



RESEARCH ARTICLE

LIVING AND THE HEALTH CONDITIONS OF ELDERLY PEOPLE IN KAALVANKARAI SLUM AT SAIDAPET- CHENNAI CITY

¹Dr. Anand, E. and ²Rev. Dr. A. Louis Arockiaraj S.J.,

¹Assistant Professor, School of Service Learning, Loyola College, Chennai-34; ²Principal and Dean, School of Service Learning, Loyola College, Chennai-24

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ABSTRACT

Senior citizen means any person being a citizen of India who has attained the age of sixty years or above. Aging is the process of becoming old or growing aged. Obtaining blessings from the elderly of the house before commencing any task or function is a tradition in Indian culture. Elders possess a vast experience in different walks of life. Their practical wisdom and experience would be a source of inspiration and learning for young generations. They right advice to achieve greater heights. They are our great teachers: we learn from them. They are our inspiration: we imitate their enriched life. They are our blessings: We see God's grace-being fulfilled in our lives in and through them. It is a boon to have our elderly parents stay at home with us. They are role models for our children. They provide us moral support, encouragement, and spiritual support. Our children are safe when they are present at home. They knit the family together even though we face hardships and strained relationship with our relatives and neighbors. Therefore, today's you-gain the strength and will power from the senior citizens in taking the individual, family, community, society and nation to greater heights. Elders need to be taken care of by the younger generations. They need to be protected and their life and stay needs to be ensured. Considering them as part/ asset of the family, obeying the decisions taken by the elderly, respecting their presence will enhance the youngsters to preserve the family structure as an institution. *Therefore, May the road rise up to meet you. May the wind be always at your back, May the sun shine warm upon your face; The rains fall soft upon your fields, May God hold you in the palm of His hand.* The elderly living in Kaalvankarai are uneducated, poor, unemployed and are low waged laborers. They are deprived of love and support from the family and the society. They are considered as burden, because they are not bread winners of the family anymore. They are denied of a dignified living in the society and more particularly in their families. They face ill health due to malnutrition. Many women are anaemic and suffer huge loss of weight. They suffer from improper medications, deprived of portable drinking water, proper sanitation and hygiene. Apart from this the slum dwellers face housing problems, poverty, proper education, pollution, diseases and sicknesses and chronic infections. These problems create the health and hygiene related problems. Unhealthy conditions are created in slums due to absence of public facilities. Malnutrition, infectious diseases, traffic accidents, violence, heart diseases are some of the major concerns recorded in the area of our study. Our findings from the study area highlighted that 42 percent of the elders are unemployed and are not in a position to work. Most of them are slum dwellers and 90 percent is illiterates. Majority of the elders in the slum (53 percent) having the habit of chewing tobacco. Predominant health issues identified among the elderly in the study area were-heart related problems (11%), cancer (07%), strokes problems (12%), and lung related problems (06%). Due to rise in the elderly population in the slum, there is an urgent need to provide better health care facilities like mobile health clinic services which would bring about a healing and better health status in the life of the elderly who are otherwise unfortunate.

*Corresponding author:
Kailash Ramesh Bhovi

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INTRODUCTION

Senior citizen means any person being a citizen of India who has attained the age of sixty years or above. Aging is the process of becoming old or growing aged. The position and status of the aged have been undermined by transformations in the cultures, values and overall living conditions of the individuals. Aging is a natural process and old age is an

incurable disease. India is turning into grey nation, with 8% of the elderly population aged above 60, which is likely to rise to 19% by the year 2050. Mental disorders were noted commonly in this age group and depression is the most common psychiatric disorder among them which go unnoticed. World Health Organization defines health as a state of complete physical, mental and social well-being. It is not merely absence

of a disease. Within the home, when any kinds of conflicts and disputes takes place between individuals, then aged people in some cases feel stressful and they have an effect upon their health. As a result, they may not consume their proper diet and nutrition, may not obtain adequate sleep. The physiological decline in aging refers to the physical changes an individual experiences because of the decline in the normal functioning of the body resulting in poor mobility, vision, hearing, inability to eat and digest food properly, a decline in memory, the inability to control certain physiological functions and various chronic conditions. Change in socio-economic status adversely affects the individual's way of life after retirement. The economic loss is due to a change from salary to pension or unemployment leading to economic dependency on children or relatives. There are various kinds of health problems experienced by the aged people. These include, visual impairments, hearing impairments, speech impairments, decline in word usage and vocabulary, pain in the joints, high or low blood pressure and other illnesses.

Health status of elders from the slums of Kaalvankarai, Chennai, Tamil Nadu, is not satisfactory. They face a lot of social evils from the society and their family members. In fact, most of the slums in the city of Chennai in general do not have proper sanitation facilities. Therefore, they attend the call of nature by going behind the bushes situated alongside railway tracks and Koovam river banks and public toilet. Elders prefer to go for open defecation under cover of darkness, either late in the evening or early morning. A health condition in slums is usually unsafe and therefore, it is a matter of concern as it poses serious threats to the health and wellbeing of slum dwellers especially elders in Kaalvankarai, Saidapet. The unhygienic environment of the slums and lack of basic amenities affect the health and wellbeing of the slum elders. Normally, elders do not take healthy diet as they face "income insecurity, lack of adequate access to quality health care and isolation are more acute for the slum elderly. Elders take rice mostly obtained from the ration shops. Therefore, the problem of the poor living conditions of elders have to be addressed by the health departments, government agencies, Chennai corporations and slum clearance board. Aged people do not receive any assistance and support from their family members in taking care of their health conditions. When they receive support and assistance, they are able to maintain good health and live longer. On the other hand, when they are lonely and lack the support and assistance, then they are unable to meet their health care requirements in an appropriate manner. Slum aged people are not acknowledged, communicated in an appropriate manner by the other family members, regard them as a burden and do not take proper care of them. They feel neglected and unaccepted as they are dependent on others. They undergo depression and as a result face great mental ill health. Senior Citizens are a treasure to our society. They have worked hard all these years for the development of the nation as well as the community. The present study reveals that most of the elderly feel lonely. People should try to cope up loneliness by adopting a positive way of life and behaviour. The senior citizens should communicate with their friends and family to combat loneliness.

Objectives of the evaluation were

- To analyze the health status of elders
- To find out the current social problems
- To explore possible ways for their longer life.

METHODOLOGY

The study was conducted among elderly people (60 years and above) to know their main life concerns. The questions, validated before preparing questionnaire were simple and largely close ended.

Evaluation Method/Tools: Qualitative information generated from both primary and secondary sources. The secondary sources of information were collected by reviewing documents such as government department and balwadi centres. Purposive sampling was used for the study. Descriptive and explorative design were applied for analysing the data and prepared report. To achieve the objectives, researcher visited Kaalvankarai slum in Saidapet to collect the information and analyse the information.

Area of the study: The increasing concentration of population in slums and urban poverty has elicited a strong interest in urban health conditions in general and the health of slum dwellers. The present study provides spatial-information on elders, their social issues and health care for the elders at Kaalvankarai slum in Chennai city. The perception study has been adopted for the future planning of urban health/living conditions especially the aged people.

Observation: Qualitative observations are those in which the researcher takes field notes on the elder's health and health care activities. The researcher conducted face-to face interviews with participants, telephonic interview of the participants and engaged in focus group interviews.

Scope and Purpose of the Study: The scope of the evaluation was to explore the effectiveness of government departments as per government minimum standards. The evaluation documented the results of the program and also analyzed the relevance, effectiveness and efficiency, impact and sustainability perspectives.

Need of the study: Slums elders are feeling low self-worth which is due to the loss of earning power and social recognition. This state of mind is harmful. With the prospect of this situation worsening in the coming decades, ways and means of managing the stress effectively needs to be examined especially who are living in Kaalvankarai slums Saidapet, Chennai. In this backdrop, we thought that this could be an important work focusing on the life concerns of impecunious elderly in urban slums.

RESULTS AND DISCUSSION

Aging and poverty the double burden of the elderly poor of Kaalvankarai is the principle focus of this study. The study shows that 32 percent of those who are working to earning a livelihood are more than 60 years of age. Kaalvankarai elders do not have the social support system and are forced to work for long years. One fifth of those surveyed between the age of 60 and 65 years are still working. Despite their presence in large numbers and economic contribution the elderly poor of Kaalvankarai are overlooked. Old-age pension amount of Rs. 1000 a month given through the National Old Age pension Scheme is grossly insufficient in increasing food costs and other emergency needs.

The elders who support the family by taking the burden of the household indirectly and directly move out of the hut in the night to sleep on the street so that the rest of the family can use it. The study also revealed that the number of old working men is twice the number of old working women. However, it is the women who work further into old age and end up supporting the men who wear out relatively quickly. Women work as domestic worker, the rest do not have a fixed income. Many strive to make a living by taking to street vending. These elderly poor often face threat of displacement and eviction.

The issue of housing for the poor has not been adequately addressed. As a result, the elderly poor who on small hut are under pressure to part with them or share with the growing family. Most of the people move into old age after a lifetime of poverty, poor nutrition, and healthcare and years of hard physical labour. Loneliness was the most important life concern of the respondents in this study. More than 90 per cent of the respondents were concerned of health problems and seeking health care due to poverty and ill health. In public sector health care set up, long queues and difficulty in reaching physician is very cumbersome.

More than 40% of elders do not have their family members around, relatives and a good social circle of friends and then it is likely that they are feeling insecure and supportive. 50 % of elders are affected with social problems. It is vital for the individuals to form a good circle of friends and interact with relatives, caregivers and neighbors. Economic problems are experienced by the aged people of Kaalvankarai who are belonging to deprived, marginalized and socio-economically backward sections of the society.

Majority of the aged people experienced financial problems as they are not in a position to earn their livelihoods. Psychological problems among the aged people of Kaavankarai are from loneliness, isolation, powerlessness and meaninglessness. Kaalvankarai elders are facing housing related problems. It may be found inappropriate and unsuitable to their requirements, mistreated and abused for their property, wealth, finance, assets and other belongings. Exploitation, insecurity, harassment, ill treatment, deprivation of care in their daily life. Aged people are required to take medicines and obtain regular medical check-ups.

Table 1: Living Conditions of Elders

S.No	Satisfaction with living conditions	Level of Satisfaction
1	Occupational life	Dissatisfied
2	Economic life	Dissatisfied
3	Housing Conditions	Dissatisfied
4	Family life	Dissatisfied
5	Health life	Dissatisfied
6	Social and Community life	Dissatisfied
7	Love and support	Dissatisfied

Source: Data collected from the respondents- 2022

Social and community life of elders gave a negative response because of insecurity in the slums. This is negative indicator of poor housing conditions.

Above table mentioned that negative response of occupational life of the respondents is due to the problems they face in their family and society for the daily bread. Most of the respondents gave a negative response about their health condition, Love and support from their family members and society.

Table 2. Health status of respondents

S.no	Type of Disease	Number of Respondent Affected
1	Heart	11
2	Cancer	07
3	Lungs	06
4	Pulmonary	12
5	Strokes	7
6	Others	07
	Total	50

Source: Data collected from the respondents-2022

The table shows that all the respondents had health problems, the most common being Heart, Cancer, lungs, pulmonary, strokes, diabetes, or bronchial asthma. Others included cataract, anaemia, and skin problems. It is seen that most of the respondents had more than one health problems. Osteoarthritis was found to be more common among females while other health problems were almost similar among both the genders.

Table 3. Different Socio-demographic Groups of Elders

S. No	Socio-demographic Groups	Number of Elders	Percentage
I	Age Groups		
	60-65	26	26.00
	65-70	07	07.00
	70-75	06	06.00
	75-80	02	02.00
	80 – above	09	09.00
	Total	50	50.00
II	Marital Status		
	Unmarried	04	04.00
	Widow	15	15.00
	Widower	14	14.00
	Married	19	19.00
	Total	50	50.00
III	Type of family		
	Nuclear	14	14.00
	Joint	11	11.00
	Single	17	17.00
	Extended	08	08.00
	Total	50	50.00

Source: Data collected from the respondents-2022

The table shows that a major fraction of the population was in the age group of 60-65 years old, while a small fraction (9%) were 80 and above years old or older. Males and females formed an almost equal proportion of the study sample. A majority (15%) of the respondents were widow. An undear family system was seen to be the most common (11%) among the population interviewed followed by the joint family. Only 14% of the elderly men were widowed while 67.7% of the women were widows. The extended group of 08% was comprised of the study. Source of income is the basis for the healthy life of senior citizens. Most of the needs for senior citizens are accomplished with sound financial background. Senior citizens living in slums mostly depend upon their own income.

Table 4. Source of Income of Elders

S. No	Particulars	Frequency	Percentage
1	Old Age Pension	32	64
2	Supported by Children	07	14
3	None	03	06
4	Self	08	16
	Total	50	100

Source: Data collected from the respondents-2022

This present study shows that more than one third of the respondents (32%) are senior citizens who receive from

National Senior Citizen Pension scheme Rs 1,000 per month for survival. Only (7%) elders were supported by their children. The few of the senior citizens (8%) live by their own sources of income. Few of the elders (3%) did not receive any of the support from anywhere.

Table 5. Monthly Income of Elders

S. No	Particulars	Frequency	Percentage
1	Rs. 500 – 1000	33	66
2	Rs.1000 – 1500	8	16
3	Above 2000	6	12
4	Nil	3	06
	Total	50	100

Source: Data collected from the respondents-2022

The table shows that one third (33%) of the respondents maintain their life with Rs. 500- 1000 received from National Old age Pension Scheme. Only (8%) of the elders are earning Rs.1000-2000 per month for their life. Few of the elders are earning above Rs 2000 per month for their survival. Only (3%) of the elders did not earn any source of income. They are dependent on their family, relatives and begging. In our study, we noticed an increasing trend of depression among females. This may be due to the fact that many of the studied females were widows and are living alone, with no one to take care of them.

Successions

Positive Ways of Elders Happy and Healthily Life

Be active: In rural areas: For good health, active life of hard work, keeping to exercises, especially walking preferably with other elderly people.

Have purpose: Elders may to learn something new, to help others in need, what can I still do and keep myself busy always.

Laugh a lot: Laughter is the best medicine, humour in worst situation is medicine and happiness is contagious.

Value friendship: Keep connected to friends and win new friends to enrich and enlivens life.

Find Faith: Find God again in life, perhaps lost him amidst busy schedule; faith is the strongest form of hope.

Be grateful: Count the blessings and count them one by one, every day thank one person or one event, re-live the happy days with beloved people especially children and grandchildren (even if they do not visit you often) the more you are grateful, the more you receive, especially of peace and joy.

Never too late to learn: Learn media gadgets such as cell phone, computers games, group exercise, enjoyable hobby, intellectual activities (chess, cross-word puzzle, Sudoku) etc. Listen to others. At the ripe age, each one has a lot of accumulated and interesting events and information to share, listen to them with interest, a patient listener, with a kind word, learns a lot from the world around them.

Plan ahead: Plan for the best but be prepared for the worst, plan for days when you would be bedridden or you would not be able to communicate

Stay Positive: Have courage to learn a new and more – learn to be independent as much as possible.

RECOMMENDATIONS

Governments need to focus their attention on better penetration of various social security schemes with special emphasis on poor elderly women. It is imperative to endow with the tailor-made recreational facilities like municipal parks, social clubs and drop-in-centers dedicated to elderly. There is a need to generate political will to understand health issues and life concerns of elderly. Three priority areas needed for the elderly namely, older persons and development, advancing health and well-being into old age and ensuring enabling and supportive environments, financial and food security, health care, and shelter and protection against exploitation. Special queue for elderly in health care facilities and geriatric clinics manned by the cadre of specialists/ geriatricians is the need of the hour. Everyone has a part to play for the well being of the elderly, including the government and civil society, communities and families. WHO has restructured its programme on the health of the elderly, and given it a new name-“Ageing and Health”. The process of population ageing is a by-product of fertility and mortality declines over the decades. Health and socioeconomic issues of elderly differ from those of the general population. While science has prolonged life, the changes that it has brought in cultural and social patterns have rocked the elderly of their status and self esteem, and have deprived them of chance to function adequately in the society. Majority of the problems that confront older persons are the result of priorities, policies, and practices of society. The foremost challenge is to prevent physiological ageing getting converted into pathological ageing, when diseases supervene. The psychosocial environment around elderly needs to be kept healthy.

CONCLUSION

There is a need for taking care of elderly by the younger generation. It is one of the duties and responsibility of the younger ones to shower the required care and protection at the end stage of their life. Respecting their presence, considering them as part/ asset of the family, obeying the decisions taken up the elderly at home are to be respected / followed by the youngsters to preserve the family structure as an institution.

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