

A Study on the Socioeconomic Status of Senior Citizens in Chennai's Urban Habitats

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Abstract - The world's demographic situation reveals how rapidly the population of the elderly is ageing. Despite developed and emerging countries, the old population around the world is a worrying trend. According to a United Nations demographic estimate, there may be 1,171 million elderly people worldwide in 2025. Additionally, for the first time ever, the world's elderly population will outnumber its young population. According to the 2011 Census of India, 5.5% of the country's population would be 65 years of age or older, with a male population of 30, 831, 190 and a female population of 33, 998, 613. Although there are numerous disorders that affect the elderly, according to reports, their main issues are more psychological than physical. (a) To study the respondents' demographic details (b) To examine the socio- economic status elders and document the support system of study subject. This study is based on actual data gathered from 150 respondents from six slums recognised by the TN Slum Clearance Board. A simple random sample technique and a descriptive study design were used. The universe of this study was formed by individuals above the age of 60. In addition to the interview schedule, non-participatory observations were used as a primary source. According to the report, the vast majority of the aged people experienced more physical and psychological issues. The elderly were treated as if they were a burden to their family members.

Keywords: Elderly Population, Social Support, Physical Health, Urban Habitats, TN Slum Clearance Board

I. INTRODUCTION

According to the legislation, a "senior citizen" is any Indian citizen who has reached the age of sixty or older. In India, there are 53 million females and 51 million males who are 60 years of age or older, according to the 2011 Population Census. According to a survey published by the United Nations Population Fund and HelpAge India, there would be 173 million elderly people worldwide by 2026. According to the Technical Group on Population Projections for India and States 2011-2036, there would be roughly 138 million senior people in India by 2031 (67 million men and 71 million women), up from the current estimate of 117 million. According to the 2011 census, 29% of the elderly live in urban regions, compared to 71% of the elderly who live in rural areas. According to the Periodic Labour Force Survey (PLFS), 2018-19, about 65% of senior males and 18% of senior women in the 60-64 age range have engaged in economic activities. Rural and urban areas, however, differ more significantly. While just 51% of

old men and 10% of senior women participated in economic activity in urban areas, participation rates were 72% for elderly men and 21% for elderly women in rural areas.

It is obvious that older populations have a wealth of experiences that they naturally pass down to the next generations. It is crucial to remember that despite their formal retirement from the workforce, they continue to make a significant contribution to the family. Because it is ingrained in our culture and has become a fundamental component of our value system, Indian heritage attests to the fact that the old had a high level of respect in society. On the other hand, it is presently gradually moving. Due to the adoption of a new modern value system derived from western society, the interaction between grandparents and their grandchildren is now less common than it formerly was. Everywhere in India, the family system is gradually changing, which is a worrying development.

Today, whether in India's rural or urban areas, the family system faces major difficulties. Particularly in metropolitan regions, the joint family system has declined, while rural areas are experiencing a worsening situation. Because the younger generation is progressively travelling to distant locations in quest of education, work, and marriage, which inevitably creates the gap between them and their family members, older people no longer receive the proper care and assistance. The lovely friendship that they have built with one another in particular is ever-changing. They are not fully cognizant of the value of elders in their family structure. Grandparents are currently too preoccupied with their Smartphones and social media activities to spend time talking to and playing with grandchildren. It should be emphasised that the interaction of grandparents and grandchildren is a lovely way to bridge the gap between the generations. It also aids in passing along traditions that are enlightening to the next generation as well as values, responsibilities, and rural knowledge. It strengthens how wonderful their relationship is.

Due to their inability to participate in labour as they did when they were younger, the majority of older populations feel that old age is a burden on them. Since their ability to work is deteriorating, many of them believe that elderly people cannot offer or give money to their family. On the

other hand, it is undeniably true that they continue to make significant contributions to the family in a variety of ways, such as by caring for their grandchildren and pets, doing cleaning chores, regularly purchasing necessities from the neighbourhood stores, and providing support and advice to family members who need it. The elderly members of the family frequently protect and resolve domestic disputes and family disputes. Over time, even though it isn't acknowledged, the younger generations benefit much from the tradition- and life-knowledge they have acquired.

While changes in the political, economic, and technological spheres at the global level undoubtedly have an impact on people's social interactions, it is still unknown whether these changes will strengthen or weaken the bonds between generations, especially those between grandparents and their grandchildren.

Ageing is defined as "the chronological process of growing physically older" in the sociology section of the Collins dictionary. Contrarily, societal discrimination also exists. In that, the chronology is less significant than the meaning that is actually associated with the process. According to age group and sex, different cultural norms and societal expectations are applied. Therefore, we are observing structural differences in how people personally experience ageing throughout society. (Jarry Julia & David Jarry, 2005)

It should be noted that different definitions and conceptualizations of ageing have been used by research scholars at different times. Although old age denotes a specific stage of life, there is no objective standard that is universally accepted to define what constitutes being old. The legal minimum age to work varies from nation to nation for administrative reasons. It demonstrates unequivocally that over time, the term "elderly" has undergone changes (Sharma, M. L., & Dak, T. M., 1987). Physical ageing, psychological ageing, and social ageing are the three main aspects of ageing. These dimensions are related to one another (Kumar Vijay S, 1990; Saxena, D. P. 2006).

It is frequently stated that the death rate has been steadily declining in the modern era, across all age groups, as a result of advances in science, medicine, food accessibility, and education. This causes a constant age growth of at least sixty years as a result (Sharma, M. L., & Dak, T. M., 1987).

India is the second most populated nation in the world after China. India's population is about 1.21 billion people, according to the 2011 Census of India. According to estimates, India's population will surpass that of China in the near future and surpass all previous records to become the world's most populous nation. India's population is now growing at a 1.41% annual rate. Indian demography provides a wealth of facts about the nation (Sharma, K. L. 2006).

About 5.5% of the overall population in India, as per the 2011 census, is older than 65. The male population is over

30, 831, 190, and the female population is 33, 998, 613. Contrarily, the conventional support system for the elderly has greatly weakened and has begun to show overt signs of collapse, despite the fact that the elderly population from 60 and older has increased over the course of the following decades. According to literature, the old had positions of authority and status in traditional society.

Due to the weakening of family and community relationships and the lack of proper care and concern from their wards, elder population continues to have problems in their daily lives. During their prime years of life, elders had a busy lifestyle, travelling with their families and extended families. As they age, however, they become physically weaker, fully dependent on others, and sedentary. They have several medical, psychological, and sociological issues as a result of these events as a whole.

II. LITERATURE REVIEW

Ageing is often a natural process and a psychological reality that cannot be avoided. There is a potential that one may automatically form groupings that will lead to a physical, mental, and social degeneration (Bilir N, Erbaydar N. P. 2012). Old age is defined by the World Health Organization (WHO) as being 65 years of age or more (WHO Scientific Group on the Epidemiology of Aging, 1984). The population of persons 60 and over is expected to double from 11% to 22% between 2000 and 2050, reflecting the world's rapidly increasing senior population. Additionally, it is predicted that this number will increase, from 605 million to 2 billion (World Health Organization, 2014). Physiological changes are the root cause of chronic illness, problems associated with inactivity, and psychological problems, which have a negative feedback loop of effects (The situation of older people in Turkey and ageing implementation plan, 2007).

One of the most significant and prevalent mental health issues that is frequently visible in the elderly is depression (Göktas K, zkan I, 2006; Erden-Aki, 2010). Such a condition causes a considerable number of deaths from physical illnesses and suicide, and it also raises the price of healthcare services. Because of the aforesaid effects, the social harmony of older persons with depression tends to suffer, which makes it difficult for them to manage their self-care activities and significantly lowers their quality of life (The situation of older people in Turkey and ageing implementation plan, 2007). Pennix *et al.*, (2000) found that "chronic depression significantly reduced physical performance for community dwelling older persons" (>70 years). According to Wada *et al.*, (2004), "older persons with depression consistently experienced a worse quality of life as well as sad, detrimental consequences on their usual living activities." All of these difficulties highlight the critical necessity to assess the physical, psychological and social components of the elderly's lives" (Beer, T., & Yavuzer, H. 2012).

One major mental health problem that must be treated right away in a primary care setting is depression. Health practitioners must become considerably more knowledgeable about depression and its effects on the lives of the old if they are to provide the finest healthcare services available and make attempts to improve the elders' quality of life.

The study by Singh et al. (1996) makes it evident that old female populations are 52.8% and senior male populations are 47.2% in Meerut's rural areas. In her work, Health of the Elderly in India, Gupta discusses the elements of vulnerability. The book's data comes from HDIS all-Indian base statistics, which shows that 54% of the sample's 13,682 older participants were men (Gupta, I. 2001). Additionally, this survey shows that the overwhelming majority of respondents (90%) are female and have never attended school. In stark contrast, 66% of the male respondents (or two thirds) feel this way. In their research of elderly people in Amritsar, Padda et al. (1998) found that 63.13% were literate and 38.63% were illiterate.

Again, Singh *et al.*, (1996) reported in his report that more than a quarter of the respondents (26.1%) felt neglected by their family members, but Prakash et al. (2004) reported in his study that a significant number of the respondents (17.3%) felt neglected. According to the findings of Balamurugan and Ramathirtham (2012), the significant majority of male elderly (79.9%) and a large majority of female old (84.1%) had experienced abusive conduct from family members.

The study by Mohapatra (2016) makes it clear that a sizeable part of the respondents (21.4%) experienced repeated neglect from their family members. Almost all of the respondents (85.7%) agreed that they completely burden their family. The overwhelming majority of responders (92.9%) expressed their displeasure with life, which was followed by their family members' lack of genuine affection (89.3%). According to Shankar *et al.*, (2007), the most prevalent morbidity faced by senior people was arthritis (57.8%), followed by cataract (48.33%), and hypertension (11.25%). Similarly, Padda *et al.*, (1998) verifies from his research that the elderly in Amritsar had a high frequency of arthritis (60.6%). Singh *et al.*, (1996) stated in their study that more than one-third of the respondents (37.4%) had eye problems, followed by gastritis (10.4%) and hypertension (47.66%) among Varanasi's rural elderly.

III. METHODOLOGY

In the beginning of September 2021, a pretesting was conducted with five respondents in New Boopathy nagar and Mangalapuram in Chetpet (VIII), Sathyavanimuthunagar, Gandhinagar-B block in Pallavansalai park town (V), Jothiamalnagar, and Samiyarthottam in Saidapet (X). The researcher located the six slums mentioned above in Greater Chennai Corporation zones V, VIII, and X. The researcher employed a simple

random sampling technique and an interview schedule to acquire primary data from 150 older women populations. This study has 50 responders from each zone. The information was gathered between October and December of 2021. In this study, the universe consisted of elderly people 60 years of age and older living in 6 urban habitats in the greater Chennai corporation. In addition, the researcher used non participatory observation as primary sources. Thus, the study uses secondary sources, such as academic journals, unpublished theses, official government papers, books, periodicals, and the daily news. By employing frequencies and percentage, acquired data were tallied.

IV. LIMITATIONS

The Greater Chennai Corporation's zones have not all been studied by the researcher. Even though there are a lot of unrecognised slums, the researcher has only gathered primary data from slums that have been approved by the TN Slum Clearance Board. In light of the availability, the researcher has gathered more responses from women.

V. OBJECTIVES OF THE STUDY

1. To study the respondents' demographic details
2. To investigate the respondents' economic situation
3. To examine the respondents' social backgrounds.
4. To know the concrete suggestions for enhancing the senior citizens livelihood
5. To suggest practical ideas for enhancing the quality of life for seniors

VI. RESULTS AND OUTCOME

TABLE I AGE GROUP OF THE RESPONDENTS

Sl. No.	Age Group of the Respondents	Frequency	Percentage
1	60-65 years	50	33.3
2	66-70 years	80	53.3
3	71 to 75 years	14	9.03
4	Above 75	6	4.01
	Total	150	100

Table I indicates that more than half of the respondents (53.3%) are between the ages of 66 and 70, while a third of the respondents (33.3%) are between the ages of 60 and 65. A sizable number of the respondents (9.3) are between the ages of 71 and 75, while just a minor portion of the respondents (4.1%) are over the age of 75.

TABLE II RELIGION OF THE RESPONDENTS

Sl. No.	Religion of the Respondents	Frequency	Percentage
1	Hindu	111	74.0
2	Christian	33	22.0
3	Muslim	6	4.0
	Total	150	100

It is clear from table II that a sizeable portion of respondents (4%) practise Islam, followed by fewer than one-fourth of respondents (22%) who practise Christianity, and over three-quarters (74%) of respondents who follow Hinduism.

TABLE III MOTHER TONGUE OF THE RESPONDENTS

Sl. No.	Mother Tongue of the Respondents	Frequency	Percentage
1	Tamil	115	76.7
2	Telugu	34	22.7
3	Others	1	.7
	Total	150	100

Table III reveals that Telugu is the mother tongue of the vast majority of respondents (76.7%), followed by Tamil (22.7%), and other religion (0.7%).

TABLE IV COMMUNITY STATUS OF THE RESPONDENTS

Sl. No.	Community Status	Frequency	Percentage
1	BC	39	26.00
2	MBC	10	6.07
3	SC	100	66.07
4	Others	1	.6
	Total	150	100

It can be inferred from table IV that two respondents (66.7%) belong to the Scheduled Category (SC), and just over one-fourth of respondents (26%) are considered to be Backward Class. 6.7% of respondents come from the Most Backward Community (MBC), which is a substantial percentage compared to other groups (.7).

TABLE V PRESENT SOURCE OF INCOME OF THE RESPONDENTS

Sl. No	Present Source of Income	Frequency	Percentage
1	Old Age Pension	35	23.3
2	Supported by Children	53	35.3
3	None	52	34.7
4	Self	10	6.7
	Total	150	100

From table V, it can be inferred that while more than one third of respondents (35,3%) receive financial support from their children, the same percentage of respondents (34,7%) neither receive an old age pension nor financial assistance from their wards. It is encouraging to see that only 23.3% of respondents (24% of the total) receive an old age pension, which aids in their ability to support themselves. 6.7% of the respondents, a sizeable percentage, do not qualify for an old age pension or receive financial assistance from their children but are nonetheless able to maintain themselves in old age because of their work.

TABLE VI EXPECTATION OF FINANCIAL SUPPORT DURING EMERGENCIES BY THE RESPONDENTS

Sl. No.	Expecting financial support during emergencies	Frequency	Percentage
1	Children	83	55.03
2	Relatives	8	05.03
3	Neighbours	27	18.00
4	No	32	21.04
	Total	150	100

Table VI reveals that more than half of the respondents (55.3%) anticipate financial assistance from their children in times of need. It is not encouraging to learn about this dreadful circumstance. Less than one-fourth of respondents (21.4%) do not anticipate receiving any financial assistance during an emergency because they can make ends meet with their old age pensions, which are sponsored by the Tamil Nadu state government's old age pension system. When faced with an emergency, a sizable portion of respondents (18%) go to their neighbours for financial assistance, followed by family members (5.3%).

TABLE VII EXPECTATION OF AGE GROUP FRIENDS FOR SOCIAL INTERACTION BY THE RESPONDENTS

Sl. No.	Expectation of Age group friends for Social Interaction	Frequency	Percentage
1	Yes	137	91.3
2	No	13	8.7
	Total	150	100

Table VII shows that while the vast majority of respondents (91.3%) anticipate having social interactions with people in their age group, a sizeable percentage of respondents (8.7%) do not anticipate having such interactions with people because they are spending time with their grandchildren, which is considered to be a good time for social interactions.

TABLE VIII TIME OF SOCIAL INTERACTION WITH AGE GROUP FRIENDS BY THE RESPONDENTS

Sl. No.	Time of Social Interaction with Age Group Friends	Frequency	Percentage
1	Between 10 - 12 Noon	99	66.0
2	Between 3 - 5 pm	15	10.0
3	After 5 pm	24	16.0
4	Not Applicable	12	8.0
	Total	150	100

According to table VIII, two-thirds (66%) of respondents use 10 a.m. to 12 p.m. with their age group peers for social engagement. A sizable proportion of respondents (16%) are able to socialise with their friends after 5 p.m., with 10%

able to do so between 3 and 5 p.m. Only a tiny percentage of respondents (8%) do not spend time with their friends for social interaction because they are unable to leave their home owing to health issues.

TABLE IX PREFERENCE OF DAY CARE CENTRE IN THE LOCAL AREA BY THE RESPONDENTS

Sl. No.	Preference of Day Care Centre in the Local Area	Frequency	Percentage
1	Yes	107	71.3
2	No	43	28.7
	Total	150	100

Table IX reveals that although more than two thirds (71.3%) of respondents prefer to live in a neighbourhood with a day care centre, more than one-fourth (28.7%) of respondents do not have this preference because they receive support from their family and other relatives.

TABLE X EXPECTATION IN THE DAY CARE CENTRE BY THE RESPONDENTS

Sl. No.	Expectation in the Day Care Centre	Frequency	Percentage
1	Food & Medicine	26	17.3
2	Food & Social Interaction	19	12.7
3	Food alone	18	12.0
4	Food, Medicine & Social Interaction	47	31.3
5	Not Applicable	18	12.0
6	Social Interaction	22	14.7
	Total	150	100

Table X reveals that less than two thirds (31.3%) of respondents anticipate that day-care centres will provide food, medications, and social interaction with government funding. 17.3% of the respondents believe that day care facilities should provide food and medication. Thus, it is evident that kids are not properly cared for in terms of receiving food and medication while they are ill by their family members. Another significant proportion of respondents (12.7%) believe that day care centres must provide food for elders in order to stay healthy and to engage in social interaction when they are bored or lonely, followed by social interaction (14.7%) and food supply alone (12%). It is worth noting that a sizable number of the respondents (12%) believe that such needs do not apply to them.

VII. CONCLUSION

As a result of the study’s findings, it has been determined that the majority of senior people have a wide range of issues, most of which are considered to be psychosocial, psychological, or physical in origin. Their health issues are getting worse as a result of the issues mentioned above. Currently, their needs are social security, family support, and care for their failing health. Elderly requirements must

be satisfied as soon as possible by providing the best care and support from the public and private sectors, in addition to their family’s support and bonding as a means of resolution.

REFERENCES

- Ahmed, M., Prasad, J., Gill, H., Stevenson, L., & Gopal, P. (2007). Impact of consumption of different levels of Bifido bacterium lactis HN019 on the intestinal micro flora of elderly-human subjects. *Journal of Nutrition Health and Aging*, 11(1), 26.
- Balamurugan, J., & Ramathirham, G. (2012). Inequality to elderly in social support at familial level: A socio-economic perspective. *Indian Journal of Gerontology*, 26(2), 161-170.
- Beğer, T., & Yavuzer, H. (2012). Yaşlılık ve yaşlılık epidemiyolojisi. *Klinik gelişim*, 25(3), 1-3.
- Bilir, N., Erbaydar, N. P. (2012). *Aging problems. (Güler, G. Edit). Public Health Basic Information. Volume: III. Broaden Second Edition, Hacettepe University Publications.*
- Erden-Aki, Ö (2010). Differential diagnosis of depression and dementia in elderly. *Turkish Journal of Geriatrics*, 13(3), 37-42.
- Göktas, K., & Özkan, I. (2006). Depression in older. *Psychiatry in Türkiye*, 8, 31-37.
- Gupta, I. (2001). Health of the elderly in India: some aspects of vulnerability BOLD. *Quarterly Journal of the International Institute of Ageing*, 11(3).
- Jarry David & Jarry Julia, (2005). *The Collins Dictionary of Sociology.* HarperCollins Publ. Collins, 59-61.
- Jitendra Prasad. (1997). *Perspective on Aging, Sharma ML and TM Dak (ed.). Aging in India “Challenges For the Society” Ajanta Publication, Delhi.*
- Kumar Vijay. S. (1990). *Aged in India.* The Elderly Forum, New Delhi, 5(1).
- Mohapatra, T. (2016). Health problems of the elderly and their attitude towards life in old age: A comparative study among the urban and rural elderly of Odisha. *Afro Asian Journal of Anthropology and Social Policy*, 7(2), 36-53.
- Padma, A. S., Mohan, V., Singh, J., Deepti, S. S., Singh, G., & Dhillion, H. S. (1998). Health Profile of Aged Persons in Urban & Rural Field Practice Areas of Medical College, Amristar. *Indian Journal of Community Medicine*, 23(2), 72.
- Penninx, B. W., Deeg, D. J., Van Eijk, J. T. M., Beekman, A. T., & Guralnik, J. M. (2000). Changes in depression and physical decline in older adults: a longitudinal perspective. *Journal of affective disorders*, 61(1-2), 1-12.
- Prakash, R., Choudhary, S. K., & Singh, U. S. (2004). A study of morbidity pattern among geriatric population in an urban area of Udaipur Rajasthan. *Indian Journal of community medicine*, 29(1), 35.
- Saxena, D. P. (2006). *Sociology of aging.* Concept Publishing Company.
- Shankar, R., Tandon, J., Gambhir, I. S., and Tripathi, C. B. (2007). Health status of elderly population in rural area of Varanasi district. *Indian journal of public health*, 51(1), 56-58, January-March
- Sharma, K. L. (2006). A quarterly journal devoted to research on ageing. *SPECIAL ISSUE*, 20, 1-2, *aging*, 1, 4.
- Sharma, M. L., & Dak, T. M. (Eds.). (1987). *Aging in India: Challenge for the society.* South Asia Books, Ajanta Publication.
- Singh, A. K., Singh, M., & Singh, D. S. (1996). Health problems in rural elderly at Varanasi, Uttar Pradesh. *The Journal of the Association of Physicians of India*, 44(8), 540-543.
- The situation of older people in Turkey and aging implementation plan (2007). Publication No: DPT: 2741. <http://ekutup.dpt.gov.tr/nufus/yasililik/eylempla.pdf>.
- Wada, T., Ishine, M., Sakagami, T., Okumiya, K., Fujisawa, M., Murakami, S., & Matsubayashi, K. (2004). Depression in Japanese community-dwelling elderly-prevalence and association with ADL and QOL. *Archives of Gerontology and geriatrics*, 39(1), 15-23.
- WHO Scientific Group on the Epidemiology of Aging. (1984). *The uses of Epidemiology in the study of the elderly* (No. 706). World Health Organization.
- World Health Organization. (2014). Ageing and life course, Facts about ageing. *World Health Organization*, 30.