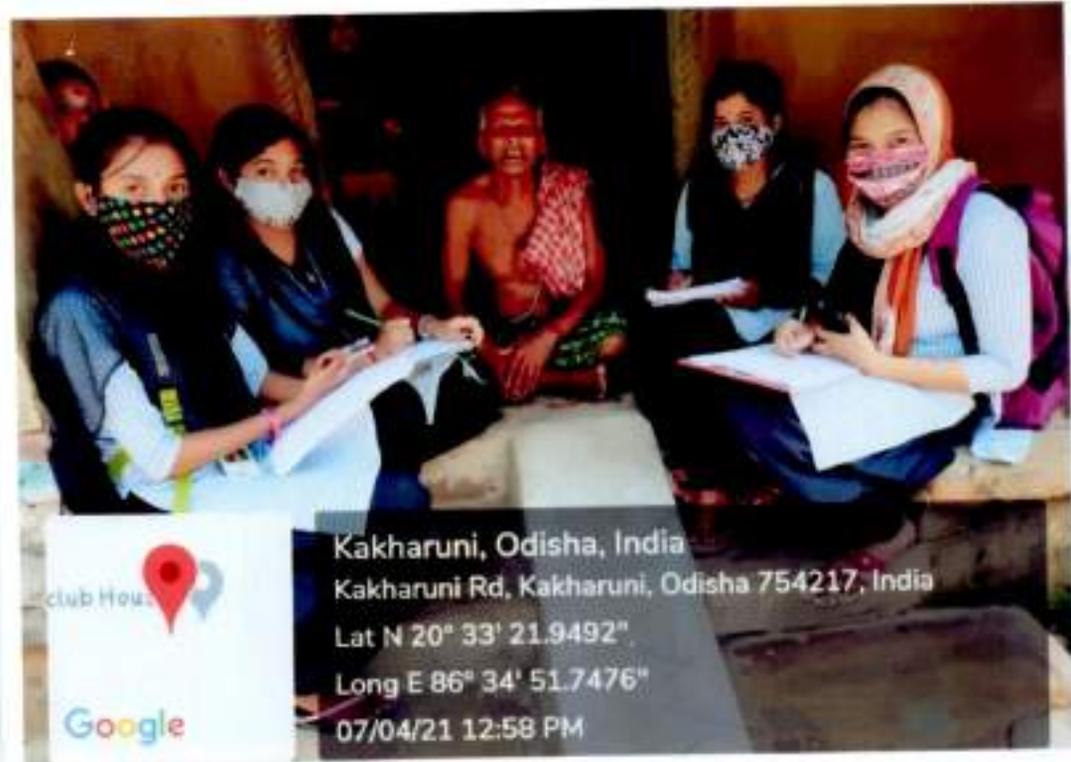
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PROJECT ON: PHYSICAL PROBLEMS OF AGEDS IN RURAL
SETTING: Data Collected from
Nilakanthapur Panchayat of Kendrapara District

DEPARTMENT: SOCIOLOGY
PATTAMUNDAI COLLEGE, PATTAMUNDAI

SESSION-2020-21
ATTENDANCE SHEET

SLNO.	NAME OF THE STUDENT	ROLL NO	SIGNATURE
1	Swyasmita Pradhan	BA-18-001	Swyasmita Pradhan
2	Priyanka Sahoo	BA-18-186	Priyanka Sahoo
3	Ashis Dhal	BA-18-005	Ashis Dhal
4	Souryakanti Bayee	BA-18-014	Souryakanti Bayee
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7	Aparna dash	BA-18-075	Aparna dash
8	madhusmita tarcai	BA-18-095	madhusmita tarcai
9	Preiti Bhal	BA-18-100	Preiti Bhal
10	Arpita sahou	BA-18-126	Arpita sahou
11	Susmita swain	BA-18-129	Susmita Swain
12	Rupanjali Malik	BA-18-142	Rupanjali Malik
13	Sangeeta Nayak	BA-18-143	Sangeeta Nayak
14	Soukamsini sahou	BA-18-187	Soukamsini sahou
15	Sarvasmita Sethi	BA-18-192	Sarvasmita Sethi
16	Madhusmita Roca	BA-18-241	madhusmita Roca
17	Pratikshya Sena	BA-18-264	Pratikshya Sena
18	Preiti rekha Barick	BA-18-265	Preiti rekha Barick
19	Namita padhi	BA-18-228	Namita Padhi
20	Muni Maity	BA-18-115	Muni Maity
21	Sonali Dash	BA-18-201	Sonali Dash