



Challenges Faced By The Elderly: A Study Conducted Among The Aged Of Waghodia Village

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Abstract: The study examines the socio-economic characteristics, health status, and overall well-being of elderly individuals residing in the Waghodia area. With the rapid growth of the aging population in India, this research aims to identify the challenges faced by older adults and provide insights for policy development and community support. A case study design employing a mixed-method approach (quantitative and qualitative) was used. Data were collected from 60 respondents aged 60 and above through structured questionnaires, interviews, and field observations. The study utilized non-probabilistic purposive and snowball sampling techniques. Findings reveal that the majority of the elderly live with their children (55%), reflecting strong intergenerational dependency. However, 13% live alone, raising concerns about social isolation. Financial security varies, with 47% of respondents falling into the middle-income group (INR 1,500–5,000 per month), while a significant proportion relies on pensions or family support. Common health issues include muscular pain (23.3%), diabetes (11.7%), and gastroenteritis (11.7%), with 58.3% describing their health as "partially healthy." Government hospitals serve as the primary healthcare provider (60%), though concerns about overcrowding and quality persist. Physical activities such as yoga (35%) and walking (35%) are popular for mental well-being, while leisure activities like reading, gardening, and socializing contribute to life satisfaction. The study underscores the diverse challenges faced by older adults, including healthcare accessibility, financial dependency, and social isolation. While family support remains crucial, there is a growing need for enhanced healthcare services, financial security programs, and community-based mental health initiatives. Strengthening government policies and local interventions will be vital in ensuring a dignified and fulfilling life for the aging population in Waghodia.

Index Terms - Elderly, Socio-economic Characteristics, Health Status, Mental Well-being, Healthcare Accessibility

I. INTRODUCTION

The aging population continues to grow exponentially beyond expectations. This population once contributed exceptionally toward our economy's social and economic sectors. Old-age people continued to contribute to our traditional family system. Aging is an ongoing biological process that no human being can escape no matter what society you may find yourself. The concept begins at birth or, to be more precise, at conception, and exactly ends with death which we cannot bend no matter what medications or medical privileges. Ahuja R., (2014:119) argued that it begins at conception and ends at death.

Aging has increased exponentially because society ages whenever there seems to be an increase in the older population in the rest of the population. We can observe that this transition directly affects one's physical and psychological well-being. In addition, these effects coincide with drastic implication areas such as social, economic, and cultural aspects. As a result, the study of old age is significant for understanding the challenges associated with the old age population which will serve as a benchmark for policy development.

1.2 Definition of Aging

In **biological terms**, aging refers to the progressive decrease of physiological functions for survival and reproduction. This includes cellular damage, genetic mutations, and the slowing of metabolic processes, which eventually lead to decreased resilience, susceptibility to diseases, and death.

From a **psychological perspective**, aging encompasses changes in cognitive functions (such as memory and processing speed), emotional regulation, and adapting to life's changing circumstances, including shifting personal and social roles.

Sociologically, aging is defined by the evolving roles and relationships that individuals experience as they grow older, shaped by cultural, economic, and societal norms. These changes can impact the way individuals are treated, perceived, and interact within their communities.

1.3 Healthcare Access and Health Status

The healthcare needs of India's aging population are diverse and complex, with a rising incidence of chronic illnesses such as cardiovascular diseases, diabetes, and dementia. Access to healthcare is a critical issue for the elderly, particularly in rural and underserved regions where healthcare infrastructure is inadequate.

- **Non-communicable Diseases (NCDs):** The elderly population in India is increasingly affected by NCDs, including hypertension, diabetes, and arthritis. These diseases require long-term management and treatment, which can be financially and logistically challenging, particularly for those without formal health insurance (Alam & James, 2018).
- **Healthcare Expenditure:** Out-of-pocket health expenditures for the elderly are a significant burden, especially for low-income families. Many older adults in India do not have access to comprehensive health insurance, and public health services are often inadequate. This can lead to catastrophic health spending, further impoverishing elderly households (Kumar et al., 2016).
- **Government Programs:** In response to these challenges, the Indian government has introduced various programs aimed at improving healthcare for the elderly. The National Programme for Health Care of the Elderly (NPHCE), launched in 2010, focuses on providing specialized care for geriatric populations, including mobile healthcare units and geriatric clinics. However, the implementation and reach of these programs remain limited.

1.4 Social Support Systems

The traditional Indian family, often described as a joint family system, has traditionally served as the main support system for the elderly. However, social changes such as urbanization, migration, and a trend toward nuclear families have weakened these traditional support systems.

- **Intergenerational Support:** While many older adults continue to depend on their children for financial and emotional support, this dependence is growing more challenging due to shifts in family dynamics and the migration of younger generations to cities or other countries for employment. Studies suggest that while most elderly people prefer to live with their families, there is a growing need for alternative support systems, such as old-age homes and community-based care (Prasad, 2019).
- **Social Isolation and Loneliness:** The breakdown of traditional family structures has also led to increased social isolation among the elderly, particularly in urban areas where older adults may live alone. Loneliness and mental health issues, including depression, are common among the elderly population, exacerbating their vulnerability (Nayar, 2018).

1.5 The Role of Technology in Promoting Education for the Elderly

Technology plays an important role in expanding educational opportunities for the elderly, particularly in the context of digital literacy. With the increasing availability of online education platforms and digital tools, older adults can access a wide range of learning resources from the comfort of their homes. However, the digital divide remains a significant barrier, particularly for older adults who are not familiar with modern technology.

- **Digital Literacy Initiatives:** Several initiatives have been launched to address the digital divide and promote digital literacy among older adults. For example, the Digital India campaign aims to increase digital inclusion by providing digital training and access to technology across the country. Many NGOs also offer digital literacy programs specifically designed for older adults, helping them navigate the internet, use smartphones, and engage with online learning platforms (Prasad, 2019).
- **E-Learning Platforms:** The availability of e-learning platforms and educational apps, has the potential to provide the elderly with access to a wide variety of subjects, ranging from vocational training to personal development courses. However, awareness of these platforms and the ability to use them effectively remains limited among the elderly population, particularly in rural areas (Singh, 2020).

1.6 Living Arrangement of the Elderly

As reported by Tripathi R. M. (2005), old age living arrangement poses serious challenges. The majority of the aged lived as wholly dependent. Nearly two-thirds of the aged were still the chief breadwinners in the family they lived in. These statistics posed old age people with various psychological problems such as stress, depression, and control in the family. With the spread of education opportunities, this trend is likely to be reversed or one may say that the incidence of dependency among women, which is directly correlated to dependency among women which is directly correlated to their education and employment status is likely to be reduced. Based on the findings, we can say that the illiteracy rate among women which deranged the employability of women that would contribute to the financial independence of the aged will drastically improve with all the opportunities variable to women. Women will acquire better education which will enable them to get a higher paying job and save for retirement.

1.7 Economic Characteristics

Income and occupation are the other two very important and closely related determinants of the status of the aged (Bambawale, 1997). Different studies have revealed how older age generate income of their own. Tripathi R. M. (2005) has revealed who age has income on their own. The majority of the aged have reported having different kinds of pensions as the source of income and less percentage revealed to have no pensions or income. Thus, the majority (over 47 percent) of the aged fell in the middle-income group with monthly income varying between Rs. 1,500 and Rs. 5,000. It shows how different it is for the aged with no pensions or no income to sufficiently cover their well-being. The economic status varies between ages and reveals the different range of financial sources and how they can take care of themselves.

The income of older people in India is generally low. Many elderly individuals rely on their children or other family members for financial support. NSSO, in 2011-12, around 60 percent of older people lived below the poverty line. However, this number has reduced to 34 percent in 2017-18, as per PLFS. The majority of the aged population is not engaged in any form of paid work due to various reasons such as health issues, lack of opportunities, or social norms. However, some elderly individuals engage in self-employment or informal work like farming, petty businesses, or casual labor. Because of that they often have limited savings due to their low income and limited access to formal financial institutions.

2. REVIEW OF LITERATURE

Amiri, M. (2018). The benefits of yoga for aging populations. emphasizes the transformative role of yoga in promoting physical and mental well-being among aging populations. The study explores yoga's ability to enhance flexibility, reduce stress, and alleviate chronic conditions like arthritis and hypertension. Through a holistic approach, yoga serves as a non-invasive intervention that fosters improved quality of life and overall vitality for the elderly, offering an effective means of managing age-related health challenges.

Arcury, T. A., & Quandt, S. A. (2007). Aging and environmental health: The impact of pollution and climate on older adults. *Public Health Reports*, 122(2), 150-158. Arcury and Quandt (2007) explore the intersection of aging and environmental health, focusing on how pollution and climate-related issues exacerbate health vulnerabilities among older adults. The study calls attention to the increased susceptibility of the elderly to air pollution, extreme weather events, and other environmental stressors, advocating for targeted interventions to mitigate these risks and enhance resilience.

Sung, K. T. (2001). **Respect for elders in East Asia.** This study examines the cultural practice of elder respect in East Asia, where filial piety plays a central role in intergenerational relationships. It highlights how these cultural norms support the social and emotional well-being of older adults, contrasting with Western models of aging that often emphasize independence.

Bambawale, U. (1997). **Economic characteristics of older adults in India.** examines the economic conditions of India's elderly, exploring their sources of income and financial dependency. The study underscores the importance of social security systems and employment opportunities to ensure financial stability for older adults.

Chandramouli, C. (2013). **Census data highlights: Digital literacy trends.** Chandramouli (2013) explores the digital literacy levels among India's population, including older adults. The findings highlight the digital divide faced by the elderly, stressing the need for inclusive initiatives that promote digital literacy and access to technology for this demographic.

National Policy for Older Persons. (1999). **Ministry of Social Justice and Empowerment, Government of India.** outlines India's commitment to addressing the needs of its aging population. It focuses on health care, income security, and social integration, providing a framework for implementing supportive measures for the elderly.

UNFPA. (2012). **Ageing in the twenty-first century: A celebration and a challenge.** The UNFPA (2012) report provides a global perspective on aging, addressing both the opportunities and challenges posed by an aging population. It emphasizes the importance of integrating older adults into social, economic, and political frameworks, advocating for inclusive policies that ensure dignity, equity, and active participation for the elderly.

Wallace, D. C. (1992). **Mitochondrial DNA and aging.** Wallace (1992) explores the role of mitochondrial DNA in the biological aging process, identifying its influence on cellular energy production and susceptibility to age-related diseases. The research underscores the potential for genetic and molecular interventions to slow down or mitigate the effects of aging.

3.0 RESEARCH METHODOLOGY

3.1 Research Design

The study employed a Case Study design, facilitating a thorough exploration of the research problem within the Waghodia areas. In a Case study design, Mixed Method (Quantitative and Qualitative). Mixed Method is applicable to provide a more comprehensive understanding of a research problem.

3.2 Objective

To study the Socio-Economic characteristics of the elderly in the Waghodia areas.

To study the health status of the elderly in the Waghodia areas.

To study the positive mental health hobbies of the elderly in the Waghodia areas.

Population and Sample

The study population includes all the older people who met specific criteria and are relevant to the research question. Thus, the population under scrutiny in this research comprises older people aged 60 and above residing in the Waghodia areas. This group is typically defined by characteristics such as age, gender, health status, geographic location, or other relevant factors. Properly defining the study population ensures that the research findings apply to the intended group and helps avoid biases (Creswell & Creswell, 2017). This study incorporated a total of 60 respondents as a sample size from the Waghodia areas.

3.3 Data and Sources of Data

This study utilized both primary and secondary data collection tools. Primary data was gathered through research-guided questionnaires, informant interviews, and direct field observations, while secondary data was obtained from published and unpublished materials, including state policies, journals, reports, articles, books, and research papers on elderly-related challenges. This study collected and analyzed both numerical (quantitative) and descriptive (qualitative) data. The numerical data was processed using SPSS software, where survey responses were entered to calculate frequencies and percentages. The results were then organized and displayed in tables, charts, and graphs using Microsoft Word and Excel. The descriptive data was grouped into themes and analyzed to support the numerical findings. Sometimes, direct quotes from respondents were included to highlight their personal experiences.

3.4 Sampling Method:

Non-probabilistic-purposive sampling and Snowball Sampling were used for the study

3.5 Research Setting:

The researcher identified Waghodia as the area of the study. The study was conducted in the Waghodia areas. Waghodia Takula of Vadodara district has a total population of 149,914 according to the Population Census (2011, India).

3.6 Limitations of the Study:

This study is limited by the scarcity of reliable secondary data on elderly challenges in Waghodia, making a comprehensive historical analysis difficult. Additionally, the focus on Waghodia may restrict the applicability of findings to other regions in India. Time and financial constraints further impact the study by limiting data collection, resource access, and material acquisition.

3.7 Reference Period: The research data collection and analysis period lasted from November 2024 to January 2025

3.8 Statistical Tools

Microsoft Word and Excel: **Microsoft Word** is primarily used for creating and editing documents such as reports, and essays.

Microsoft Excel is primarily used for organizing and analyzing data using spreadsheets and formulas to create charts, graphs, and diagrams.

3.9 Scope

This study investigates the challenges faced by the elderly residing in Waghodia, Vadodara district, Gujarat, India. The geographic scope specifically focuses on this region, known for its diverse population of elderly individuals. This approach, combining structured and unstructured methods, aimed to comprehensively understand the challenges faced by this segment of the population within the specified timeframe and geographical location.

RESULTS AND DISCUSSION**Table 1 Showing Distribution of Gender of Respondents**

Distribution of Gender Per Respondents		
Gender	Frequency (F)	Percentage (%)
Male	35	58.
Female	25	42
Other	0	0
	60	100

The finding reveals that 58% (n = 35) of the respondents were male, while 42% (n = 25) were female. This distribution reflects a greater representation of males within the population. The overrepresentation of males could result from societal dynamics, or demographic factors, such as differential survival rates or willingness to participate in the study.

Table 2 Respondents by Religion

Showing Respondents by Religion		
Religion	Frequency (F)	Percentage (%)
Hindus	43	71.7
Muslim	12	20
Other	5	8.3
	60	100

The findings present that a significant number of the respondents, 71.7% (n = 43), identified as Hindus, reflecting the predominance of this religious group within the Waghodia areas. This significant proportion concurred with the general demographic distribution in many regions of India, where Hinduism is the majority religion. A smaller but substantial proportion, 20% (n = 12), identified as Muslims, indicating the presence of a sizable minority group within the study. Additionally, 8.3% (n = 5) of the respondents belonged to other religions, potentially including Christianity, Sikhism, Buddhism, or other belief systems, demonstrating religious diversity within the older population.

Table 3 Showing Age of Respondents

Distribution of Respondents by Age		
Age of Respondent	Frequency (F)	Percentage (%)
60 to 65	33	55
66 to 70	19	32
71 and above	8	13
	60	100

The data in Table 4.3 shows that 55% (n = 33) of the respondents fall within the age group of 60 to 65 years, making this the largest demographic segment in the study. This group represents the early stages of older adulthood, where individuals may still retain higher levels of activity and independence. The findings also highlight that 32% (n = 19) are in the 66 to 70 years age group, indicating a transition toward an increased likelihood of age-related health issues or reliance on support systems. 13% (n = 8) are aged 71 years and above, representing the oldest cohort. This group may experience more pronounced physical and cognitive challenges compared to younger age groups.

I am 62 years old and a long-time resident of the Waghodia area. I am also a member of the Panchayat Samiti, where I assist the Gram Panchayat in addressing the needs of the Waghodia area." I provide other domestic and community support to my family; by taking care of my grandchildren and assisting with community decision-making for the village.

Table 4 Showing Marital Status Among the Elderly

Marital Status Among the Elderly		
Marital Status	Frequency (F)	Percentage (%)
Married	35	58.3
Unmarried	3	5
Widower/Widow	20	33.3
Deserted Divorce	2	3.3
	60	100

The findings show that 58% (n = 35) of older adults reported being married, indicating the continued prevalence of marriage in this population. This reflects societal norms and values that prioritize long-term partnerships, with some individuals expressing how early marriage, supported by family and cultural traditions, was seen as a way to build strong family bonds and secure their futures.

In contrast, 33.3% (n = 20) of respondents were widows or widowers, highlighting the emotional and social challenges that often accompany the loss of a spouse in older adulthood. Widowhood can significantly impact an individual's emotional well-being and social networks, signaling the need for targeted support interventions. Additionally, 5% (n = 3) were unmarried, which is relatively uncommon in this group, while 3.3% (n = 2) had experienced divorce or desertion, underscoring the diversity of marital experiences and complex personal histories within the older adult population.

Table 5 Shows the Distribution of Respondents by Education Level

Respondents by Education Level		
Education Level	Frequency	Percentage (%)
Illiterate	12	20
Primary	8	13.3
10th and above	6	10
High School	11	18.3
Graduate	14	23.3
PG program	4	6.7
Technical/vocational	5	8.3
	60	100

The findings reveal that 23% (n = 14) of respondents are graduates, representing a well-educated segment of the older adult population. This group likely benefited from greater access to educational opportunities in earlier decades, and one respondent shared their journey of education and career, noting the strong support from their parents who valued education. After graduating in 1976, they moved to Waghodia for work, got married, and started a family, reflecting the educational and life path of this group. In contrast, 20% (n = 12) of respondents reported being illiterate, pointing to significant gaps in educational attainment. This subgroup highlights the challenges older generations faced in accessing basic education, often due to socioeconomic, historical, or regional barriers.

One respondent described growing up in a village with limited educational opportunities, where they chose to stay home and take up farming instead of pursuing schooling in the city, due to financial constraints and a lack of nearby schools. The remaining respondents displayed a range of educational backgrounds, with 18.3% (n = 11) being high school graduates, 13.3% (n = 8) having completed only primary education, and 10% (n = 6) attaining education up to the 10th grade or higher. A smaller portion, 8.3% (n = 5), had completed technical or vocational education, while 6.7% (n = 4) had postgraduate degrees, representing a highly educated minority. These findings highlight the diverse educational experiences and significant disparities within the older population, with varying access to education and differing levels of academic achievement.

Table 6 Showing Living Arrangement of the Elderly

Living Arrangement of the Elderly		
Living Arrangement	Frequency	
	(F)	Percentage (%)
Living alone	8	13
Living with children	33	55
Living with husband	9	15
Living with other relatives	9	15
Living with in-law	1	2
	60	100

The findings show that 55% (n = 33) of the elderly live with their children, highlighting a cultural and practical reliance on intergenerational cohabitation. This arrangement emphasizes the crucial role children play in providing emotional, financial, and physical support for aging parents. One respondent reflected on the challenges of retirement, noting that their retirement benefits were insufficient to cover essential expenses. Living with children has become a key part of their daily lives, helping them navigate these difficulties while also caring for grandchildren.

In contrast, 15% (n = 9) of respondents live with their spouses, suggesting that older couples often maintain mutual independence while relying on each other for support. Another 15% (n = 9) reside with extended family members, indicating the presence of alternative support networks outside the immediate nuclear family. A smaller but important group, 13% (n = 8), live alone, which could reflect a desire for independence or the absence of immediate family support. This group may face unique challenges, such as social isolation or limited access to care. Additionally, 2% (n = 1) reported living with their in-laws, demonstrating the diversity of living arrangements influenced by cultural or personal factors.

These findings reveal the broad range of living arrangements among older adults, each with varying levels of social support and interdependence. The predominance of living with children underscores strong family networks, while the notable number of individuals living alone or with extended relatives highlights areas where interventions—such as social programs or caregiving services—could improve well-being. Addressing these diverse living situations could help alleviate the challenges older adults face, particularly those who experience isolation or lack immediate family support.

Table 4.7: Showing Types of Accommodation

Types of Accommodation		
Types of Accommodation	Frequency (F)	Percentage (%)
Living in owned house	39	65
Living in relative house	16	27
Living in rental house	2	3
Other	3	5
	60	100

The findings show that a significant majority, 65% (n = 39), of respondents reside in homes they own. This high rate of homeownership suggests a sense of stability and financial security, providing both emotional and practical benefits for older adults. Homeownership also aligns with historical trends where acquiring property was prioritized earlier in life, ensuring a stable living situation during old age. One respondent shared their experience of purchasing a home with savings from their salaried job, where they have lived with their family for several decades, emphasizing the long-term benefits of homeownership.

In contrast, 27% (n = 16) of respondents live in the homes of relatives, illustrating the importance of extended family as a support system for older adults. This arrangement may reflect situations where older individuals have transferred property ownership to younger family members while continuing to live in the family home. One respondent shared their journey of living alone after the tragic loss of their spouse, later deciding to transfer their property to a cousin and move in with their sister for emotional and practical support during a difficult time. This arrangement highlights the role of familial networks in providing housing and care for older adults.

A smaller portion, 5% (n = 3), reported living in other housing arrangements, such as institutional care or shared accommodations, suggesting less common but still significant living situations. Meanwhile, 3% (n = 2) live in rental houses, indicating a minority of elderly individuals facing potential financial constraints or housing insecurity. These respondents may experience unique challenges compared to those living in owned homes or with family, emphasizing the need for targeted support to address housing-related difficulties for older adults.

Table 8 Showing Family Income

Family Income		
Family Income	Frequency	Percentage
0 - 10,000	3	5
10,001-25,0000	7	11.7
25,001-45,000	22	36.7
45,001 and above	28	46.6
	60	100

A considerable proportion of respondents, 46.6% (n = 28), reported a family income of INR 45,001 or above, indicating a relatively stable financial situation. This group benefits from multiple income sources, including pensions, savings, investments, and support from employed family members, ensuring security in later years. One respondent, who operates a small local business, highlighted how additional financial support from family members plays a crucial role in maintaining household stability. Meanwhile, 36.7% (n = 22) of respondents fall within the income range of INR 25,001 to 45,000, representing a middle-income group that enjoys a comfortable lifestyle but must manage finances carefully for long-term security. A respondent from this group shared that their annual income is insufficient to cover all expenses, prompting them to engage in small-scale business ventures to sustain financial stability.

On the other hand, 11.7% (n = 7) of respondents reported a family income between INR 10,001 and 25,000, signifying limited financial flexibility and potential struggles in meeting essential needs such as healthcare and housing. A respondent from this category, who migrated to Waghodia, recounted how farming had sustained her over the years but expressed concerns about her financial future as aging made agricultural work more challenging. The most economically vulnerable group, comprising 5% (n = 3), reported incomes between INR 0 and 10,000, relying heavily on external aid, government assistance, or community support. One respondent shared her experience of financial hardship after losing her job and falling seriously ill but later received support from the local community and Gram Panchayat, helping her regain some stability. These findings highlight significant income disparities among older individuals, underscoring the urgent need for targeted economic policies and support systems to assist vulnerable low-income groups.

Table 9 Showing Economic Status in the Family

Economic Status in the Family		
Economic Status in the Family	Frequency (F)	Percentage (%)
Chief-breadearner	20	33.3
Wholly dependent	4	6.7
Partially dependent	33	55
Other	3	5
	60	100

The majority of elderly respondents, 55% (n = 33), are partially dependent on their families, contributing financially through pensions, savings, or part-time work while relying on family members for additional support. This reflects a shared economic structure within families, where older individuals maintain an active but non-exclusive financial role. One respondent, who retired after 29 years of service, highlighted the insufficiency of his pension in covering essential expenses, necessitating financial assistance from his children to maintain a stable life.

Additionally, 33.3% (n = 20) of respondents serve as the primary breadwinners, emphasizing their continued economic involvement. A respondent from this group expressed pride in supporting her family through employment as a sales agent and a small business, ensuring financial stability for her children's education and extended family members in nearby villages. These findings challenge the perception of older individuals as mainly dependent, instead showcasing their critical role in sustaining household finances.

Meanwhile, 6.7% (n = 4) of respondents are entirely dependent on family due to health issues, advanced age, or lack of independent income sources, underscoring the need for strong family support and external welfare programs. One respondent described his reliance on his brother's household due to illness, which prevents him from working and necessitates caregiving.

Additionally, 5% (n = 3) of respondents fall under other economic statuses, relying on unique financial arrangements such as income-sharing within families or support from informal labor and community programs. These findings reveal the complex economic realities of older individuals, where many continue contributing to their households, yet a vulnerable segment remains wholly dependent. The presence of wholly dependent elderly individuals highlights potential risks such as financial insecurity, limited healthcare access, and reduced quality of life, necessitating targeted interventions to ensure their well-being.

Table 10 Showing Source of Income Based on Income Level

Source of Income Based on Income Level		
Source of Income Based on Income Level	Frequency (F)	Percentage (%)
Salary and Wages	21	35
Self Employed	21	35
Property	0	0
Interest on Savings	0	0
Pension	9	15
More than one source of income	1	1.7
Other	8	13.3
	60	100

The findings indicate that a significant proportion of elderly respondents remain actively engaged in income-generating activities, with 35% (n = 21) relying on salaries and wages and an equal 35% (n = 21) engaged in self-employment. This highlights the continued workforce participation of older individuals, whether out of financial necessity or personal choice. A respondent employed for over 15 years at a local establishment described how his salary, along with employer-provided benefits, ensures financial stability for his household.

Meanwhile, self-employed individuals showcase entrepreneurial resilience, such as a small-scale farmer who finds fulfillment in his agricultural work while benefiting from government support for local farmers. However, he emphasized the need for more substantial funding to sustain farming activities, particularly for aging individuals facing resource constraints.

In contrast, a smaller group, 15% (n = 9), relies on pensions, underscoring the importance of retirement benefits while also revealing potential gaps in pension accessibility. A retired police officer explained that while his pension covers basic expenses, it remains insufficient for unexpected costs, leaving him dependent on community networks for additional support.

Additionally, 13.3% (n = 8) receive income from varied sources such as investments, remittances, or social welfare, reflecting financial diversity among older adults. A minimal 1.7% (n = 1) reported multiple income streams, emphasizing the value of diversification for financial security. These findings challenge the perception of older individuals as predominantly pension-dependent, instead illustrating their active role in sustaining financial independence. However, the relatively low reliance on pensions suggests shortcomings in retirement systems, potentially forcing many to continue working despite age-related limitations. The diversity in income sources further highlights the uneven financial security among the elderly, underscoring the need for policies that ensure sustainable income opportunities and adequate retirement support.

Table 11 Showing Positive Mental Health Hobbies

Positive Mental Health Hobbies		
Positive Mental Health Hobbies	Frequency	Percentage
Morning/Evening Walking	21	35
Yoga/Pranayama	21	35
Other	18	30
	60	100

A significant portion of respondents, 35% (n = 21), engage in morning or evening walks as a means of maintaining their mental well-being. These simple yet effective exercises help reduce stress, improve mood, and enhance cognitive function. One respondent shared how her routine of walking home from the marketplace each evening allows her to relax, clear her mind, and improve her physical health. She also enjoys morning walks to start her day with energy and often joins friends for leisurely evening strolls along the community's edge.

Similarly, another 35% (n = 21) have incorporated yoga or pranayama into their daily lives, recognizing their scientifically proven benefits in alleviating anxiety, enhancing sleep quality, and promoting mental clarity. A longtime yoga practitioner expressed how yoga has provided her with emotional balance, a deep connection with nature, and a sense of fulfillment, improving her overall well-being and sleep quality.

The remaining 30% (n = 18) of respondents engage in other forms of exercise, highlighting the diverse approaches individuals take toward physical activity and mental health. This variation underscores the importance of finding enjoyable and sustainable exercise routines that cater to individual needs. The findings align with extensive research demonstrating the positive impact of physical activity on mental well-being. Regular exercise boosts endorphin production, which enhances feelings of happiness and reduces stress. Additionally, physical activity helps regulate mood, improve sleep patterns, and sharpen cognitive function, reinforcing its vital role in promoting both mental and physical health among older individuals.

Table 12 Showing Recreational/leisure time Hobbies

Recreational/leisure time Hobbies		
Recreational/Leisure Time Hobbies	Frequency	Percentage (%)
Reading books & newspaper	11	18.3
watching t.v, gardening, visiting friend's house	1	1.7
Painting & playing games with friends	7	11.6
Life story exercises & group trips	1	1.7
Knit, painting, gardening	9	15
watching t.v, visiting friend's house, others	4	6.7
watching t.v, spending time with grand-children, visiting friend's house	7	11.6
Reading books & newspaper & spending time with grand-children	3	5
Reading books & newspaper, watching t.v & others	1	1.7
Other	16	26.7
	60	100

The finding highlights that a substantial 26.7% (n=16) of respondents engage in a variety of activities, emphasizing the importance of a multifaceted approach to mental well-being. Among these activities, reading stands out as a popular choice for 18.3% (n=11) of respondents, supporting studies that show reading can reduce stress, enhance cognitive function, and improve mood. One respondent shared how reading newspapers, books, and magazines not only keeps them informed but also offers a peaceful escape, helping to reduce stress and maintain a positive outlook, particularly when paired with time spent with grandchildren.

Creative pursuits, such as knitting, painting, and gardening, are also embraced by 15% (n=9) of respondents, activities known to promote relaxation, boost self-esteem, and provide a sense of accomplishment. Social interaction, including painting with friends or playing games, is another key component of mental well-being, with 11.6% (n=7) participating in such activities. One respondent expressed the joy and relaxation they derive from painting and sharing this passion with their grandchildren, underscoring the significance of creative and social activities in fostering happiness and connection with loved ones.

Additionally, simple pleasures like watching TV, spending time with grandchildren, or visiting friends are important for 11.6% (n=7) of respondents, offering relaxation and enjoyment. A smaller group, 6.7% (n=4), combines various activities, highlighting the personalized nature of leisure pursuits. Other niche interests, such as life story exercises and group trips, provide opportunities for reflection and connection. These findings align with broader literature on the positive impact of leisure activities on mental health, where social interaction and enjoyable activities play a crucial role in reducing stress, improving mood, and promoting overall well-being.

Table 13 Showing the Health Status of Older People

Health Status of Older People		
Health Status of Older People	Frequency (F)	Percentage (%)
Very healthy	15	25
Partially healthy	35	58.3
Unhealthy	8	13.3
Unknown	2	3.4
	60	100

The findings reveal that a significant 58.3% (n=35) of respondents perceive their health as "very good," reflecting a high level of well-being and vitality within this group. However, 25% (n=15) reported their health as "partially healthy," indicating the presence of some health challenges. One respondent shared their experience of managing diabetes and persistent stomach pain, highlighting the role of traditional medication in managing their condition. Despite occasional health issues like headaches, the respondent expressed gratitude for the relief from stomach pain, which improved their daily life.

A concerning 13.3% (n=8) of respondents described their health as "poor" or "unhealthy," pointing to a vulnerable subset of the population in need of targeted healthcare interventions. This group may require additional support and resources to address their specific health concerns, emphasizing the importance of healthcare services tailored to older adults. The range of health experiences within this population suggests varying levels of need and capacity to manage chronic conditions or other health challenges.

Additionally, 3.4% (n=2) of respondents did not provide health status information, which could be due to participant refusal or missing data. While this represents a small portion of the sample, it does not significantly alter the overall findings. These results align with previous research that underscores the diverse health outcomes among older adults, influenced by factors such as socioeconomic status, lifestyle habits, healthcare access, and genetic predisposition. The findings highlight the need for personalized healthcare approaches that consider these variables in promoting better health for older adults.

Table 14 Showing Disabilities/Chronic Illness Among Older People

Disabilities/Chronic Illness Among Older People		
Disabilities/Chronic Illness Among Older People	Frequency (F)	Percentage (%)
Blindness	0	0
Heart Disease	1	1.7
Diabetes	7	11.7
Paralysis	4	6.7
Kidney disease	0	0
Gastroenteritis	7	11.7
Depression	3	5
Asthma	2	3.3
Muscular Pain	14	23.3
Urinary incontinence	2	3.3
Others	20	33.3
	60	100

The findings reveal a broad spectrum of health conditions affecting older adults, with 33.3% (n = 20) of respondents reporting chronic conditions or disabilities not specifically categorized in the study. This highlights the complex and varied health issues that older individuals face, many of which require specialized care and long-term management. Muscular pain was the most commonly reported health concern, affecting 23.3% (n = 14) of respondents. Muscular pain, often linked to aging-related conditions such as arthritis, significantly impacts mobility and quality of life, as described by one respondent who had been suffering from left shoulder pain due to years of farming activities.

Gastrointestinal issues, such as gastroenteritis, were reported by 11.7% (n = 7) of respondents, which may reflect vulnerabilities in the digestive system common among older adults. An equal proportion (11.7%) also reported living with diabetes, a chronic condition that requires ongoing management and lifestyle modifications. The prevalence of diabetes underscores the growing burden of non-communicable diseases (NCDs) in aging populations. Additionally, 6.7% (n = 4) of respondents reported experiencing paralysis, which significantly limits mobility and independence and often requires extensive caregiving and rehabilitation support.

Mental health challenges, particularly depression, were reported by 5% (n = 3) of respondents, indicating the emotional difficulties that often accompany aging, such as grief, loss, or chronic illness. One respondent shared the devastating impact of losing her husband and two daughters in a motor accident, which led to profound grief and difficulty in managing daily activities. This highlights the interconnectedness of physical and mental health in older adults, where mental health issues can exacerbate physical health challenges. Additionally, 3.3% (n = 2) reported asthma, and 1.7% (n = 1) had heart disease, both of which pose significant health risks and require careful management.

These findings emphasize the diverse and interconnected health challenges faced by older individuals, ranging from chronic conditions like diabetes and heart disease to mental health issues such as depression. The high prevalence of unspecified chronic conditions and muscular pain underscores the need for a comprehensive healthcare approach that addresses both common and less frequently discussed health issues. The findings also highlight the importance of improved access to preventive care, routine medical check-ups, and tailored interventions, including mental health support, rehabilitation programs, and assistive technologies to enhance the well-being of older adults.

Table 15 Shows the Nature of Positive Treatment of Illness

Nature of Positive Treatment of Illness		
Nature of Positive Treatment of Illness	Frequency	Percentage (%)
Allopathic Treatment	49	81.6
Homeopathic Treatment	4	6.7
Traditional Treatment	3	5
Other Treatment	4	6.7
	60	100

A significant majority of older adults, 81.6% (n = 49), reported a preference for allopathic treatment, reflecting the widespread trust and reliance on conventional medicine within this demographic. This preference highlights the prominence of evidence-based medical practices and the accessibility of allopathic healthcare, particularly in regions with well-established healthcare systems. One respondent shared a deeply personal experience that shaped her conviction toward allopathic medicine, recounting the tragic loss of her daughter due to delayed treatment with traditional medicine. This loss led her family to prioritize scientifically-backed treatments and early medical intervention for future health concerns, underscoring the critical importance of timely and reliable medical care.

In contrast, 6.7% (n = 4) of respondents expressed a preference for homeopathic treatments, indicating interest in alternative medicine. Homeopathy, known for its holistic and non-invasive approach, appeals to those who prefer gentler, more natural forms of treatment. One respondent explained how homeopathic remedies, especially for muscular pain, had significantly alleviated her symptoms and become a family tradition. The holistic nature of homeopathy, which considers physical symptoms along with emotional or lifestyle factors, was particularly attractive to her, reflecting a desire for balanced and individualized care.

Another 6.7% (n = 4) of respondents reported pursuing other forms of treatment, which may include emerging or lesser-known medical practices, dietary interventions, or integrative therapies. This suggests that a portion of the older population is open to exploring various healthcare options to meet their unique health needs. Additionally, 5% (n = 3) of respondents indicated a preference for traditional treatment methods, highlighting the continued relevance of culturally rooted practices in healthcare. These treatments, often based on indigenous knowledge systems, may provide a sense of comfort and familiarity, particularly for older individuals who have long adhered to such methods.

While allopathic treatment remains the dominant choice due to its evidence-based nature, accessibility, and affordability, the interest in alternative and traditional therapies reflects a more nuanced understanding of healthcare among older adults. This diversity in treatment preferences indicates that many older individuals seek a blend of modern, traditional, and holistic approaches to managing their health. The wide range of choices available also underscores the importance of respecting and accommodating different healthcare practices to meet the varied needs of older populations.

Table 16 Showing Possible Sources of treatment of illness

Possible Sources of treatment of illness		
Possible Sources of treatment of illness	Frequency (F)	Percentage (%)
Government Hospital	36	60
Private Hospital	16	26.7
Other Treatment Methods	8	13.3
	60	100

A majority of respondents, 60% (n = 36), expressed a preference for government hospitals as their primary source of medical treatment, highlighting the critical role of public healthcare institutions in providing accessible and affordable services. Many older individuals, particularly those with limited financial resources, rely on these hospitals despite challenges such as overcrowding, long wait times, and shortages of specialized medical staff. A 68-year-old retired supervisor shared his experience, emphasizing how his retirement benefits are insufficient to afford private healthcare, making government hospitals the only viable option. While he acknowledged the dedication of healthcare workers, he also expressed concerns about the quality and efficiency of care, particularly as his medical needs become more complex with age.

In contrast, 26.7% (n = 16) of respondents preferred private hospitals due to the perception of better healthcare quality, shorter wait times, and improved infrastructure. A 66-year-old father of three detailed how he and his wife, a private school teacher, prioritize private healthcare despite its high costs. He cited concerns over sanitation, doctor shortages, and delays in government hospitals, particularly for his children's healthcare needs. While the financial burden is significant, he emphasized that the reliability, cleanliness, and personalized care of private hospitals justify the expense, underscoring the willingness of some families to make financial sacrifices for higher-quality medical services.

A smaller proportion, 13.3% (n = 8), sought alternative treatment methods, including traditional medicine, community health programs, and other non-conventional approaches. This reflects the diverse healthcare preferences of older individuals and the need for inclusive medical systems that accommodate different cultural and personal beliefs. The preference for government hospitals aligns with global trends in which public healthcare systems serve as a safety net for vulnerable populations, despite their limitations. Meanwhile, the increasing demand for private healthcare underscores the growing emphasis on quality and efficiency in medical services. Additionally, the reliance on alternative treatments signals potential gaps in formal healthcare systems, driving some individuals to explore other solutions that better meet their needs.

Table 17 Showing Caretaker for the elderly during illness

Caretaker for the elderly during illness		
Caretaker for the elderly during illness	Frequency (F)	Percentage (%)
Family members	40	66.7
Relatives	13	21.7
Self-care-taking	4	6.6
No one	0	0
Unknown	3	5
	60	100

The findings indicate that the majority of older individuals, 66.7% (n = 40), receive care primarily from immediate family members, highlighting the crucial role of the family in providing physical, emotional, and logistical support. This trend reflects cultural norms that emphasize familial responsibility for elderly care, particularly in societies where intergenerational living is common. An additional 21.7% (n = 13) of respondents rely on extended relatives, such as siblings or nieces and nephews, suggesting that kinship networks play an important role in caregiving, often influenced by proximity, availability, or shared family obligations. A 65-year-old widow shared her experience of being cared for by her three daughters, emphasizing the security and comfort she derives from their ongoing support. She described how her daughters contribute financially to her needs and ensure she remains emotionally connected through regular visits and vacations together.

A smaller proportion of older individuals, 6.6% (n = 4), manage their care independently, showcasing a degree of self-sufficiency among some elderly respondents. Factors such as financial security, good health, or a strong sense of independence may contribute to their ability to live without direct assistance. For 5% (n = 3) of respondents, caregiving arrangements remain unknown, possibly due to non-disclosure or gaps in data collection. A 61-year-old widow recounted her experience of living alone after the passing of her husband, emphasizing her determination to support herself by working as a laborer on local farms. Her story highlights the resilience of some older individuals who, despite personal hardships, continue to lead independent lives.

The predominance of family-based caregiving suggests that aging in place remains a culturally preferred alternative to institutional care, offering advantages such as emotional bonding, familiarity, and cost efficiency. However, it also places significant burdens on caregivers, who may experience physical, emotional, and financial strain. The role of extended family members in caregiving underscores the importance of maintaining strong social networks and fostering community-based support systems to assist older individuals. Additionally, the presence of independent older adults challenges stereotypes about aging and dependency, demonstrating that some seniors can successfully navigate later life with the right combination of health, adaptive skills, and external resources.

CONCLUSION

This study reveals the multifaceted lives of older people in the Waghodia area, encompassing their socio-economic characteristics, health status, economic roles, living arrangements, and preferred healthcare practices. The findings highlight significant variations in gender distribution, religious affiliation, marital status, educational background, and income levels, underscoring the complexity and diversity of this population.

The elderly in this study exhibited resilience and adaptability in navigating the challenges of aging. While a significant portion of respondents reported living with family members, reflecting strong intergenerational bonds, a notable minority faced social isolation or relied on extended networks. Economic contributions from older individuals were substantial, with many serving as breadwinners or engaging in part-time work, emphasizing the continued relevance of this demographic in household economies. Healthcare practices reveal a preference for conventional medical systems, with many respondents favoring government hospitals due to affordability, despite challenges like overcrowding and inadequate staffing. A smaller segment relied on private hospitals or alternative treatments, reflecting diverse health-seeking behaviors influenced by

cultural and economic factors. The prevalence of chronic illnesses such as diabetes, muscular pain, and gastroenteric conditions highlights the pressing need for accessible healthcare and targeted interventions.

The study also emphasizes the importance of leisure and physical activities, such as yoga, walking, and creative pursuits, in promoting mental health and overall well-being among older adults. The data calls for policy enhancements, including improved public healthcare infrastructure, community-based support programs, and culturally sensitive interventions tailored to the needs of this population. In conclusion, the elderly in Waghodia demonstrate remarkable adaptability and agency in the face of age-related challenges. However, systemic improvements in healthcare, economic support, and social integration are essential to ensure their well-being and dignity in later life. Addressing these needs will require collaborative efforts between families, communities, and policymakers.

ACKNOWLEDGMENT

This research would not have been possible without many individuals' unwavering support and guidance. First and foremost, I express my heartfelt gratitude to God Almighty for granting me the strength, intellect, and perseverance to undertake this challenging endeavor. His grace has been my constant inspiration and comfort throughout this journey I owe a deep debt of gratitude to my esteemed research guide, Prof. Dr. M.N Parmar, whose invaluable guidance, insightful feedback, and unwavering encouragement have been instrumental in shaping this research. Your patience, expertise, and dedication have been truly inspiring. I am forever indebted to my loving parents, Mr. and Mrs. Gonmah, whose unconditional love, prayers, unwavering support, and constant sacrifices have made this achievement possible.

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