

AFFIRMING ART OF LIVING FOR SENIOR CITIZENS: STUDY OF PROBLEMS AND REMEDIAL MEASURES

DR. SUMANJARI. S

ASST PROFESSOR

DEPARTMENT OF ENGLISH,

CHRIST (DEEMED TO BE UNIVERSITY),

BANGALORE, KARNATAKA.

Abstract: This article attempts to enumerate the different stages of human life and how the fourth period of life, the life of retirement becomes a crucial period for senior citizens. The paper tries to study the various problems of the life of senior citizens such as social issues, financial problems, health problems and emotional problems in a detailed manner. The study elaborates on the kind of remedial measures that could be put together by individuals and society in order to affirm a positive art of living for the senior citizens.

Index Terms – Art of Living, Emotional Problems, Financial Problems, Health Problems, Retirement, Remedial Measures, Senior Citizens, Social Issues.

I INTRODUCTION

In the process of living with other people, each human being finds himself in a network of relationships. Although some relationships between people are natural, most of them are accompanied by some amount of feeling, pleasant or unpleasant. The more extensive and the more intensive a relationship between people is, the more feelings are involved in the relationship. The feelings accompanying a relationship can be changed for the better if one or both individuals gain insight and understanding into the causes of human behavior.

Life could broadly be divided into four periods (Nella, 1990). The first period is one of Dependency (up to the age of 20), the second is one of Energy (from the age of 21 to 40) while the third one is of Responsibility (from to 60) and the fourth one is of Retirement (above 61 years). The fourth period i.e., life after work, is the most crucial for which very few individuals give importance to.

Youth has assumed a higher value than age in the modern society because of active work force needed to reconstruct and transform traditional social order (Martin, 2015). This does not, however, mean that the old has no place in the modern set-up. The cumulative experience and wisdom of the old can form a basis for foundation of a modern social system provided the youth is oriented adequately and appropriately to embody the thought patterns and guidelines of the old in the developmental work.

Retirement means different things to different people. It is a label which suits some very well, but it has tended to divide those who are from those who are not – however, times have changed. Lately, continuity theory has provided a wider spectrum to explain several aspects of ageing (Atchley, 1972). As an individual grows in his different phases of states of life cycle, he develops more stable values, attitudes, norms and habits as part of his personality. Thus, an individual may tend to react to the ageing process by maintaining consistency in his characteristic traits and predispositions. But an individual may also change his reaction towards ageing by adapting to new situations.

II PROBLEMS FACED BY SENIOR CITIZENS

The problems faced by the Senior Citizens could again be broadly categorized into Four parts i.e. Social, Financial, Emotional and Health.

SOCIAL ISSUES

Man is a gregarious animal, needing contact with other human beings, preferably on a day-to-day basis. The network of human contact in society should exist on many levels to achieve a balanced, stable feeling of participating fully in life. The social and psychological aspects of ageing experience can be explained by categorizing that into phases or stages denoting the human life cycle (Birren, 2011).

However, as per the disengagement theory of ageing, it is in the interest of society to phase out those persons whose deaths would disrupt the smooth functioning of the social order. This functionalist perspective advocates an orderly means of transferring power from the older members of society to the younger ones. There has to be a mutual withdrawal of ageing individuals and society from each other and this process of withdrawal is inevitable and necessary for “successful” ageing (Cumming and Henry, 1961).

That is why, societies develop norms of retiring people from work at a certain age. But this disengagement process is not confined only to separation from occupational work; rather it affects the other regular social roles and activities of an individual. This makes the disengagement a much more complex process than the theory allows.

However, this activity theory of ageing, fails to account for the behavior of all individuals as some aged persons because of physical, mental or social-economic reasons, may not be able to carry forward their middle-aged experience of active living to old age. They may not judge themselves according to the norms of the earlier social life. Despite these limitations, the activity theory for ageing provides promise for role of active ageing in development of nations (Neugarten & Joan, 1968).

Socializing becomes difficult as it depends really on what the individual’s tastes and interests are, how much money he could spend, and whether he has someone to share his leisure hours with. As an individual gets older, it is harder to make new friends – everyone gets a bit set in their ways – so probably find that those tried and trusted friends of long standing, of about his own age and with similar backgrounds and shared experiences, will be the ones he is happy spending time with.

For participation in social clubs and other similar organizations of his interest, it may at times involve money which the individual will not be able to part with due to lack of income or reduced earnings from the investments earlier made. The individual should have to look ahead for better utilization of such money.

FINANCIAL PROBLEMS

Some people on pre-retirement courses have expressed the feeling that the most important thing in retirement is in fact money, but this reflects thinking that is still conditioned by the routine of work and receiving payment for it. It’s interesting to note that they always qualify this by saying, ‘Well, may be after two years I’ll change my mind and think the most important thing will be health.’ When it comes to the crunch, while freedom from financial worry is very important when the individual stops work, retirement should be considered first and foremost from the perspective of good health; there’s a wealth of difference between being healthy and poor, and unhealthy and rich, and if we had to choose between them we may all have the same answer (Higgs & Chris, 2015).

When it comes to planning the finances for the future it’s sometimes very difficult to know where to start. It will never be too early to start organizing finances for the individual’s retirement. Unfortunately, not everyone realizes this. In order that many of the aged could become active in taking productive or non-productive pursuits because of economic compulsion or otherwise, one has to take care of health and medical problems of the aged. We should provide legal protection to the needy and deserving persons. This legal approach becomes more significant in the case of the aged who because of their limitation of physical mobility and financial constraints are often neglected while seeking medical care at the hospitals or dispensaries.

HEALTH PROBLEMS

A brief account of the main trends in ageing theory which have caught the attention of social gerontology bring home the fact that physical hazards, impairment, mental infirmities, reality of feeling tired and sick and inability to cope up with various problems due to realization of impending death, produce several problems of adjustment and depression for the aged persons.

Health problems of the aged are defective eyesight, general weakness, pain in joints, chronic cough and cold, defective hearing, high blood pressure, digestive complaints, breathing trouble, trembling of limbs, etc. (D’Souza, 1984). However, there are variations reported on sex, class and environment basis. The nature of health problems reported would need both preventive and curative care to be provided to the ageing persons.

EMOTIONAL ISSUES

The emotional problems that are faced by elderly persons are Ego, Controversies, Rage, Change of behaviors, Adamancy, Inferiority Complex, Self-esteem, Loneliness, Rejection, Separation etc. The presence of three generations in a family, or even four, may create a problem or add a strength to the life of the family.

Most scholars concur that initially the parent has greater power in the dyad, but the question remains as to what extent child compliance is a result of passive reaction to that power versus the child’s willingness and active decision to follow adult wishes (Judith, Kristine & Sarah, 2010).

III Remedial Measures

It has, however, been recognized that improved health and medical care services, nutrition and sanitary living conditions have contributed in providing longevity to people and even in the developing countries, the life span for both sexes have increased.

This has necessitated a change in the social norms of retiring and related regular activities. It is increasingly expressed that for successful ageing, persons maintain fairly constant levels of activity. Further the amount of engagement or disengagement, to a large extent is determined by past life styles and social-economic considerations rather than by intrinsic and inevitable process (Kennedy, 1996).

Because of inherent stratification system based on different dimensions including sex and age, in the social structure of developing countries, the distribution of health and medical care services, managed mostly by government is largely uneven. Due to elite structure of health care in the developing countries, there is a skewed distribution, and despite the welfare measure taken by the government, the older persons, especially women, are often neglected.

There is a need to provide health insurance schemes for this group and to open special window counters or provide exclusive beds in the hospitals for them. There should be incentive schemes for indigenous medicine practitioners including Ayurveds and homeopaths to provide subsidized health care to the old in the community. Though this may appear to encourage dependency of the old on the State, yet to keep the old in a fit condition for active ageing, it is important. Through legislations and giving financial aid, the government should play an active role in safeguarding the health interests of the aged persons.

Older persons, because of scarce resources at their disposal are likely to follow some of the home medications or fold health practices either to keep themselves healthy or to get cured of minor ailments. This may even include light physical or Yoga exercises which do not involve any cost and are suitable to "culture of poverty" groups (Stafford & Bayer, 1994).

Simultaneously with the above approaches, health education of the aged constitutes another important aspect of the health care needed so that they could learn certain do's and don'ts related to different diseases by inculcating these in their behavior patterns through constant practice so as to prevent the occurrence of diseases or reducing the effects of illnesses. Experience has shown that education by itself in the developing countries may not be that effective. As such, it is necessary to support it with curative services to be provided by different health personnel and agencies. Group talks on health matters supplemented with projected media may be effective for educating the aged persons. Social gerontology should also form a part of the syllabi for medical professionals and para-medical professionals so that they could integrate health education along with health care to be provided to the aged persons (Gillick, 2007).

The social-emotional, psychological adaptation, economic or attitudinal adjustment, health and social welfare problems of the aged are so interrelated that it is difficult to separate one from the other. But the role of active ageing within the "Activity" perspective has to recognize the health and medical care problems of the aged persons. (Abramson, Devine & Hollon, 2012). To keep oneself active in some activity which may be productive in terms of economic return or unproductive for the sake of deriving pleasure or satisfaction the leisure time available with the old, it is necessary that the old persons are educated about the preventive and promotional aspects of health so as to keep themselves as healthy. In addition, medical care services have to be made accessible to them so that they are cured of the diseases or physical hazards or infirmities.

IV CONCLUSION

The problems have to do with finding ways in which the needs of old people can be met. Research is continuing on ways in which their needs can best be met. It is becoming clear that the meeting of each one of the needs of old people is important if they are to continue to be adjusted, contributing members of society.

Perhaps, a judicious mix of curative services, legal protective measures and health education can become a basis for tackling the health and medical care problems of the aged. But more than that the community members have to be sensitized about the problems of the aged so that a greater commitment and involvement of the community leaders could be ensured in order to include "care for the aged" within the purview of primary health care rather than making it a responsibility of secondary and tertiary hospital based care. This would in turn affirm a positive art of living for the senior citizens.

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