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## A STUDY ON SOCIO ECONOMIC AND HEALTH STATUES OF SENIOR CITIZEN IN VILLUPURAM DISTRICT

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### ABSTRACT

**T**he Senior Citizen in the rural areas of India was suffering due to separation or loneliness resulting from urbanization and emergence or increase of nuclear families. Within the elderly population individuals differ, not only in their socio-demographic, economic and health characteristics, but also by their gender roles in various aspects of life. This paper explores the gender differences of the rural elderly population in their socio-demographic, economic and health characteristics in Villupuram district, Tamil Nadu. The data, collected from 50 Senior Citizen in four villages of the Villupuram district selected through a disproportionate stratified random based on the number of households, reveal that most of the rural elderly males were older and married, while most elderly females were widowed. Elderly males mostly lived with their spouses and elderly females with their children. Marital status was found to be the most positive significant variable to an increase in economic wellbeing of the rural elderly, and living arrangements were found to be a significant negative one. The elderly suffer either by not receiving sufficient economic support, physical support, or both to some extent. This is due to a rising cost of living, less or no reliable employment opportunities in the village, and increasing nuclear families. They opined that the government should provide employment opportunities for the elderly, as well as other educational and health infrastructural facilities for their children in their rural localities, and that the government should accelerate the eligibility criteria and proper implementation of an old-age pension scheme. Elderly people requested this so that rural-urban movement of their children could be stopped to



ensure their economic and physical supports for the long run.

**KEYWORDS** :Senior Citizen , socio-demographic, economic and health characteristics.

### INTRODUCTION

Senior Citizens are a treasure to our society. They work hard all these years for the development of the nation as well as the community, but ageing of population is a major aspect of the process of demographic transition. Ageing is a fact that in many ways the aged suffers a lot in the fag end of their life. The reason for the same may be different and many folded. Whatever be the reason for this situation, it is a fact that there are aged persons who are dissatisfied with life. The advance in medical knowledge has lead to an

increase in life expectancy and an increase in the number of old people in the society. The rapid increase in the number of old people in the population raises various social, economic and health issues. Many studies all over the world have shown that ill health is one of the most important factors that cause fear in the minds of the people.

### SENIOR CITIZEN STATUS IN INDIA

According to estimates released by the United Nations Population Fund, by 2050, there will be 64 countries where older people make up more than 30 percent of the population. In simple terms, within a decade there will be one billion older persons worldwide. Also by 2050, nearly 80 percent of the world's older persons will be living in developing countries — with China and India contributing to over one-third of it.

The population of the elderly is one of the fastest growing segments in India. Countries with huge population such as India have large number of people aged 60 years or more. The population over the age of 60 years has tripled in the last 50 years in India and will relentlessly increase in the near future. In 2001, the proportion of older people was 7.7% which increased to 8% in 2011 and the same is expected to increase to around 9% by 2016. Within the next five years, the number of adults aged 65 & above will outnumber children under the age of 5.

According to 2001 census, there were 75.93 million Indians above the age of sixty years; of them 38.22 million were males and 37.71 million females. In 2011, there were 90 million elderly persons in India and currently there are an estimated 100 million elderly in India. It has been projected to grow to 173 million by 2026 and cross 300 million by 2050.

Another emerging scenario is the increase in life expectancy. The expectancy of life at birth is also consistently increasing indicating that a large number of people are likely to live longer than before. The expectancy of life at birth during 1996-2001 was 62.3 years for males and 63.39 years for females. The projected data for the periods 2011-2016 are 67.04 for men and 68.8 years for women. The demography of the last 15 years shows that more than 8% of Population in Indian are elders who have multiple problems and are dependent.

- + In 2012, 96 million were Older People. The current estimate is approximately 100 million and their population is expected to rise to 177 million by 2025 and 324 million by 2040.
- + 75% of the older people live in rural areas.
- + 33 % are below the poverty line.
- + More than two third of the Oldest Old (80+) are financially dependent on others.
- + Most of them are from the unorganized sector with no financial and social security.
- + Their Illiteracy rate is 70.3%
- + 58% of them are widows/unmarried/divorced
- + 8% of older Indians are confined to their home or bed. The proportion of such immobile or home bound people rose with age to 27% after the age of 80 years.
- + Life Expectancy is 16.2 at 60 years and 10.6 at 70 years. Further, by the year 2016,
- + Age group <15 yrs will decline from 353 to 350 million
- + Age group 15-59 will increase from 519 to 800 million
- + Age group >60 yrs will increase from 62.3 to 112.9 million

### REVIEW OF LITERATURE

Vinod Kumar (1997) the aged population has special health problems that are basically different

from those of an adult or young. Most diseases in aged are chronic in nature – cardiovascular arthritis, stroke, cataract etc. Ageing is a biological process, experienced by mankind at all times. However, concern for ageing population is a relatively new phenomenon, which has risen due to significantly large increase in the number and proportions of aged persons in the society.

A.Ganesan&R.Bavyaa (2015) Elderly life span brings in its wake a host of changes in body and mind of individuals with a consequent impact on the life style and social relations. The position of the senior citizens in a family was determined by a complex mix of the socio economic and cultural development. In the case of support system to the Senior citizens of Salem city, the study shows that the family acts as an active support mechanism even after they have ceased employment. As age increases, the degree of satisfaction in life tends to decrease. Though the traditional family bonds and solidarity were change in any improvement in the general well being of the aged must begin from within the context of the family.

### OBJECTIVES OF THE STUDY

- ✦ To study the socio-demographic, economic and household characteristics of the rural elderly population
- ✦ To explore gender differentials of the rural elderly population in their socio-demographic, economic and household characteristics
- ✦ To analyze the economic problems prevalent among them.
- ✦ To explain the health and health care need of the Senior Citizen.

### METHODOLOGY

The Villupuram district has been chosen for the study. The rationale behind selecting this district is that the share of the elderly in the district is closer (8.5%) to that of Tamil Nadu (8.8%). This district is an average district in most of the demographic, socio-economic and health characteristics.

Villuppuram district was formed by bifurcation of South Arcot district and became a separate district on 30th September 1993. At present Viluppuram district comprises of 4 Revenue Divisions, 8 Taluks, 3 Municipalities, 15 Town Panchayats, 1 Census Town, 22 Community Development Blocks and 1099 Village Panchayats. There are 1486 revenue villages, of these 1431 villages recorded inhabited. . Out of these villages, the following four were selected through a disproportionate stratified random sampling 1.Gingee, 2.Ananthapuram, 3.Vikravandi , 4.ValavanurThese four had more households compared to other villages in the Taluk. The required data for this study were collected from 160 elderly people (60 years and above) from four villages of the Villuppuram district of Tamil Nadu. The study participants were comprised of 80 males and 80 females who were contacted through household surveys and personal interviews, with the help of a well-administrated and pre-tested interview schedule.

### Design

The study is a descriptive one in the sense that it tries to explain the various problems faced by the senior citizens in the society.

### Tools and Techniques

The data collected are both quantitative and qualitative as the study dealt with a vulnerable section of the population. Using standardized interview schedule, primary data was collected by interviewing the respondents directly at the field. Discussions with family members, health workers,

academicians and others working in the field were also held to enrich the study. Secondary data stood collected from books, journals, magazines and research works.

## FINDING OF THE STUDY

### Demographic and Social Characteristics

The demographic and social characteristics such as age, marital status, religion, caste, educational status, and living arrangement are discussed in this section. It was found from Table 2 that more than half of the respondents were old (60-69 years) followed by older (70-79 years) (35 %) and oldest (80 years and above) (14 %). Though the same trends can be seen among males and females, more males were older (36 %) and more females were old (51 %) and oldest (15 %). This indicates that most of the elderly do not live to the category we have named "oldest," and the elderly females live longer as compared to male elderly.

**Table 1: Distribution of aged Population in based on Rural and urban residence, SRS Statistical Report, 2011**

STATES	RURAL		URBAN	
	60-79	80 and above	60 - 79	80 and above
Andhra Pradesh	8.9	0.7	6.7	0.4
Assam	5.6	0.5	6.1	0.5
Bihar	6.3	0.5	6.7	0.5
Chattisgrah	6.9	0.4	6.0	0.4
Delhi	4.9	0.5	5.5	0.5
Gujarat	8.0	0.7	7.1	0.7
Haryana	6.5	0.8	6.1	0.6
Himachal Pradesh	9.1	1.4	7.8	0.9
Jammu and Kashmir	7.2	0.9	8.9	0.8
Jharkhand	6.1	0.5	6.4	0.5
Karnataka	8.1	0.7	6.9	0.6
Kerala	11.1	1.5	11.2	1.2
Madhya Pradesh	6.6	0.5	6.4	0.5
Maharashtra	9.4	1.0	7.2	0.6
Punjab	8.7	1.3	8.0	0.8
Rajasthan	6.6	0.7	6.7	0.7
Tamil Nadu	10.0	1.0	9.2	0.9
Utter Pradesh	6.4	0.6	5.9	0.5
West Bengal	7.0	0.6	9.3	1.0
<b>All-India</b>	<b>7.5</b>	<b>0.7</b>	<b>7.3</b>	<b>0.7</b>

Source of data: Sample Registration System (SRS) Statistical Report 2011, Census of India



**Table 2. Demographic and social characteristics of the rural elderly**

Demographic and Social Characteristics	Male (N=80)		Female (N=80)		Total (N=160)	
	N	%	N	%	N	%
<b>Age</b>						
60-69	40	50.0	41	51.2	81	50.6
70-79	29	36.2	27	33.8	56	35.0
80+	11	13.8	12	15.0	23	14.4
<b>Marital status</b>						
Married	66	82.5	11	13.7	77	48.1
Widowed	14	17.5	69	86.3	83	51.9
As far as the marital status of the respondents is concerned, more than half of them (52 %) were widowed. Most of the male respondents were married (83 %) and most of the female respondents were widowed (86 %). As many of the male elderly happen to die earlier than their wives, the female elderly live longer after the death of their spouses.						
<b>Religion</b>						
Muslims	5	6.2	19	23.7	24	15.0
Hindus	67	83.8	60	75.0	127	79.4
Christians	8	10.0	1	1.3	9	5.6
About 80 % of the respondents belonged to Hindu religion, followed by Muslim (15 %), and Christian (6 %) religions. The same trend has been noticed among elderly females. The percentage of elderly males was more in Hindu (84 %) and Christian (10 %) religions as compared to elderly females (75 % and 1 % respectively), which indicates the predominant position of Hindus as it prevails at the national level also.						
<b>Caste</b>						
SC/ST	22	27.4	16	20.0	38	23.8
MBC	5	6.3	7	8.8	12	7.4
BC	40	50.0	43	53.8	83	51.9
FC	13	16.3	14	17.6	27	16.9
More than half of the respondents (52 %) belonged to Backward Caste (BC), followed by Scheduled Caste/Scheduled Tribe (SC/ST) (24 %), Forward Caste (FC) (17 %), and Most Backward Caste (MBC) (7 %). Though the same trend can be seen among males and females, more males were there in SC/ST (27 %) and more females in BC (54 %), FC (18 %) and MBC (9 %).						
<b>Educational status</b>						

Illiterate	30	37.5	41	51.3	71	44.4
Primary	26	32.5	30	37.4	56	35.0
High school & above	24	30.0	9	11.3	33	20.6
<p>The majority of the respondents (44 %) were illiterate, followed by educated up to primary level (35 %), and educated through high school and above (21 %). Though the same trend has been noticed among males and females, more females were illiterate (51 %) and educated up to primary levels (37 %), as compared to males (38 % and 33 % respectively). More males were educated through high school and above (30 %) as compared to females (11 %). This shows the existence of traditional gender difference in the level of education attained that exists in the country in general, though the magnitude of difference has been narrowed to a greater extent.</p> <p><b>Occupation</b></p>						
Not Working/Housewife	32	40.0	63	78.8	95	59.4
Agriculture	18	22.4	10	12.5	28	17.5
Industry	21	26.3	5	6.2	26	16.3
Business	9	11.3	2	2.5	11	6.8
<b>Living arrangement</b>						
Living alone	7	8.8	15	18.7	22	13.8
Living with spouse	50	62.4	12	15.0	62	38.8
Living with children	23	28.8	53	66.3	76	47.4

The majority of the respondents lived with their children (47 %), followed by respondents who lived with their spouses (39 %) and those who lived alone (14 %). While examining the gender difference in the living arrangement of the respondents, it was found that most of the respondents (62 %) lived with their spouses and most of the female respondents lived with their children (66 %) and lived alone (19 %) as compared to their counterparts.

### ECONOMIC CHARACTERISTICS

The economic characteristics such as occupation, income source, average monthly income, and economic status of the respondents are discussed in this section (Table 3). About 60% of the respondents were not engaged in any work, followed by those who were engaged in agriculture (18 %), industry (16 %) and business (7 %). The same trend has been noticed as far as the female respondents are concerned.



**Table 3. Economic characteristics of the rural elderly**

Economic Characteristics	Male (N=80)		Female (N=80)		Total (N=160)	
	N	%	N	%	N	%
<b><i>Occupation</i></b>						
Not Working/Housewife	32	40.0	63	78.8	95	59.4
Agriculture	18	22.4	10	12.5	28	17.5
Industry	21	26.3	5	6.2	26	16.3
Business	9	11.3	2	2.5	11	6.8
<b><i>Respondents' income source</i></b>						
Wealth	15	18.8	12	15.0	27	16.8
Occupation	48	60.0	17	21.3	65	40.6
Pension	35	43.8	43	53.7	78	48.8
Children	45	56.2	57	71.3	102	63.8
<b><i>Respondents' monthly income</i></b>						
No income source	1	1.3	10	12.5	11	6.9
Up to Rs. 3000	28	35.0	56	70.0	84	52.5
Rs. 3001 — Rs. 5000	45	56.3	11	13.8	56	35.0
Rs. 5001 & above	6	7.4	3	3.7	9	5.6
<b><i>Households' monthly income</i></b>						
Up to Rs. 3000	11	13.8	23	28.8	34	21.2
Rs. 3001 — Rs. 5000	32	40.0	30	37.5	62	38.8
Rs. 5001 & above	37	46.2	27	33.7	64	40.0
<b><i>Economic status</i></b>						
Independent	20	25.0	7	8.8	27	16.9
Partially Dependent	45	56.2	57	71.2	102	63.7
Fully Dependent	15	18.8	16	20.0	31	19.4

The majority of the elderly reported that the source of their income was their children (64 %), followed by pension (49 %), occupation (41 %) and wealth (17 %). Though the same trend prevails among both male and female elderly, the sources of income for most of the elderly males were occupation (60 %) and wealth (19 %), and of most of the elderly females were children (71 %) and pension (54 %). More than half of the respondents had an average monthly income up to Rs. 3000/- (53 %), followed by Rs. 3001-5000 (35 %), no income (7 %) and Rs. 5001 and above (6 %). Most of the male respondents had an average monthly income Rs. 3001-5000 (56 %) and Rs. 5001 and above (7 %), and most of the female respondents has average monthly income up to Rs. 5000 and (70 %) no income (13 %). Forty percent of the respondents had a household monthly income of above Rs. 5000/- followed by respondents who had Rs. 3001-5000 (39 %), and uptoRs. 3000/- (21 %). The same trend can be seen among both male and female respondents. While observing the gender difference, more males (86 %) had average monthly income of above Rs. 3000/- and more females (29 %) had uptoRs. 3000/-. The

economic status of the respondents was determined based on their dependency level. It was found that only 17 % of the respondents were independent, but the majority of the respondents were partially dependent (64 %), followed by fully dependent (19 %). While observing the gender difference in dependency level, the same trend is associated with female respondents. But more male respondents were independent (25 %) compared to female respondents (9 %).

### HOUSEHOLD CHARACTERISTICS

Head of the family, house type, house ownership, drinking-water facility, bath-room facility, toilet facility and cooking fuel used by the elderly are discussed in this section (Table 3). Headship of the family gives prestige and decision making power to the elderly. It was found from the results that more than half of the elderly (57 %) were head of the family, followed by children (36 %) and spouses (6 %). Suiting to the prevalent belief, 85 % of the male elderly were head of the family as compared to elderly females. And among elderly females, 59 % of their children were the head of the family.

**Table 4. Household characteristics of the rural elderly**

Household Characteristics	Male (N=80)		Female (N=80)		Total (N=160)	
	N	%	N	%	N	%
<b><i>Family Head</i></b>						
Self	68	85.0	24	30.0	92	57.4
Spouse	1	1.2	9	11.2	10	6.3
Children	11	13.8	47	58.8	58	36.3
<b><i>House Type</i></b>						
Hut	2	2.5	8	10.0	10	6.2
Kutcha	44	55.0	39	48.8	83	51.9
Pucca	34	42.5	33	41.2	67	41.9
<b><i>House ownership</i></b>						
Own house	59	73.8	43	53.8	102	63.8
Rented house	21	26.2	37	46.2	58	36.2
<b><i>Drinking-water facility</i></b>						
Street Tap	47	58.7	51	63.7	98	61.2
Own Tap	33	41.3	29	36.3	62	38.8
<b><i>Bath-room facility</i></b>						
Open/Public	27	33.7	23	28.8	50	31.2
with house	53	66.3	57	71.2	110	68.8
<b><i>Toilet facility</i></b>						
Open/Public	25	31.2	27	33.8	52	32.5
with house	55	68.8	53	66.2	108	67.5
<b><i>Cooking fuel</i></b>						
Firewood	28	35.0	21	26.3	49	30.6
Kerosene	17	21.3	22	27.4	39	24.4
Cooking Gas (LPG)	35	43.7	37	46.3	72	45.0

The house structure, generally, is based on the economic condition of the family. More than half of the respondents lived in kutcha houses (52 %), followed by those who lived in pucca houses and huts (6 %). As far as the male respondents are concerned, though the same trend prevails among male and female respondents, more male respondents lived in kutcha (55 %) and pucca(43 %) houses as compared to female respondents (49 % and 41 % respectively). And more female respondents lived in huts (10 %) as compared to male respondents (3 %).

House ownership for elderly people gives them respect and protection from the family members. It was found from the results that the majority of the respondents were owners of their houses (64 %), as opposed to those who rented houses (36 %). More male respondents owned houses (74 %), and more female respondents lived in rented house (71 %).

Availability of drinking-water facility has on significant impact on health of the elderly and their family members. Majority of the elderly used water available through street-tap as against own tap (39 %). Sixty-nine percent of the elderly had a bathroom facility within the house, as opposed to elderly people who had the facilities outside the house as open/public (33 %). The majority of the elderly had toilet facility within the house (68 %), as opposed to respondents who had the facility outside the house (33 %). As far as the cooking fuel used by the elderly is concerned, the majority of the respondents used LPG cooking gas (45 %), followed by firewood (31 %), and kerosene (24 %), indicating a modern trend.

## HEALTH CARE AND HEALTH PROBLEMS

Old age in general is associated with multi-dimensional problems. The problems which are associated with old age and care of Senior Citizens are not exclusively the problems of social and economic ramifications rather they include health and medical problems also that affects the life of a community as well.

As a part of data collection the health condition of the respondents were noted, 12% of the respondents have poor health condition, 55% of them have fair health condition, 27% of them have good health condition and only 6% of them have excellent health. It is also noted that 95% of the respondents visits the hospital when they are ill and 5% of them does not visits. The most (68%) of the respondents visits private hospitals followed by the government hospital (27%) and very few (5%) were self-medicate. Enquiry about the chronic diseases, it is found that common diseases among them is Eye problem (89%) followed by High blood pressure(69%), Difficulty in breathing(66%), Arthritis(65%), Depression(57%), Diabetes(52%), cholesterol (46%), Asthma(42%), Hearing problem (41%), Chest pain (22%) and cancer (3%).

## CONCLUSION

Most of the elderly were in the age-group 60-69 years, where more males were older and more females were old, which indicates the males' higher age than the females. More males were married and more females were widowed, which indicates women live longer than men. While observing the social characteristics of the elderly, more males were Hindus and Christians, and more females were Muslims. More males belonged to SC/ST, and more females belonged to BC. Most of the elderly females were educated up to the primary level, and most of the males were educated up to high school education and above, indicating a gender difference in education.

Most of the elderly males lived with their spouses, and most of the elderly females lived with their children. This implies the gender characteristics that the grandmothers are more closely associated with the family members, especially daughters and grandchildren, than the grandfathers who mostly feel comfortable with grandmothers.

More males headed the family as compared females, whose families were headed by their children. Generally it is observed in Tamil Nadu and most of the Indian states that when the women happen to lose their husbands, their children take the lead and run the family. While more elderly males lived in kutchra houses, more elderly females lived in huts. More elderly males owned house and more elderly females lived in rented houses. More elderly females used water available through street-tap, and more elderly males used water from their own tap. While, more elderly females had bathroom facilities within the house, more elderly males had the facility outside the house. This implies that rural males prefer to go out for toilet or bathing, as the fields are open and irrigation ponds available. As far as the cooking fuel used by the elderly is concerned, more elderly females lived in the house using cooking LPG gas as compared to elderly males who mostly used firewood.

The marital status of the rural elderly has been the most positive significant variable to an increase in economic wellbeing, whereas, the variable living arrangement was found to be the most negative significant one. Variables like gender, age and working status have also been found to be positive, indicating an increase in these variables towards economic wellbeing.

The content analysis from the personal interviews reveals that the elderly suffer either by not receiving sufficient economic support, physical support, or both to some extent. This is due to the rising cost of living, less or no reliable employment opportunities in the village, and increasing nuclear families—even in villages. They need to be equipped with employment opportunities and other educational and health infrastructural facilities at the locality with the help of the initiatives of the government. The government needs to see the possibility of proper implementation of an old age pension scheme and other related programmes benefiting all the elderly people who are in need, irrespective of socio-economic criteria. The married children have to be made aware of the importance of caring for elderly parents and the legal provisions.

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