International Journal of Information and Computing Science (IJICS)

ISSN No. 0972-1347, Vol 16(1) June 2013

HEALTH STATUS OF MUSLIM ELDERY OF KOLKATA- A SOCIOLOGICAL STUDY

Sheeba Khalid,
Research Scholar, Jadavpur University, Dept. of Sociology, Kolkata

Abstract:

An important area of emphasis in gerontological research over the past several decades has been the issue of life satisfaction. Questions about the physical, psychological, social, and economic status of older adults have served, either directly or indirectly, as the predominant focus of the aging research (e. g., Maddox and Wiley, 1976). It is these kinds of questions that have increased understanding of the processes and problems of aging and have led to the development of strategies designed to maximize the potential of the later years.

The purpose of the present study is to look into the situation in which the elderly live and to understand the various health study of the elderly living in Muslim Community in Kolkata.

Keywords: Muslim Elderly, Kolkata, Health Problems,Chi-Square Distribution.

Introduction:

To make things worse, old age also means an old and failing body which will simply not cooperate and lets one down ever so often. Even if one does not become sans eyes, sans teeth, sans everything right away, one does begin to slow down physically. Having rendered service for a lifetime, the organs and senses seem to stutter, gasp, choke and wheeze before finally quitting. Minor ailments and major diseases rear their heads and waking hours are preoccupied with symptoms and pills, diets and therapies. Visits to the doctor become routine as, for the first time, even for those who had been conscientious all along, health and thoughts of impending mortality assume paramount importance. Illnesses must be diagnosed and treated with the help of doctors, treatments, tests and therapies - and then the bills come pouring in and the financial burden becomes yet another problem of old age. No matter how large the nest-egg one has carefully

managed to put by, the sum remains constant while expenses mount. It is not just medical bills but sky rocketing prices of just about everything required by one. In the ensuing struggle to balance the books, many familiar trappings of life that one had become accustomed to, have to go - and this brings more despondency.

People have limited regenerative capabilities and are more prone to disease, syndromes, and sickness than other age groups. There is often a common physical decline, and people become less active. It is widely known that old people suffer from multiple pathologies. The illness pattern of the old is quite different from that of the young and so the basic philosophy of approach and mode of treatment of old also need to be different. It is clearly obvious that people become more and more susceptible to chronic diseases, physical disabilities and mental incapacities in their old age. The illness of the elderly are multiple and chronic nature. The National policy for Older Persons recognizes that with advancing age, old persons have to cope up with health and associated problems, some of which may be chronic, of a multiple nature, requiring constant attention and carry the risk of disability and consequent loss of autonomy.

Desai. K. N. (4) discussed that any illness may occur at any age but certain disorders, while not limited to senescence, are never the less characteristically geriatrics. Moreover, the aged respond to habits rather than adjust habits to environment. They live by habits. This is a major cause of health problems. What has made the problem of health in old age, as a major unsolved problem is the ignorance and apathetic attitude towards the illness among the aged. The idea that old age is an age of ailments and physical infirmities is deeply rooted in the Indian mind, and the elderly accepts many of the sufferings and stresses within curable limits as natural and inevitable. On account of old age various geriatric ailments like circulatory disturbances, heart diseases, visual and hearing impairments and disorder on mental nervous conditions usually attack older persons.

Apart from the geriatric ailments, diseases like colic pain, gastritis, indigestion, asthma, joint pains and general weaknesses are found to be frequent among the old people due to decline in their power of resistance. New diseases like dementia and Alzheimer's disease are making their appearance in a significant way and many soon find a place among other major non-curable diseases.

From Health Encyclopedia the researcher came to know that, in human body the muscular system works in conjunction with skeletal system. A human being grows by an enlargement of these muscle and bone cells, which he has at birth. The skeletal and muscular system of human attains their maximum size during early twenties. The ageing process affects the bones to lose density, resulting in easy brittleness. A body joint becomes less mobile and gets stiffened, particularly in the absence of exercise. Cartilage discs especially between segments of the spinal column degenerates and vertebrae come close together, and resulting in decrease in height and this may lead to a hunched posture. In some persons the cartilage between the weight bearing bones gets grossly degenerated due to long wear and this is characterized as osteoarthritis, which may be crippling. This occurs mostly often in knee joints, lower spine and hips.

The ageing process also affects the circulatory system. With ageing the heart pumps become harder to compensate for decreasing elasticity of the walls of arteries. The buildup of fatty deposits leads to narrowing of the passages of blood vessels. Coronary Heart Disease (Heart Attack) occurs when a large blockage due to blood clot cuts off blood supply to the heart muscles. Similarly strokes occur when the blood vessels of the brain get blocked or ruptured. This can lead to paralysis.

Similarly, the endocrine system regulates the major functions of the body such as metabolism of sugar control and body temperature. Malfunction of these systems may cause high blood pressure, diabetes etc. also the respiratory system is directly related to age. The ability to transfer oxygen from the alveoli to the blood declines due to decreased elasticity of the bronchial tubes. The nervous system changes with age in some people as a result of loss of brain and nerve cells. These cells in the brain are never replaced and can lead to mental impairment. Therefore senses became less sharp resulting in some cases in senile brain syndrome.

The hormones of sexual and reproductive maturity have numerous and far-reaching effects in the body. Men and women alike have the spectrum of sex hormones: ESTROGENS and ANDROGENS. Androgens dominate in men; estrogens dominate in women. These hormones account for secondary sexual characteristics and reproductive ability as well as MUSCLE mass and STRENGTH, BONE DENSITY, lipid metabolism, aspects of cardiovascular function, cognitive clarity, BRAIN function, mood, and emotion.

Age-related hormonal changes are most prominent in women, who experience significant transformation in their bodies with menopause. The cessation of OVULATION means a pronounced drop in estrogen within the body, affecting not only reproductive capability but also the functions of nearly every system in the body. Health concerns that arise from these changes include increased risk for OSTEOPOROSIS, CARDIOVASCULAR DISEASE (CVD), and certain types of cancer. Men also experience age-related changes in sexuality and reproductive function. A man's testosterone level peaks when he is in his early 20s and gradually declines with each decade of life. By age 60 most men have about half the testosterone they had at age This decline results in changes such as diminished muscle mass and strength and male pattern baldness (ALOPECIA). A man's risk for PROSTATE CANCER significantly increases after age 60. Though a man can still father children even into his 80s, declining testosterone affects LIBIDO (sex drive) and erectile function.

Older people are more prone to ear damage. With auditory nerve damage, sound is not carried to the brain and hearing aids do not help when the nerve is dead. But often elderly refuse to admit to a hearing loss and this denial may lead to emotional problems, the ability to taste and smell also decline with advancing age. Thus physical problems are also a major cause of worry for the life of our elderly persons.

In this study the researcher focuses on the characteristics of older people that indicate their socioeconomic status and health status of elderly people. The present study is primarily based on the data relating to the aged (55+) members of the Muslim family of central Kolkata residing in the KMC wards of 59, 62 and 64. The total number of respondents in this study is 150.

Review of Literature:

In Islam, serving one's parents is a duty second to prayer, and it is their right to expect it. It is considered despicable to express any irritation when, through no fault of their own, the old become difficult.

According **to Quran[2] Allah** has said: ***Your Lord has commanded that you worship none but Him, and that you be kind to your parents. If one of them or both of them reach old age with you, do not say to them a word of disrespect, or scold them, but say a generous word to them. And act humbly to them in mercy, and say, "My Lord, have mercy on them, since they cared for me when I was small." (Quran, 17:23-24)[3]***

وَقَضَى رَبُّكَ أَلَّا تَعْبُدُوا إِلَّا إِيَّاهُ وَبِالْوَالِدَيْنِ إِحْسَانًا إِمَّا يَبْلُغَنَّ عِنْدَكَ الْكِبَرَ أَحَدُهُمَا أَوْ كِلَاهُمَا فَلَا تَقُلْ لَهُمَا أُفٍّ وَلَا تَنْهَرْهُمَا وَقُلْ لَهُمَا قَوْلًا كَرِيمًا (23)

وَاخْفِضْ لَهُمَا جَنَاحَ الذُّلِّ مِنَ الرَّحْمَةِ وَقُلْ رَبِّ ارْحَمْهُمَا كَمَا رَبَّيَانِي صَغِيرًا (24)

Dhillon and Singh, (1994), **no. 6,** investigated the factors that determined their adjustment besides an adjustment inventory, scales measuring physical health, leisure activities, social supports and life events were administered. The impact of variables, such as health, social support, education of self bone disorders death of a close friend listening to music writing letters performing voluntary acts, digestive tract problems, speak over phone with friends and attending community events on adjustment was studied Step-wise multiple regression analysis of the data revealed leisure activates as the most significant predictor of adjustment followed by overall health, life events and overall social support However, among the personal variables, only education of self made a positives impact towards adjustment in the life after retirement.

Chadha (1996), no. 7, examined a comparative study between male and female elderly on life satisfaction, loneliness, health, social support network, leisure-time activities and on selected demographic variables. To him there are no significant difference between males and females in terms of loneliness, however, in the area of life satisfaction and social support network a significant difference was observed between males and females. In both cases, the elderly males occupied a favored position it may be commented that the study was an attempt to combine both psychological and social aspects of the problem of aging in the Indian context.

Poon, L. W., Martin, (1992) no. 5, studied the relationship between religiosity and adaptation in the oldest old. To him, a significant relationship between religiosity and physical health, but no significant relationship was observed between religiosity and mental health and life satisfaction, however, the study claimed that religiosity and coping were strongly related, and religious coping mechanism was important in the oldest old.

Methodology and Universe of the Study:

Kolkata is the commercial capital of East India, located on the east bank of the Hooghly River. The city of Kolkata has 4.5 million residents, and the metropolitan area, including suburbs, has a population of approximately 15.7 million, making it the third most populous metropolitan area in

India and the 13th most populous urban area in the world. The city is also classified as the eighth largest urban agglomeration in the world.

Bengali comprises the majority of Kolkata's population, with Marwaris and Bihari communities forming a large portion of the minorities. According to the census, 73% of the population in Kolkata is Hindu, 23% Muslim, 2% Christian and 1% Jains. Other minorities such as Sikhs, Buddhist, Jews and Zoroastrian constitute the rest of the city's population.

The present study has been conducted on the basis of 2001 census of Kolkata City in West Bengal. Total three wards have been taken for the study, those were: ward no. 59 Topsia Road, Ward No. 62 Taltala Lane and Ward No. 64 Park Circus. Total populations in these wards are 140221, where total populations of Males are 79083 and 61138 of Females. Number of Households are 25198. To give an equal distribution to each ward; 50 respondents selected for interview from each ward, by Purposive sampling, in which 50% was Males 50% was Females. Total 150 respondents were interviewed.

The methods have to be followed for the collection of data was the interview method and observation method. The respondents has contacted and interviewed using the interview schedule. This ensured the clarification of doubts. Since the study is about aged people it is difficult to give questionnaire to them. The interview schedule including a large number of fulfilling the objectives, the interview schedule was prepared on the basis of the study of existing literature on the subject, and the information gain through consultations and discussions with the experts in the field.

As an initial stage of research, a pre-test has been conducted to finalize the interview schedule. A drafted interview schedule has been tested with a sample of the respondents for ascertaining its validity and reliability.

This data obtained has been subjected to descriptive and inferential statistics so that psychosocial risks assumed to be associated with elderly could be estimated. The graphic technique is also be used to compare the status of elderly on the selected scale.

Data Interpretation:-

Respondents according to their Gender

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	Female	75	50.0	50.0	50.0
	Male	75	50.0	50.0	100.0
	Total	150	100.0	100.0	

Table 1.1

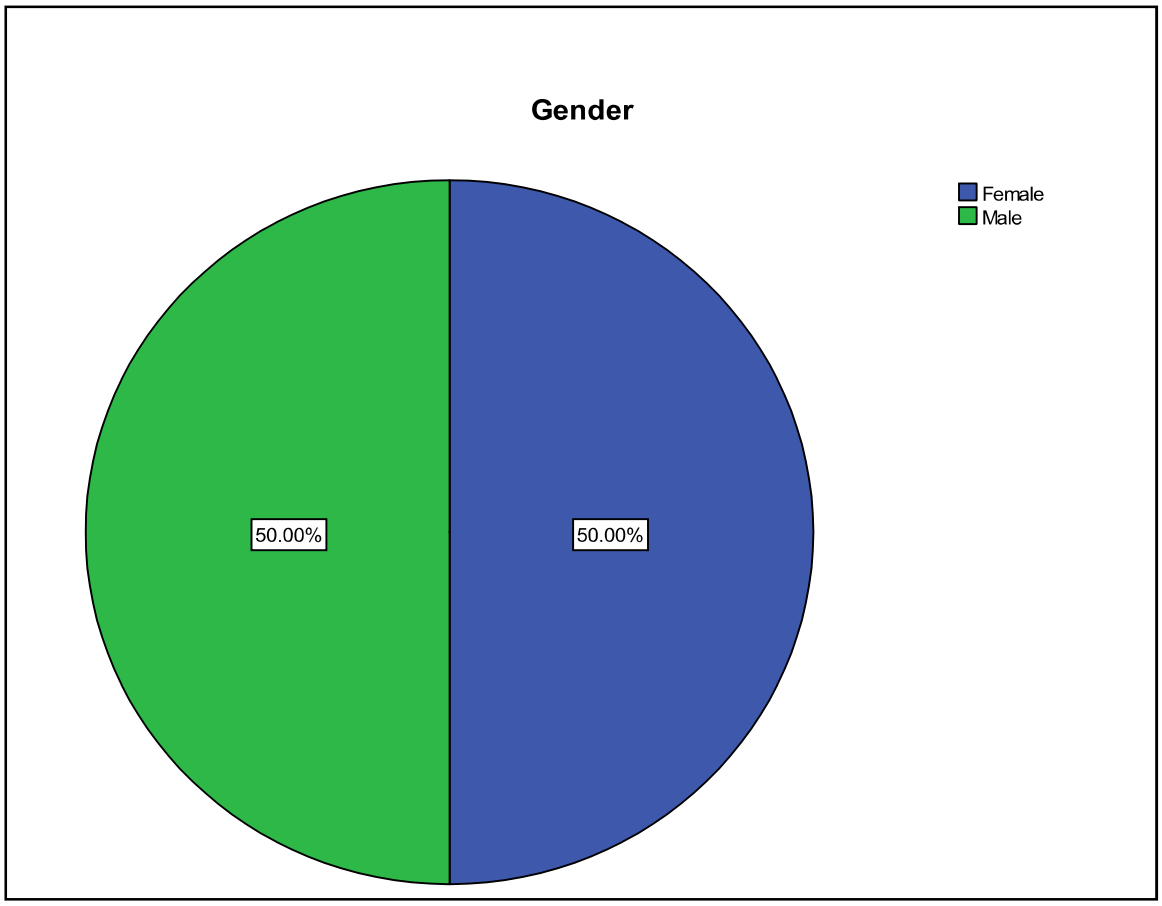

Figure 1

Respondents according to their AGE_GROUP

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	55-60	29	19.3	19.3	19.3
	61-65	29	19.3	19.3	38.7
	66-70	41	27.3	27.3	66.0
	71-75	31	20.7	20.7	86.7
	76-80	20	13.3	13.3	100.0
	Total	150	100.0	100.0	

Table 1.2

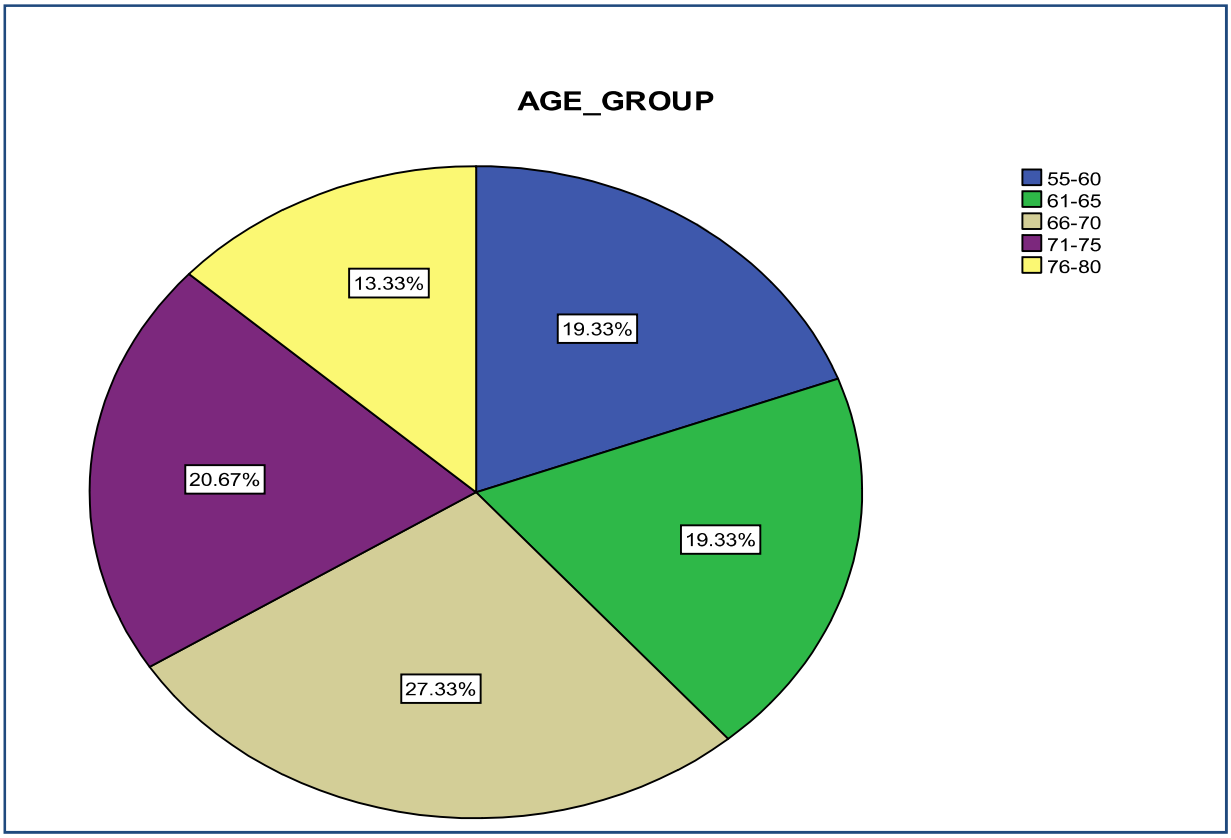

Figure 2

Respondents according to their INCOME_GROUP

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	Up to 2500	18	12.0	12.0	12.0
	2501 - 5000	60	40.0	40.0	52.0
	5001 - 7500	37	24.7	24.7	76.7
	7501 - 10000	22	14.7	14.7	91.3
	Above 10000	13	8.7	8.7	100.0
	Total	150	100.0	100.0	

Table 1.3

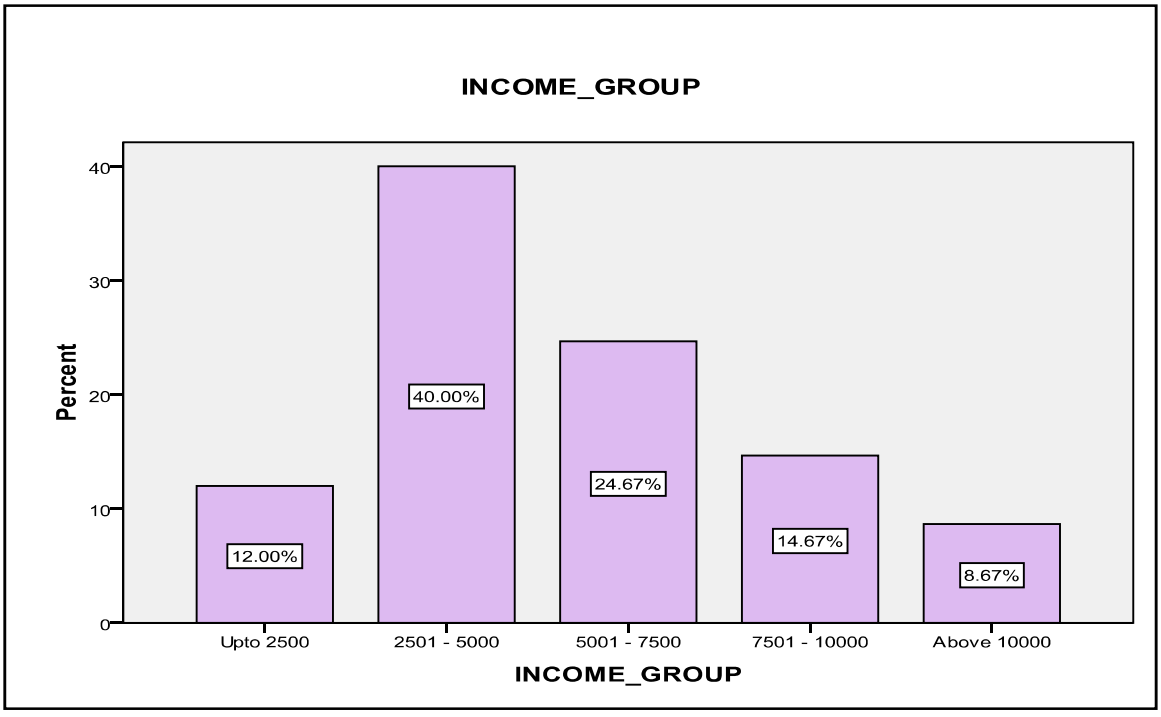

Figure 3

Health and Care Profile:-

Respondents according to their types of diseases/disabilities

Health Problems					
		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	Arthritis	31	20.7	20.7	20.7
	Blood Pressure	59	39.3	39.3	60.0
	Diabetes	33	22.0	22.0	82.0
	Heart	7	4.7	4.7	86.7
	Asthma	20	13.3	13.3	100.0
	Total	150	100.0	100.0	

Table 2.1

The above table shows the distribution of the respondents according to their type of diseases or disabilities. The majority of respondents is suffering from blood pressure, they are 59 in numbers and 39.3 in percentage. 33 respondents are suffering from Diabetes, 31 have Arthritis, they are 22.0 and 20.7 in percentage. Where 7 respondents have Heart Disease and20 have Asthma Problem, they are 4.7 and 13.3 in percentage.

Respondents according to their medicinal regularity

Respondents_ According_ to_ Their_ Regularity_ in_ Medicines					
		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	No	101	67.3	67.3	67.3
	Yes	49	32.7	32.7	100.0
	Total	150	100.0	100.0	

Table 2.2

The above table shows the distribution of respondents according to their medicinal regularity. The majority of respondents are not taking their medicines regularly; they are 101 in numbers and 67.3 in percentage. 49 respondents are regular in their medicines; they are 32.7 in percentage.

Reason_for_Irregularity_in_Medicines					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		49	32.7	32.7	32.7
	Costly Medicines	35	23.3	23.3	56.0
	Due to low income	35	23.3	23.3	79.3
	Due to Poverty	5	3.3	3.3	82.7
	Having no money	26	17.3	17.3	100.0
	Total	150	100.0	100.0	

Table 2.3

The above table is showing the reason of not taking medicines regularly. 35 respondents are not regular in medicine; because medicines are very costly, they are 23.3 in percentage. 26 respondents have no money for Doctors and medicines, 35 respondents are not regular due to low income, and 5 are not regular because of poverty, those are 17.3, 23.3 and 3.3 in percentage.

Diet					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Normal Diet	40	26.7	26.7	26.7
	Poor Diet	11	7.3	7.3	34.0
	Rich Diet	79	52.7	52.7	86.7
	Therapeutic Diet	20	13.3	13.3	100.0
	Total	150	100.0	100.0	

Table 2.4

The above table is showing respondents according to their diet; majority of them are having rich diet, they are 79 in numbers and 52.7 in percentage. 40 respondents are having normal diet and 11 respondents are having poor diet; they are 26.7 and 7.3 in percentage. Only 20 respondents are having therapeutic diet; they are 13.3 in percentage.

Respondents_According_to_Their_Care_in_Case_of_Illness					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		13	8.7	8.7	8.7
	Daughter	12	8.0	8.0	16.7
	No One	6	4.0	4.0	20.7
	Relatives	6	4.0	4.0	24.7
	Sons	55	36.7	36.7	61.3
	Spouse	58	38.7	38.7	100.0
	Total	150	100.0	100.0	

Table 2.5

According to the above table majority of respondents get care from their spouse in illness; they are 58 in numbers and 38.7 in percentage. 55 respondents are dependent on their sons; they are 36.7in percentage. 12 respondents are getting care from their daughter; they are 8.0 in percentage. 6 respondents by their relatives, and 6 respondents are alone there no one to care of them, they are 6.0 in percentage.

Chi-Square Value:-

Health_Problems * AGE_GROUP Crosstabulation							
Count							
		AGE_GROUP					Total
		1	2	3	4	5	
Health_Problems	Arthritis	6	6	10	3	6	31
	Asthma	0	7	1	8	4	20
	Blood Pressure	18	9	13	10	9	59
	Diabetes	4	4	17	8	0	33
	Heart	1	3	0	2	1	7
Total		29	29	41	31	20	150

Here value of X^2 =40.417, df=16, P Value= 0.00003035, Result= Significant

Health_Problems * INCOME_GROUP Crosstabulation

Count

		INCOME_GROUP					Total
		1	2	3	4	5	
Health_Problems	Arthritis	1	16	8	5	1	31
	Asthma	7	8	3	2	0	20
	Blood Pressure	2	21	18	7	11	59
	Diabetes	6	14	7	5	1	33
	Heart	2	1	1	3	0	7
Total		18	60	37	22	13	150

Here value of χ^2=37.538, df= 16, P Value= 0.00176043, Result= Significant

Conclusion:

Different income pattern of Muslims in different places of Kolkata may not be able to take proper treatment due to poor economic conditions and costly medical treatments.

There should be a greater emphasis on health education and creation of geriatric hospitals or special wards for older persons. Identification and establishment of cheaper alternative health care systems for the elderly is also to be urgently attended.

There is an urgent need to encourage formation of Senior Citizens Clubs, Associations, foundation etc. to enable the elderly to have a peer – group social contact as well as undertake mentally rewarding volunteer work in the Day Care Centers and other Community Support projects by making full use of their expertise.

Family support system is especially important and needs to be strengthened by giving training and incentives to those who care for the elderly to enhance Family Care Systems.

There is now the need for appropriately designed periodic demographic and socio – economic surveys at the national and regional levels (perhaps linked with the ten yearly census) to provide realistic assessment about the improvement, if any, in the situation of the elderly from the various projects and programs intended for them and the changing problems or needs so as to

provide guidance for further planning. The essential issue in all these measures is that the increasing elder population should not be taken as a liability or a burden but considered as a valuable human resource. The residual capacity and rich experience should be properly utilized for the sake of overall social development. Their ability to lead meaningful, healthy and productive lives should be ensured by the younger generation, the elders themselves and the elders themselves and the State.

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