

A Study of Sociological Perspective of the Deprivations to the Aged

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Abstract: This study aims to highlight the biopsychic, socio-economic and cultural deprivations to the aged in Nigeria. About 240 elderly (60+ years of age) respondents divided into four different categories, viz., retired university teachers, civil servants, lawyers and doctors who were interviewed to assess the volume and intensity of many sorts of deprivations. It was found that unison with social bonds lessens these deprivations. Government and community can work towards a deprivation-free society for the aged.

Key words: Deprivations, causes, consequences, reconciliation, aged, Texas

INTRODUCTION

The main thrust of the present study has been on the application of sociological perspective approach based on Emile Durkheim's assumption that unison with social bond will lessen deprivations of many sorts to the aged. According to Durkheim so long as the people of any class, creed, gender and age are closely knitted with the social bond, they will be lesser deprived of their rights and privileges to which they are entitled in the society (Durkheim, 1964). In this way, sociological perspective approach has provided the basis for the criteria of assessing the volume and intensity of many sorts of deprivations to the different categories of the aged under study.

The physical deterioration due to chronologically advancing age makes a person aged. In this process of becoming aged, there are both intrinsic as well as extrinsic changes in the individual. The intrinsic changes are those which take place within the functioning of body organs. The basic deprivation gradually crops up initially in the form of reduction in the physical strength and energy previously enjoyed by the aged in the youth and adult age (Masuda and Holmes, 1978; Pearlin and Schooler, 1978; Reker *et al.*, 1987).

The aged is therefore, deprived of smartness, promptness, dynamism and confidence which were basic personality features of youth and adulthood. Further, the optimistic outlook of the aged gradually turns into pessimism (Thurlow, 1971; Ushasnee, 2004). Extrinsic changes among the aged are the effects of disorganized social institutions, values and norms arising out of surrounding, social forces of urbanization, industrialization, modernization and globalization. Hence, the disorganized society, family and personality produce many sorts of deprivations to the aged in the contemporary society.

MATERIALS AND METHODS

The present study is based on 240 respondents aged ≥ 60 years living in the city of Ibadan, Nigeria. They were divided into four different categories, viz., university teachers (42), civil servants (40), lawyers (120), doctors (38). The purpose of the study was exploratory-cum-descriptive. Thus, interview and observation schedules were administered on all the 240 respondents of ≥ 60 years of age.

RESULTS AND DISCUSSION

Deprivation of family care to the aged: The basic deprivation to the aged in the contemporary society is of socio-cultural nature. The aged are denied that family care to which they are entitled. Traditionally, the younger members, especially son/sons/grandson/sons are expected to look after their aged parents/grandparents in their old age but the fact is otherwise.

Quite a large number of the aged are deprived of care from their children/grandchildren and relatives. About 155 (65%) respondents say there is no one to take care of them (most of the respondents' sons live away from their parents, some of them do not have children (Table 1). Traditionally, the son has to look after his elderly parents in old age as the aged have full rights as well as expectations from their children whom they have brought up, nurtured and made wage/salary earners for the family (Sijuwade, 2003). Such a traditional family care is available only to few that is 30 (12%) respondents.

Deprivation of social status, honor, power and obedience from younger family members: Another significant deprivation to the aged is the loss of social status, prestige and power which were available to them in the family and society at the earlier age (Table 2).

Table 1: Family care to the aged

Caretaker	f	Percent
Sons/grandsons	30	12
Relatives	55	23
None	155	65
Total	240	100

Table 2: Deprivation of social status, honor and obedience from the younger ones

Enjoying social status, power and obedience	f	Percent
Always	58	25
Sometimes	20	8
Often	32	13
Never	130	54
Total	240	100

Adjustment modes with deprivation: If the respondents are deprived of their former social status and youngsters' obedience in the family there are different ways the aged react to the situation (Table 3).

Table 3 clearly shows the helpless position of the aged in the family when they have to reconcile with dishonor and disobedience by keeping quiet by 136 (57%) and least interference in family matters by 67 (28%) respondents. Such is the disgraceful and pitiable condition of the aged in the family.

Deprivation due to discontinuity of work/job among the aged: The sudden discontinuity of work/job/profession due to retirement generates many effects such as fast aging, depression, loss of economic status, social alienation, worry and stress (Pearlin and Schooler, 1978). The aged are deprived of their active life and begin to experience some of the aging problems due to discontinuity of work. This happens specifically with the aged who have retired from government service like the university teachers and civil servants. The remaining respondents may be engaged in some activities.

Economic depression: Most of the aged feel the pinch of economic loss due to discontinuity of job/service as researchers observed in Table 4. After 60 years of age, they cannot earn enough money as before. The pension amount is most meager and they have to live hand to mouth. The economic loss suffered by the aged can be assessed by the adequacy of current income as felt by the respondents (Table 5). Due to low level of current income of the aged, they are deprived of their previous economic states and as a consequential effect, they are further deprived of their social status and power in the family and society at large. It is only 40 (17%) respondents who feel their current income as more than adequate.

Psychological deprivation: In the present study, about 95 respondents are fully conscious of the fact that they are

Table 3: Adjustment modes toward dishonor and disobedience to the aged

Adjustment modes	f	Percent
Yielding	25	11
Keeping quiet	126	57
Least interference in family matters	67	28
Submissive and passive to even younger ones	6	2
Remaining away from the house for sometime	6	2
Total	240	100

Table 4: Consequences of dis-continuity to work after 60 years of age

Consequences of dis-continuity to work	f	Percent
Fast aging	62	41
Depression	38	25
Worry and tension	27	18
Loss of economic status	15	100
Social alienation	10	6
Total	152	100

Table 5: Current income of the aged

Response	f	Percent
Adequate	70	29
More than adequate	40	17
Inadequate	30	12
Most inadequate	100	42
Total	240	100

Table 6: Reasons for psychological deprivation

Reasons	f	Percent
Discontinuity in work	14	15
Contemptuous attitude of family members	64	67
Loss of social and professional status and power	06	06
No hope of economic support from any source	11	12
Total	95	100

the most deprived and unwanted burden on the society. Such a thought later on develops a feeling of social alienation among the aged for certain reasons. The chief reasons are as follows (Table 6).

Although, the aged wish to be looked after and daily regarded by their younger kins, especially by sons but in reality their sons and other family members ignore them and dislike them as an additional and unwanted appendage to the family. Even under such an humiliating condition when the aged were asked about their preference for living in old age homes run by non-governmental agencies, they express that in spite of problems, they would like to live with impertinent and ill-natured family members.

Deprivation factors: Some of the major factors have been discovered which lead to all sorts of deprivations to the aged. The knowledge of these factors would help in curbing, controlling and substituting them so as to redeem problems of the aged (Table 7).

Health-care deprivations: The aged generally do not enjoy normal health and if they fall ill, it has been reported that there is no one to bring a doctor to the aged's place or to take them to the doctor's place. In this way, they are

Table 7: Major factors leading to deprivations to the aged

Major factors	f	Percent
Disrespect	84	35
Away from the children	160	46
Loneliness	64	26
Dependency	65	27
Unwantedness	30	12
Social alienation	19	8
None cares to help and none speaks consolatory words	85	35
None cares about personal feeling	80	33
Having no son	88	37
Bad health	80	33

Table 8: Helper for cooking meals

Cooking meals	f	Percent
Elderly spouses	125	52
Servants	28	11
Daughter-in-law	5	2
Son/sons	70	29
Daughters	6	3
Others	6	3
Total	240	100

Table 9: Deprivation and aging problems

Aging problem	f	Percent
Physical debility	130	75
Family tension	145	60
Economic problem	110	46
Death phobia	95	40
Loneliness	115	48
Dependency	87	36
Worries and anxieties	105	44
Hallucination	50	21

deprived of proper treatment of their illness. This is because of lack of finance or faithful helper in the family and neighborhood. There are about 80 (33%) respondents of bad health reporting the deprivation of proper treatment if ill.

Deprivation of help in daily routine to the aged: Being physically weak and of low economic position, the aged are unable to take the services of a paid helper in the daily routine work. In most of the cases, the aged are deprived of any help even in preparing their daily meals. In this respect, researchers find both the aged spouses have to prepare their meals themselves (Table 8 and 9).

Aged's image of a deprivation free life: The aged respondents do have their own image of a deprivation free life. In this respect, they have themselves proposed a long list of conditions constituting a deprivation free social milieu (Table 10).

Government's contribution toward making a deprivation free life for the aged: In order to provide deprivation free life to the aged there are number of expectations and demands of the aged from the state and central government. If necessary efforts and proper steps are

Table 10: The aged's image of a deprivation free life

Details of deprivation free life	f	Percent
Peaceful contentment	240	100
Ever enjoying social status and power	190	79
Company of the devotees of the same sect	172	72
Normal health	240	100
No dependency	240	100
Absence of any economic need	130	56
No liability	218	91
Sweet home with sweet tongued family members	218	91
No serious illness	240	100
Natural and normal death	240	100

Table 11: Expectations and demands for a deprivation free life for the aged from the government

Expectations and demands from the government	f	Percent
Separate places in public places for the senior citizens	237	99
Mobile hospital	202	84
Separate geriatric unit at the hospital	202	84
Membership in government committees and commissions for the welfare of the aged	210	88
Concessions, rebates, subsidies, controlled priced essential goods, commodities and services	205	85
Remunerative engagement to the aged	175	73
Time-bound revision of pension to the aged	82	34
Income tax relief to those helping the aged	145	60
Government-run old age home	50	21

taken by the government in order to fulfill the demands listed below there will definitely be a deprivation free life soon and it will be a great relief to the aged in Nigeria in the 21st century (Table 11).

CONCLUSION

The traditional social institution like the extended or joint family which has been of prime importance for attributing higher status and power to the aged is now losing grounds and producing many forms of deprivations. Bio-psychic, socio-economic and cultural patterns are changing with the passage of time and the collapse of joint family system have robbed the aged of their status, power, self esteem, family care and finally deprived them from normal functioning in the society. The best way to prolong life span and make life of the aged worthwhile and useful both for the individual and the society is to understand their expectations and work towards them so as to provide a healthy psycho-social environment. The motto should be add life to years and not merely years to life.

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