

An Investigation into the Problems of the Elderly Residents of Kolkata Municipal Corporation

Aju Kurian, Shubhan Roy, Armaan Chopra, Aaruni Ghosh, Andrew Das
Department of Sociology
Don Bosco, Park Circus, Kolkata

Abstract:- The world's population is aging. The proportion of elderly persons in each country's population is rising as time goes on, as is their overall number. Ageing of the population is a demographic fact that cannot be avoided and is related to improvements in healthcare and the health of the population. Due to longer life expectancies and a drop in birth rates, the number of elderly persons (those 60 and older) is growing more quickly than the global population as a whole. The health and socio-economic status of the elderly is affected drastically when population age surges rapidly. This article explores the issues confronting the elderly residents of the Kolkata Municipal Corporation. A sample size of 83 elderly people was chosen using non-probability convenient sampling. The analysis showed that loneliness is one of the major problems among the aged. Other major issues confronted by them are addictive habits, lack of emotional support and financial dependency. Vast majority of the elderly are not having access to government support schemes. Only 59% were satisfied with their overall life.

Keywords:- Old age, Kolkata Municipal Corporation, Problems of the elderly.

I. INTRODUCTION

Old age is a stage of life that typically begins around the age of 60, lasts until death, and is characterised by physical, mental, and social changes. Old age can be a time of reflection, wisdom, and contentment, but it can also bring challenges such as illness, loneliness, and reduced independence. The physical changes that occur in old age are largely due to the natural ageing process, which affects every aspect of the body. The skin becomes thin and less elastic, the joints become stiff, and the bones become more fragile. The senses decline, with eyesight and hearing becoming less acute and the sense of smell and taste becoming less sensitive. Additionally, there is a decline in physical strength and endurance and a greater risk of chronic health conditions such as arthritis, heart disease, and stroke. The brain changes with age, with a decline in cognitive function, such as memory and problem-solving skills. However, research has shown that there are many ways to maintain cognitive

function in old age, including engaging in mentally stimulating activities, maintaining a healthy diet and exercising regularly, and staying socially active. Along with physical and mental changes, old age also brings social changes, such as retirement, the loss of loved ones, and changes in living arrangements. These changes can be difficult, but they can also provide opportunities for growth, such as new friendships, new interests, and a greater sense of purpose. Many older people find that they have more time to spend with family, pursue hobbies, and travel.

The social and cultural context of old age can also play a significant role in determining one's experience of aging. Elders are revered in many cultures for their wisdom and experience, and they are regarded as a valuable resource in the community. In other cultures, older people may be marginalized or ignored, and their contributions may be overlooked. There are many factors that can affect the experience of ageing, including health, wealth, and social support. Good health is crucial for a positive experience of old age, and many older people are able to maintain their health through regular exercise, healthy eating, and seeking medical attention when needed. Wealth also plays a role, as people with greater financial resources are often able to access better healthcare, housing, and other resources that can enhance their quality of life. Social support is also an important factor in ageing well. People who have supportive family members, friends, and communities are more likely to experience positive ageing, compared to those who are socially isolated. Older people who are involved in their communities and have a sense of purpose are more likely to be satisfied with their lives and feel that their contributions are valued.

II. BACKGROUND OF THE STUDY

In India, it is estimated that there are about 138 million old people, females marginally outnumber the males nationally, with 71 million females and 67 million males. Both the share and size of elderly population is increasing over time. From 5.6% in 1961, the proportion has increased to 8.6% in 2011 and 10.1% in 2021 and further likely to increase to 13.1% in 2031. The details are given in the following tables.

Table 1: Elderly population (aged 60 years and above) in India in millions

| Source | Person | Male | Female | Rural | Urban |
|--------------------------|--------|------|--------|-------|-------|
| Census 2011 | 103.8 | 52.8 | 51.1 | 73.3 | 30.6 |
| Census 2021 (Projection) | 137.9 | 66.8 | 71.1 | NA | NA |
| Census 2031 (Projection) | 193.8 | 92.9 | 100.9 | NA | NA |

Source: Population Census Data and Report of the Technical Group on Population Projections November 2019, Population Projections for India and States 2011-2036, Census of India 2011

Table 2: Percentage share of elderly population in total population in India (in millions)

| Source | Person | Females | Males | Rural | Urban |
|--------------------------|--------|---------|-------|-------|-------|
| Census 2011 | 8.6 | 9.0 | 8.2 | 8.8 | 8.1 |
| Census 2021 (Projection) | 10.1 | 10.7 | 9.6 | NA | NA |
| Census 2031 (Projection) | 13.1 | 14.0 | 12.3 | NA | NA |

Source: Population Census Data and Report of the Technical Group on Population Projections November 2019, Population Projections for India and States 2011-2036, Census of India 2011

According to NSO's National Sample Survey (NSS) data from 2017–2018, 70% of Indian seniors depended on others for daily survival. The situation was worse for women, as just 10% and 11% of females in rural and urban areas, respectively, were economically independent, compared to 48% and 57% of males in those same areas. According to the Periodic Labour Force Survey 2018–2019 report from the NSO, the proportion of people aged 60 to 64 who participate in economic activities has decreased from 49.3% in 2011–12 to 40.9% in 2018–19. In this age group, over 72% of men and 21% of women engaged in economic activity in rural areas, and 51% of men and 10% of women in urban areas. The percentage of elderly women who perform unpaid household work is nearly twice that of men, in both urban and rural settings. Yet, compared to older males, older females participate in paid employment activities at a far lower rate. According to the 76th round of the NSS, which was completed in 2018, the three most prevalent disabilities among the elderly are locomotor disability (5.5%), hearing disability (1.6%), and vision disability (1.7%). In comparison to metropolitan settings, the latter two are slightly more common in rural areas. More than 50% of senior people with disabilities, excluding mental illness, have seen doctors and are receiving treatment.

India's eastern state of West Bengal is dealing with a population that is ageing quickly. West Bengal's elderly population (those over 60 years old) accounted for roughly 11.3% of the state's overall population, according to the 2011 Indian Census. By 2026, this number is expected to rise to 2.59 crore, which would make West Bengal's old population around 17% of the state's whole population. A number of factors, such as health problems, social isolation, financial instability, and a lack of access to suitable healthcare facilities, affect West Bengal's ageing population. Also, the state is lacking in qualified caretakers, geriatric specialists, and healthcare workers. The West Bengal government has established a number of measures and programmes to address these issues, including the Old Age Pension Scheme, the Anandadhara Scheme, and the National Programme for Health Care of the Elderly (NPHCE). The older population of West Bengal is the target audience for these programmes, which also aim to offer them financial and social support. However, there is still a long way to go to ensure that the ageing population in West Bengal receives the care and support they need. With the increasing number of elderly people in the state, it is crucial to continue to invest in programmes and policies that address their needs and improve their quality of life.

Table 3: The size of elderly population (aged 60+) and their share in Total Population in West Bengal

| | % of elderly in total population of WB | Person* | Females* | Males* | Annual % Growth Rate of Elderly (2011- 2021) |
|--------------------------|--|---------|----------|--------|--|
| Census 2011 | 7.1 | 5700 | 2916 | 2784 | |
| Census 2011 | 8.5 | 7742 | 3891 | 3851 | |
| Census 2021 (Projection) | 11.3 | 11048 | 5410 | 5638 | 4.27 |
| Census 2031 (Projection) | 15.7 | 16059 | 7990 | 8068 | |

*In thousands

Source: Population Census 2001, 2011 and Report of the Technical Group on Population Projections November 2019, Population Projections for India and States 2011-2036

According to *The Status of Elderly in West Bengal*, 2011, the housing structure for senior citizens in West Bengal is dilapidated and urgently requires government attention. Around a quarter (26%) of all families lack a toilet facility, and more than half (57%) of older people living in rural areas live in kaccha houses. Just 40% of homes have access to

drinking water that is piped. In rural families, 38% of the fuel used for cooking was wood. Elderly families in urban areas had almost universal access to electricity (95%), while more than half of those in rural areas (52% did not possess any agricultural land). Overall, 39% of the elderly were in the lowest quintile of wealth, while only 1% of the elderly were

in the wealthiest quintile. The monthly per capita consumption expenditure (MPCE) varied significantly across rural and urban areas; although older households in urban areas had an MPCE of Rs. 2,500 or more, this was true for only 10% of elderly households in rural areas. In rural areas, 48% of households had an MPCE of less than Rs. 1,000. 36 percent of older households had outstanding loans, and 19 percent of those loans were used to pay for elderly patients' medical expenses, which is slightly more than the seven-state average (13%).

Kolkata, the City of Joy, is a greying metropolis and is home for many senior citizens. The city has reached the final stage of the demographic transition, as evidenced by declining birth and death rates as well as a negative growth in population. Kolkata's population is rapidly and steadily ageing. The working population, civic, social, and health resources may be under pressure when the dependency ratio rises. To address this, laws, policies, programmes, and procedures must be planned, developed, and put into effect in order to protect and enhance the conditions of Kolkata's senior population. A comparative account of the situation in Kolkata with that in other metropolitan cities is given in the following table.

Table 4: Percentage of population in major cities of India

| City | 20-24 yrs | 25-29 yrs | 30-59yrs | 60 plus |
|-----------|-----------|-----------|----------|---------|
| Kolkata | 8.9% | 9.03 | 42.67 | 11.76 |
| Chennai | 9.3 | 10.2 | 41.12 | 9.9 |
| Mumbai | 10.7 | 10.53 | 38.88 | 8.9 |
| Delhi | 10.33 | 9.9 | 36.8 | 7.8 |
| Bangalore | 11.12 | 12.4 | 38 | 7.7 |

Source: The Times of India (Oct 27, 2015)

III. REVIEW OF RELATED LITERATURE

The study of psychological traits and the challenges faced by the elderly in adjusting to later life in a changing environment was one of the early issues in Indian research. Age alone does not ensure a happy later life; thus, a number of social, psychological, and physical factors affecting the lives of senior populations have been researched as potential contributors to better coping in old age. The most challenging components of getting older were found to be economic, social, and personal changes. Other factors that affected adjustment were flexibility, rigidity, marital contentment, satisfactory physical and mental health, attitude towards retirement, kind of family, social contacts, and attitude towards death, to name a few (Rammurti and Jammu, 1984). Brennan and Leape (1991) reported that the frequency of unfavourable occurrences such as accidents, diseases, etc. increases with age. The elderly had a significantly higher percentage of adverse events caused by neglect. According to Sharma (2007), senior adults have a unique set of challenges as they age, including physical restrictions, emotional instability, loneliness, a lack of support and care, a keen sense of role loss, discontent, and a loss of confidence. Raju (2011) has focused his analysis on the social, financial, psychological, physical, and health elements of India's ageing population, as well as elder abuse. He stated that in order to protect the family institution, appropriate action must be

taken through professional welfare services, such as financial assistance and counselling for senior citizens and their families.

Kumar and Bhargava (2014) examined the abusive behaviour towards older people by their family members. This article discusses the types of abuse prevalent among the elderly and studies the impact of abusive behaviour by family members. Panday, Kiran, Srivastava, and Kumar (2015) assessed and compared the quality of life (QOL) between elderly people living in old age homes and within the family setup. This study reported that the QOL of elderly people living in old age homes was better than that of elderly residing in family settings. According to Bhattacharya (2017), the socioeconomic situation of the older population is continually changing and is negatively impacted by a variety of health issues that arise as a result of their way of life. The results showed that the majority of them (87.98%) had several morbidities. Visual impairment was the most common difficulty observed in the examined seniors, with a frequency of 75.96%. The prevalence of hypertension was 68.75%. In addition, there were large cases of cardiac, musculoskeletal, urinary, and auditory morbidities. Amiri (2018) studied the adjustment problems (social adjustment, emotional adjustment, and marital adjustment) of older people and stated that there is a need for preserving the Indian joint family system. There should be mutual cooperation and understanding between new and old generations. In order for the elderly in India to die with dignity and a high standard of living, there needs to be a coordinated effort on the part of the government, NGOs, religious institutions, and others to identify and address the issues brought on by a greying society. According to the research, elderly residents of nursing homes experience more emotional difficulties than elderly residents who are housed with their family.

Dasgupta, Pan, Paul, Bandopadhyay, and Mandal (2018) studied the quality of life and its associated factors in villages in Singur, West Bengal. According to this study, 54.1% of the 146 participants had poor QOL. Most of the study participants (76.7%) had reported comorbidities. In both the 60-69 and >69 age groups, a larger proportion of individuals reported issues with the dimensions of pain or discomfort and anxiety or sadness. In multivariable logistic regression, increasing age, financial dependency, and the presence of one or more comorbidities were substantially linked with low QOL after controlling for the other variables. The results point to the necessity for efficient health promotion efforts that put a focus on the management and prevention of chronic diseases. They will live better if geriatric care is provided, along with counselling and social support like an old-age pension. Sahu and Subudhi (2019) studied the socio-economic and psychological issues of elderly people in Bhubaneswar, India. The survey results revealed that the major problems facing the elderly were neglect and abuse, poor economic conditions, and poor health. Most people suffer from chronic conditions such as hypertension, asthma, arthritis, and so on.

IV. OBJECTIVES OF THE STUDY

To investigate the issues confronting the elderly residents of the Kolkata Municipal Corporation.

V. POPULATION AND SAMPLE

All the elderly people under the jurisdiction of the Kolkata Municipal Corporation constituted the population of the study. Using the non-probability convenient sampling method, 83 old people were chosen.

VI. RESEARCH DESIGN

The conceptual framework for conducting research is known as the research design, and it serves as the guideline for data collecting, measurement, and analysis. This study is based on a review of the literature and a field investigation using a standard questionnaire. Theoretical issues connected to the topic are extensively investigated in the literature survey.

VII. TOOLS USED

Self-constructed questionnaires were used to collect the data. The questionnaire had a total of 20 questions based on a wide variety of aspects, answerable in a Yes or No format.

VIII. ANALYSIS AND INTERPRETATION OF THE DATA

A. Demography of Study Participants

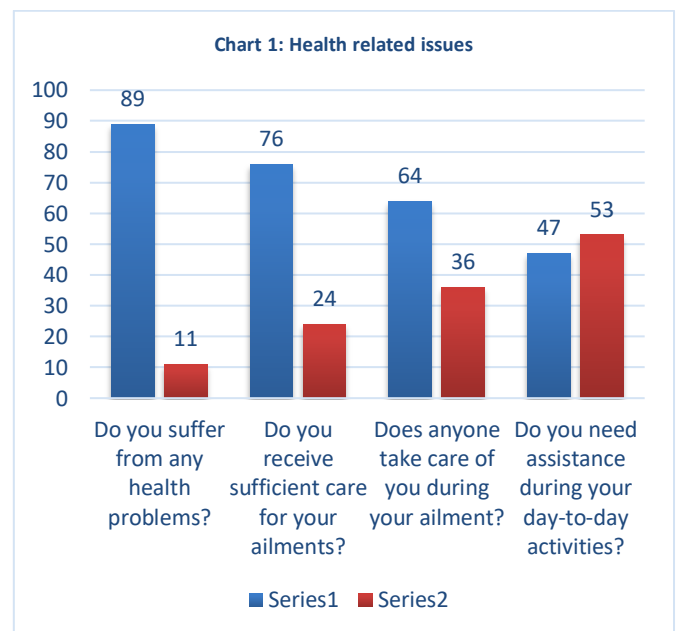
- **Gender of respondents:** This survey collected responses from 83 people, 56.60% of whom were male and 43.40% of whom were female.
- **Age group of respondents:** The survey studied 83 people, out of whom 31% belonged to the age group of 60-65 years, 29% belonged to the age group of 65-70 years, 22% belonged to the age group of 70-75 years, 6% belonged to the age group of 75-80 years, 5% belonged to the age group of 80-85 years, 6% belonged to the age group of 85-90 years, and 1% belonged to the age group of 90-95 years.
- **Number of religious people:** The survey studied the responses of 83 people, out of whom 57.83% were religiously inclined and 42.17% were not religiously inclined.
- **Marital status:** The survey studied the responses of 83 people and concluded that 78.31% of the respondents were married, while 21.69% of the respondents were not married.

B. Interpretation of the Data

➤ Health Issues

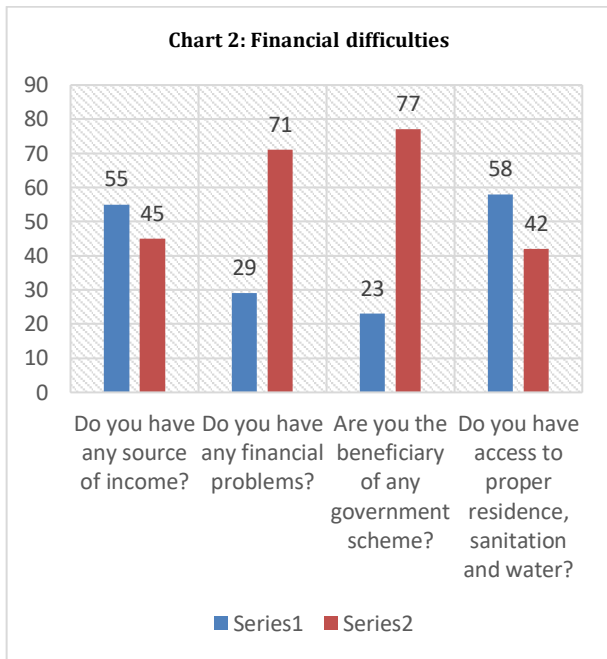
As the body ages, it becomes more susceptible to chronic health conditions such as arthritis, heart disease,

stroke, and dementia. Many older people also suffer from a range of mobility problems, which can make it difficult for them to move around and perform everyday activities. In addition to that, older people often require more medical attention, but they may have trouble accessing the healthcare they need. This can be due to financial constraints, a lack of transportation, or difficulty navigating the healthcare system. In the present study, it is noted that 89% of older people suffer from one or more diseases, while 11% enjoy comparatively good health. From the survey, it was seen that 76% of respondents receive sufficient care for their ailments from their families, 64% reported that they have someone or someone to take care of them during the ailments, and 47% said that they need the assistance to carry out their day-to-day activities.

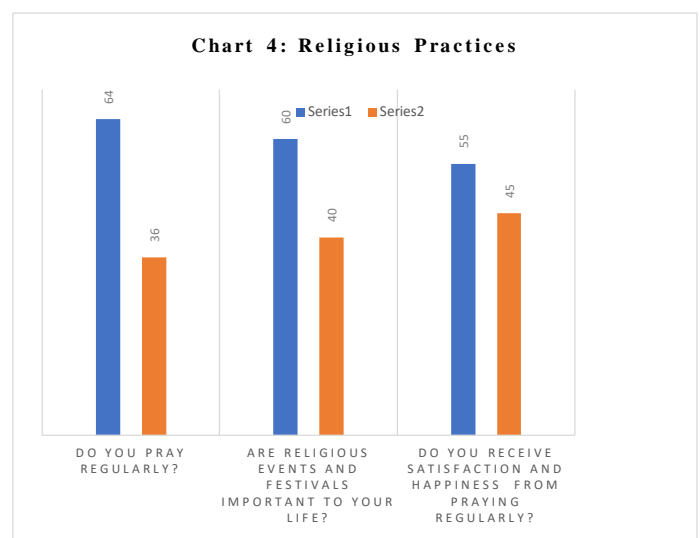


➤ Financial Difficulties

Elderly people's economic situation greatly affects a variety of elements of their lives and is a key factor in determining their health, routines, social relationships, and level of participation in society. Many older people struggle with financial issues, either because they have not saved enough for their retirement or because they are living on a fixed income. This can make it difficult for them to pay for their daily needs and can lead to feelings of stress and anxiety. The older people may struggle to maintain their homes, either because of physical limitations or because of financial difficulties. They may also need to find alternative housing arrangements, such as assisted living facilities, but this can be expensive and may lead to feelings of loss of independence. The present study revealed that 45% do not have any sources of income, 42% do not have access to proper residence, sanitation, or water, and only 23% are beneficiaries of any government schemes. However, 71% of study participants do not face much financial difficulty because of their dependence on their children for their sustenance.

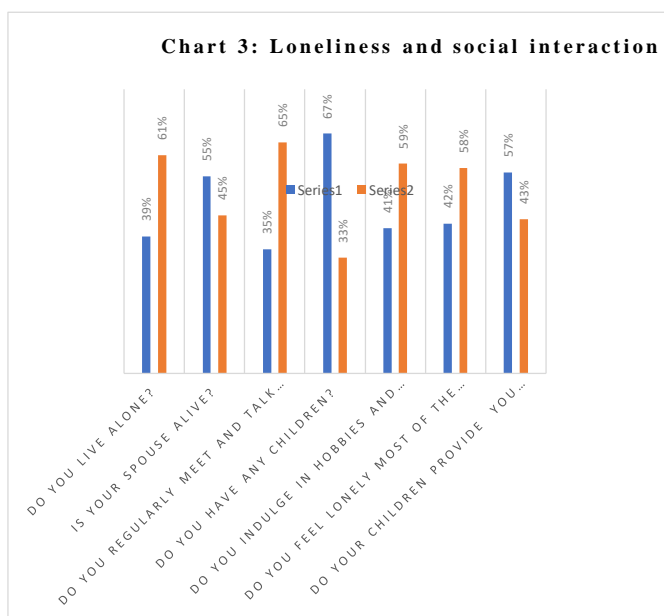


influenced by their religious beliefs and practises. Various studies have demonstrated the beneficial influence that religious practises have on elderly people's overall search for meaning and purpose. Strong religious convictions and faith make people less inclined to fear death (Coleman 1986). Religious activities serve a number of beneficial purposes. First, they lessen the elderly's feelings of loneliness. Second, they boost self-esteem by allowing seniors to participate in particular activities where their hidden skills can be displayed. Finally, they assist in satisfying the socioemotional demands of the elderly to be liked and desired. The present study revealed that 64 percent of Muslims pray regularly, 60 percent feel that religious events and festivals are important parts of their lives, and 55 percent feel that they get satisfaction and happiness through regular prayer.



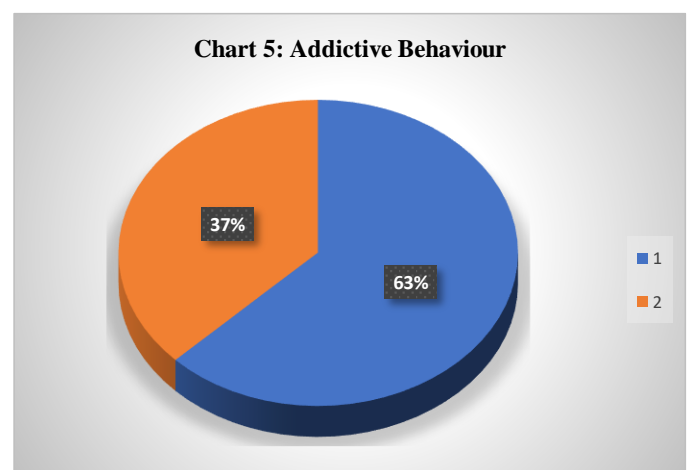
➤ **Loneliness and Social Isolation**

Older people can often find themselves isolated from friends and family, either because they have lost loved ones or because they are unable to get out and socialise. This can lead to feelings of loneliness and depression, which can have a negative impact on their mental health. 39% of study participants live alone, 55% have their spouses alive, and 33% do not have their children. Only 35% stated that they regularly meet and talk with their friends and neighbours. Only 41% indulge in hobbies or any other leisure time activities, and 42% feel lonely most of the time. However, 57% expressed that their children provide them with sufficient emotional support.



➤ **Addictive Habits**

It's commonly said that substance addiction among elderly folks is a hidden issue. Even more so than in younger groups, it is under-identified, underdiagnosed, and undertreated by the healthcare system. The present study revealed that 63% of study participants have some form of addictive habit.

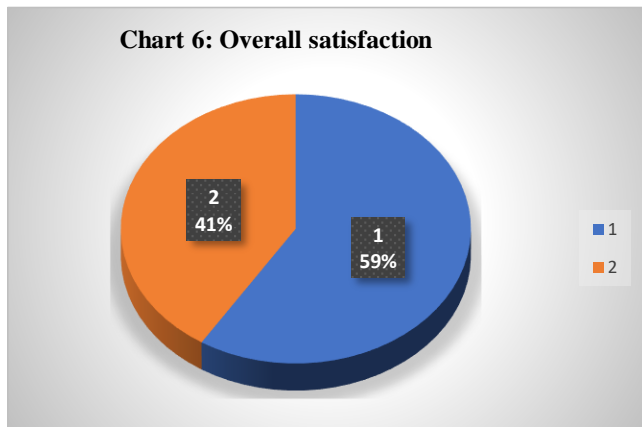


➤ **Religious Practices**

The elderly population's adjustment to the ageing process as well as the younger generations is greatly

➤ Overall Satisfaction

It is seen that 59% of the study participants are satisfied with their present condition, however, 41% are not.



IX. CONCLUSION

The elderly population is facing a growing number of challenges and problems, which can have a significant impact on their quality of life. The challenges faced by the elderly are varied and can include physical health issues, financial insecurity, social isolation, and emotional distress. In order to effectively address these challenges, it is important to understand the complex and interconnected nature of these problems and to approach them from a multi-faceted perspective.

One of the most pressing challenges facing the elderly is access to affordable and quality healthcare. As people age, they are more likely to develop chronic health conditions such as heart disease, diabetes, and osteoporosis. These conditions can be both debilitating and expensive to treat, and many elderly people struggle to access the care they need, either because they cannot afford it or because they live in areas with limited healthcare services. Governments and healthcare providers need to work together to ensure that the elderly population has access to quality and affordable care so that they can live healthy and fulfilling lives.

Another significant challenge faced by the elderly population is financial insecurity. Many elderly people are living on fixed incomes and are struggling to make ends meet as the cost of living continues to rise. This can lead to feelings of stress and anxiety and make it difficult for them to afford the healthcare and other services they need to maintain their quality of life. Governments and community organisations need to provide financial support and assistance to help the elderly manage their finances and maintain their independence.

Social isolation is also a growing problem for the elderly population. As people age, they may become less mobile and less able to participate in social activities and events. This can lead to feelings of loneliness and depression, which can harm their overall health and well-being. Governments, community organisations, and technology

companies need to work together to help the elderly connect with others, participate in activities, and maintain their social networks so that they can enjoy fulfilling lives.

Finally, the elderly population is often faced with emotional distress, such as grief and loss, which can be a result of losing friends and family members or from the physical and emotional changes that occur as people age. Governments, healthcare providers, and community organisations need to provide support and resources to help the elderly deal with their emotional distress and maintain their mental health and well-being.

The problems faced by the elderly population are complex and interrelated and require a multi-faceted approach to address them. Governments, healthcare providers, and community organisations need to work together to ensure that the elderly population has access to affordable healthcare, financial security, social engagement, and emotional support. We can help the elderly population live healthier, more fulfilling lives and improve their quality of life by working together.

REFERENCES

- [1]. Amiri, M. (2018). Problems faced by old age people. *The International Journal of Indian Psychology*, 6(3), 53-63. doi: 10.25215/0603.026
- [2]. Bhattacharjee E. N. (2017). Care of the elderly, *Journal of Social Welfare*, 29(5).
- [3]. Brenan. A. & Leape. L. (1991). An incidence of adverse events and negligence in hospitalized patients; Result of the Harvard medical study practice I. *N Engl J Med*, 324(6):370-6. doi: 10.1056/NEJM199102073240604.
- [4]. Dasgupta, A., Pan. T., Paul, B., Bandopadhyay, L., & Mandal, S. (2018). Quality of life of elderly people in a rural area of West Bengal: A community-based study. *Med J DY Patil Vidyapeeth*, 11, 527-31. doi: 10.4103/mjdrdypu.mjdrdypu_78_18
- [5]. Kumar, Y., & Bhargava, A. (2014). Elder abuse in Indian families: Problems and preventive actions. *International Journal of Scientific and Research Publications*, 4(10), 1-8. Retrieved on January 15, 2023 from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.657.1513&rep=rep1&type=pdf#page=577>
- [6]. Panday, R., Kiran M., Srivastava, P., & Kumar, S. (2015). A study on quality of life between elderly people living in old age home and within family setup. *Open J Psychiatry Allied Sci*, 6, 127-31. doi: 10.5958/2394-2061.2015.00010.5
- [7]. Raju, S. S. (2011). Studies on ageing in India. Institute for Social and Economic Change, Bangalore United Nations Population Fund, New Delhi Institute of Economic Growth, Delhi. Retrieved on January 15, 2023, from <https://pdfs.semanticscholar.org/5438/1b0d5a79c90e353d18e0b909dd95f46a19ae.pdf>
- [8]. Rammurti, P.V. & Jammu, D. (1984). Psychological research on the aged in India. *Journal of the Anthropological Society of India*, 19 (3).

- [9]. Sahu, S. & Subudhi, R.N. (2019). Socio-psychological issues of elderly people of Bhubaneswar. *Parikalpana - KIIT Journal of Management*, 15, 95-111. doi: 10.23862/kiit-parikalpana/2019/v15/i1-2/190176
- [10]. The elderly in India 2021. Retrieved on January 12, 2023 from https://mospi.gov.in/sites/default/files/publication_reports/Elderly%20in%20India%202021.pdf
- [11]. The Status of Elderly in West Bengal, 2011. Retrieved on January 12, 2023 from <http://www.isec.ac.in/West%20Bengal.pdf>