

SOCIAL PROBLEMS OF OLD PEOPLE

PROBLEMY SPOŁECZNE OSÓB STARSZYCH

Monika Szpringer¹, Mirosław Kowalski²

¹ Department of Social Prophylaxis, Institute of Public Health
The Jan Kochanowski University of Humanities and Sciences in Kielce
Manager of the Department: Prof. dr hab. Monika Szpringer PhD.

² Department of Theory of Education and Pedagogology
Faculty of Education, Sociology and Health Sciences University of Zielona Góra
Manager of the Department: Prof. Mirosław Kowalski PhD.

SUMMARY

The introduction and the aim of paper. Dealing with a subject concerning social problems of the elderly is justified because aging of the society has a vital influence on the standard of living among elderly people and the way they are perceived by the other social groups. Change in lifestyle and an improvement in the quality of living influence reducing problems connected with aging. Disease prevention and physical activity enable them to both be independent and manage on their own efficiently in the society.

The aim of the paper. An assessment of the problems and their influence on the quality of living among the elderly.

Materials and a method. The assessment of social problems of elderly people in Świętokrzyskie Province in Poland was carried out by means of a questionnaire, and 1450 people filled in it in 2008 and 2009.

Results. In the light of results, old age for many respondents means worsening their situation in life (79.2%). This concerns many aspects of life such as health, social contacts, a material situation, participation in social life. More than 30% of the people do not have funds for ensuring basic needs.

Write-up. Changes connected with age lead the elderly to limit their self-reliance, lose the feeling of safety and consequently be unable to make decisions on their own. The limits of their perceiving the world narrow, their mental fitness decreases. Elderly people's material situation is often very hard. The respondents have a difficult access to rehabilitation and effective medical treatment. Their financial and health difficulties are often prevailing problems for them. Lack of adapting free time in an active way for elderly people. This problem particularly concerns rural areas. The respondents claim that an immediate family should take care of elderly people. Meanwhile, there is lack of system solutions which support a family in its protective function.

Conclusions. Family care about the elderly should be built with environmental support given by non-governmental organizations and public service.

Key words: old age, social problems, quality of life, age.

STRESZCZENIE

Wstęp. Podjęcie tematu problemów społecznych osób starszych jest uzasadnione, ponieważ starzenie się społeczeństwa ma decydujący wpływ na poziom życia ludzi starszych i ich postrzeganie przez pozostałe grupy społeczne. Zmiana stylu oraz polepszenie jakości życia wpływa na zmniejszenie problemów związanych z procesem starzenia. Profilaktyka chorobowa oraz aktywność fizyczna umożliwiają niezależność oraz sprawne funkcjonowanie w społeczeństwie.

Cel pracy. Ocena problemów i ich wpływ na jakość życia osób starszych.

Materiał i metoda. Ocenę problemów społecznych osób starszych na podstawie województwa świętokrzyskiego przeprowadzono za pomocą ankiety, w której brało udział 1450 osób w latach 2008 i 2009.

Wyniki. W świetle wyników badań starość dla wielu respondentów oznacza pogorszenie się sytuacji życiowej (79,2%). Dotyczy to wielu aspektów życia takich, jak: zdrowie, kontakty społeczne, sytuacja materialna, udział w życiu społecznym. Ponad 30% osób nie posiada funduszy na zabezpieczenie podstawowych potrzeb.

Omówienie. Zmiany związane z wiekiem prowadzą do ograniczenia samodzielności, utraty poczucia bezpieczeństwa i wynikającej z niej niemożności podejmowania samodzielnych decyzji. Zawęża się własny horyzont patrzenia na świat, zmniejsza się sprawność intelektualna. Sytuacja materialna osób starszych jest często skomplikowana. Respondenci mają utrudniony dostęp do rehabilitacji i skutecznego leczenia. Problemy materialne i zdrowotne często dominują wśród badanych. Brakuje zagospodarowania czasu wolnego osobom w podeszłym wieku w sposób aktywny. Problem ten dotyczy szczególnie terenów wiejskich. Badani twierdzą, że najbliższa rodzina powinna sprawować opiekę nad osobami starszymi. Tymczasem nie ma rozwiązań systemowych, które wspierałyby rodzinę w jej funkcjach opiekuńczych.

Wnioski. Opieka rodzinna nad osobami starszymi powinna być obudowywana wsparciem środowiskowym, świadczonym przez organizacje pozarządowe i służby publiczne. Opieka instytucjonalna (domy pomocy społecznej) powinna stanowić jedynie ostateczność.

Słowa kluczowe: starość, problemy społeczne, jakość życia, wiek.

INTRODUCTION

Senescence, as gerontologists say, is the most diverse stage of life, not subordinate to rules, as it depends on previous stages, childhood, youth, and adulthood. It is difficult to ascertain when the old age begins, as is subject to self estimation and individual consciousness [1, 2]. WHO defines senescence as the age above 60; according to majority of American classifications, the boundary line between maturity age and advanced in age is 65 years of life. Three subgroups are distinguished: early old age (advanced in age), 60–74 years; late old age, 75–89 years; very old age – over 90 years.

The process of population aging is inevitable and irreversible. It will lead to changes in many areas of social life. According to international experts, a globalisation of the aging process will cause the number of people aged 60 and more to reach 1–1.5 billion worldwide, whereas in Poland it is estimated to come up to approximately 6.2–7.3 million [3, 4]. Typical changes that occur with the advance of the aging process are: change of posture, difficulties in motility, muscular dystrophy, acid-base balance disorders, electrolytic imbalance, immunodeficiency against bacteria and viruses, finally mental stresses. All above changes in organism are typical results of unhealthy lifestyle – particularly lack of physical activity, as well as diseases and their progress. The aging process is unique for every individual. A good number of people are in a satisfactory physical and mental condition. It is important to take up physical and mental effort. Usually neglected after retiring, it results in earlier occurrence of so-called “Geriatric Syndrome”. This includes: psychomotor slowdown, prolonged stimulus response time, vision and audition impairment, concentration and memory deterioration, dizziness, lowered physical effort capabilities, collapsing without losing consciousness, urinary incontinence. Among most frequently occurring diseases, recognized as characteristic for an old age are: arterial hypertension, coronary arteriosclerosis, cerebral arteriosclerosis, peripheral artery occlusive disease, chronic obstructive pulmonary disease, joints and spine degenerative disease, Osteoporosis, Alzheimer’s disease, type 2 diabetes [5, 6].

The old age is considered as a specific and social phenomenon, because aging affects both an individual and a community: the local community, village, city, neighbourhood, house dwellers, countries, continents, the world. Nonetheless, it is an individual who is affected and experienced by aging and its darks sides. People go through dramas, pain, hard times and situations – loneliness, illnesses, agility loss. For others though, aging may be a period of happiness, joy, satisfaction of life, of what has been achieved and what surrounds them [7].

According to Gryglewska [8], the favorable aging rests upon: achieving maturity with sufficient physical and mental agility, little morbidity risk, excluding old age decrepitude and remaining active in life through social contacts and interaction. The above mentioned factors are challenges that an old or aging individual has to tangle with.

The process of people’s aging brings many consequences in fields of economy, society, health care and in relations between generations.

People advanced in years, or rather their position in society depends on how the old age is perceived in specific cultural-social environment. The view of old person as seek, poor individual who constantly needs other people’s care and is unable to acquire new knowledge, aggravates their functioning. Those definitions contribute to creating a stereotype harmful for old people. What follows is an increased discrimination of old people, being a result of prejudice against senile age. This prejudice in turn derives from fear of old age and consequences it bears – the deterioration of mental and physical health [9]. People’s fear and anxiety of old age is caused in a considerable part by being addicted to another person. It is therefore important to educate the whole society, including young people to perceive without fear and renunciation this constantly extending period in human’s life as a phase that makes possible further self-realization in the best condition of health and mind [10, 11].

The period of old age, like other periods of development, has its own specification. Developmental tasks that emerge have different character, though methods of their solving are entirely individual. People very often need help in this respect, which should be provided on every occasion and is should begin with a detailed analysis of a given situation [12]. The old age is a lifetime experience and wisdom. Whether the future life in old age will be longer, healthier, richer, happier depends on responsibility, activity, acknowledged values and interests in earlier stages of life – childhood, youth, and adulthood. It depends on which competences people in old age will dispose of [13, 14]. As M. Kowalski [15] writes: “The issue of keeping good health condition, proper activity and locomotor agility by people in old age has also particular importance from social perspective. The condition of seniors will affect the way of how they will keep their households, whether they will be active in cultural and educational spheres and whether they will be able to run self-help activities”.

Every single person has their own genetic and biological predispositions. Likewise, each person as an individual tangles with their own life experiences. The most serious problems, regarding losses affecting old people, have equally social, psychological (emotional) as well as

material character [16]. It is the aim of current times is to teach respect and recognition towards old people. To notice their wisdom, knowledge, life experience, their devotion and work for the benefit of young generation and development of civilization. The past exists with old people, as the future will come with young people.

The health condition of aged people leaves a lot to be desired. Most of them suffer from chronic diseases or ailments. What is more, over 90 per cent of the people over 70 are to some extent handicapped. Very often older people have accidents as pedestrians [17], they experience different injuries, and are victims of violence [18], the increasing number of seniors become addicted to alcohol (especially men). The biggest challenge of a present century is to handle problems of sick people who need constant care [19]. Therefore a special attention should be paid to promote healthy lifestyle, but at the same time we should take care of those, to whom, for objective reasons, taking up a healthy lifestyle poses a significant difficulty [20, 21]. It goes without saying that old people belong to this group.

THE AIM OF WORK

Undertaking the issue of old people's social problems is justified as the aging of society has crucial influence on their standard of life and how they are perceived by other social groups. The change of lifestyle and improvement of life quality diminishes problems connected with the process of aging. The disease prevention and physical activity enables old people to be independent and to function well within the society.

MATERIAL AND METHOD

The material obtained for the purpose of this work was collected between 2008 and 2009. The estimation of old people's social problems on the basis of Świętokrzyskie province was made by using questionnaire, in which 1450 people took part (aged over 65: 694 women and 756 men).

RESULTS

Table 1. The estimation of social situation

Social situation	Men		Women		General	
	n	%	n	%	n	%
Good	199	26.3	181	26.1	380	26.2
Bad	557	73.4	513	73.9	1070	73.8

Most respondents estimate their social situation as bad (73.8 per cent). It concerns both men and women. They mostly have material problems, but also they have no support in various difficult life situations such as illness, death of relatives, help with house works, help with the access to health treatment and care.

Table 2. Receiving help from social institutions

Receiving help from institutions	Men		Women		General	
	n	%	n	%	n	%
Yes	104	13.7	73	10.5	177	12.1
No	652	86.3	621	89.5	1246	85.9

Respondents rarely get help from outside sources (12.1 per cent). They mostly benefit from help of relatives or neighbours. Men ask for such help more frequently (table 2). Despite numerous difficulties they do not turn to special institutions for help. The reason is that they do not know such institutions. Also the feelings of shame and humiliation prevent them from doing so. Particularly difficult access to such institutions is found in rural areas.

Table 3. The change of respondents' life situation connected with the process of aging

The assessment of life situation	Men		Women		General	
	n	%	n	%	n	%
Better	46	6.0	31	4.5	77	5.3
Worse	571	75.5	578	83.3	1149	79.2
No change	139	18.5	85	12.2	224	15.5

For many respondents the old age means deterioration of life situation (79.2 per cent). It concerns many aspects of life such as health, social contacts, financial situation, their participation in social life. Only about five per cent of respondents felt that their life situation improved.

Table 4. How often respondents allow themselves for any type of entertainment

The frequency of responders' entertainment	Men		Women		General	
	n	%	n	%	n	%
Once a week	21	2.7	7	1.0	28	1.9
Once in two weeks	36	4.8	15	2.2	51	3.5
Once a month	59	7.8	12	1.7	71	5.0
Very rarely	640	84.6	660	95.1	1300	89.6

Most respondents take up any entertainment very rarely (89.6 per cent). Men are more eager to take part. The most frequent activities in this respect include: going to the theatre or cinema with friends, outdoor parties (table 4).

Table 5. Administration of funds

Funds	Men		Women		General	
	n	%	n	%	n	%
I have enough for everything that is essential and I manage to save	93	12.3	82	11.8	175	12.0
I have enough for everything essential but I do not save for the future	207	27.4	115	16.6	322	22.2
I live very economically therefore I have enough for everything essential	226	29.9	288	41.5	514	35.4
I live very economically and quite often I cannot afford essential things	230	30.4	209	30.1	439	30.4

The respondents have little funds at their disposal. Over 30 per cent of them have no resources to ensure basic needs. About 35 per cent live very economically and resign from little pleasures so they can afford bills and food. Only 12 per cent of respondents is able to save part of money from their pensions for future days (table 5).

Table 6. Is help required in everyday activities?

Is help required in everyday activities?	Men		Women		General	
	n	%	N	%	n	%
Yes	73	9.7	62	9.0	135	9.3
No	321	42.5	282	40.6	603	41.6
Sometimes	362	47.8	350	50.4	712	49.1

Among respondents over 49 per cent require temporary help in various life situations. It includes renovations, cleaning, occasional shopping and help in case of illness. Almost ten per cent of respondents require constant care (table 6).

Table 7. The opinion of respondents about the "autumn of life"

How do you define your „autumn of life”	Men		Women		General	
	n	%	N	%	n	%
Positive	127	16.8	218	31.4	345	23.8
Indifferent	116	15.3	91	13.1	207	14.3
Negative	513	67.9	385	55.4	898	61.9

For many respondents the autumn of life denotes negative associations (61.9 per cent). The reasons for such attitude are the excessive amount of free time, considerable deterioration of health condition, including many afflictions both painful and limiting agility, finally the loneliness. Among positive aspects were life wisdom and respect from family members, as well as the possibility to fulfil passions (table 7).

Table 8. Diseases that people suffer from

The coexistent diseases among people questioned	Men		Women		General	
	n	%	n	%	n	%
Sclerosis	141	18.7	121	17.4	262	18.1
After heart attack	129	17.1	101	14.5	230	15.9
Hypertension	371	49.0	318	45.8	689	47.5
Depression	12	1.6	69	9.9	81	5.6
Parkinsonism	1	0.1	0	0	1	0.06
Cerebrovascular disease – stroke	78	10.3	82	11.8	160	11.0
Urinary system diseases	196	25.9	51	7.3	247	17.0
Rheumatoid diseases	85	11.2	97	14.0	182	12.5
Locomotor system diseases	360	47.6	312	45.0	672	46.3
Other	54	7.1	89	12.8	143	9.9

The results do not sum up to one hundred as the respondents gave more than one category

The most frequent diseases indicated by respondents were arterial hypertension and locomotor system diseases. The considerable percentage of respondents indicated a sclerosis and heart attack as a main ailment. Women suffer depression more often than men, whereas men are affected by urinary system diseases (table 8).

As stressed by respondents, a significant issue connected with chronic diseases, was a difficulty in buying out prescribed pharmaceuticals and accessibility of rehabilitation.

Table 9. How problems with purchasing prescribed pharmaceuticals are solved

Solving problem due to lack of funds for purchase of prescribed pharmaceutical	Men		Women		General	
	n	%	n	%	n	%
Ask doctor to prescribe other pharmaceuticals	371	49.0	301	43.3	672	46.3
Obtain extra money in order to buy out prescribed medication	59	7.8	72	10.4	131	9.0
Renounce to purchase the prescribed medication	122	16.1	110	15.9	232	16.0
Undergo treatment in hospital, where medications are free of charge	136	18.1	91	13.1	227	15.8
Consult with a chemist and buy a cheaper pharmaceutical substitute	37	4.9	52	7.5	89	6.1
Borrow money to buy medicine	31	4.1	68	9.8	99	6.8

The biggest number of respondents asked a doctor to replace their medicine for a cheaper substitute. Men

did that more frequently than women. 16 per cent of respondents decided not to buy medicine due to a lack of resources. It is a very alarming fact, taking into account the drawbacks of chronic diseases treatment interruption. Women more frequently sought different forms of subsidizing the purchase of prescription pharmaceutical, such as loans. Almost 16 per cent of respondents decided to be hospitalized in order to obtain free medical care (table 9).

Table 10. Rehabilitation and its accessibility in the place of residence

Access to rehabilitation	Men		Women		General	
	n	%	n	%	n	%
Available	241	31.9	209	30.1	450	31.0
Available, but with difficulties	344	45.5	311	44.8	655	45.2
Not available	171	22.6	174	25.1	345	23.8

For over 45 per cent of respondents the access to rehabilitation is seriously limited, and for 24 per cent it is not available at all (table 10). Two most common reasons are the distance from place of residence to the rehabilitation facility, and long wait periods for a treatment. The old age is characterized by bigger level of psychical tension, low level of self-esteem and negative attitude towards therapy. It all may be changed in a course of rehabilitation [22].

Table 11. The assessment of physical activity

Physical activity:	Men		Women		General	
	n	%	n	%	n	%
Very good	28	3.7	7	1.0	35	2.4
Good	271	35.9	169	24.4	440	30.3
Bad	457	60.4	518	74.6	975	67.3

The majority of respondents (67.3) assess their physical activity as bad. Only about two per cent regard it as satisfactory (table 11). Men often ride bicycle, go for walks, and swim. Women prefer walking and exercising on their own.

Table 12. Reasons for undertaking physical activity

Motives of undertaking physical activity:	Men		Women		General	
	n	%	n	%	n	%
Health requirements	116	15.3	461	66.4	577	39.8
Improvement of mental condition	218	28.8	102	14.7	320	22.1
Frequent contact with other people	329	43.5	73	10.5	402	27.7
Gives self-confidence	93	12.4	58	8.4	151	10.4

Women often undertake physical activity for health reasons (66.4 per cent), whereas men are motivated by contact with other people (43.5 per cent). Respondents claim, that maintaining physical activity improves quality of life and gives confidence in own capabilities (table 12).

CONCLUSIONS

1. Changes connected with the age result in independence constraint, the feeling of insecurity and inability to make own decision. The horizons of world perception are narrowing, the intellectual capabilities are decreasing. Old people feel disoriented, which is often a consequence of fear, worries and loneliness.
2. Very often the financial situation of old people is difficult. Social institutions should monitor old people within their area and provide help in range of basic needs.
3. Old people find it difficult to spend their free time actively, as the choice of activities directed at this group is scarce. This problem is particularly visible in rural areas.
4. The respondents claim that the closest family should look after old people. However, there are no system mechanisms which could assist the family in this respect. The family care of old people should be parallel with environmental support provided by non-governmental organisations and public services. The institutional care (social help houses) should be provided in the last resort.
5. People in old age suffer from many chronic diseases and often require help from specialized help institutions.
6. The key issue is to increase awareness regarding the need of undertaking actions that would create conditions for healthy and active life of old people. Rural areas have limited access to health care services, as the number of facilities able to provide such services is not sufficient. This results in a long wait period for medical treatment. A very important factor in improving health care standards is participation in organized classes on ambulatory treatment and sanatorium prophylaxis.
7. As indicated by respondents, taking up physical activity not only influences health condition but also enables them to be independent from other people. The most important however is the fact that it improves health dysfunctions and what follows, increases self-esteem.

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Address for Correspondence:

Prof. Monika Szpringer PhD.
 The Faculty of Health Sciences UJK in Kielce
 Poland, 25-317 Kielce, Al. IX Wieków Kielc 19
 e-mail: mszprin@poczta.onet.pl
 Phone: +4841 349 69 31