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Rural to Urban Migration and Resettlement: A Case Study Analysis on Psycho-Social Problems of Dislocated Elder People in Trichy, Tamil Nadu

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Abstract

The aged people play a vital role in passing over tradition, culture, values and experience to the next generation. They contribute effectively to society and they are valuable resources for society. So it is the duty of society to look after them in all aspects, especially their mental health. Due to rapid urbanization and development as a whole, a huge population moves from rural to urban places for many factors. And the main problem of this dislocation is the problem of psychologically and socially adapting to the different surroundings and an entirely new life style. More will be the difficulty of adaptation to urban life for the aged people to that of the younger generation. From living in a well-known and simple lifestyle to a much more busy and developed area, the aged people, mainly from the age of 70 and above, face psycho-social problems. Rapid urbanization, the influence and attraction of westernization and modernization are the leading factors of rapid rural to urban migration in Trichy district of Tamil Nadu. The elderly people who were dislocated from rural to urban areas are facing loneliness, depression and psycho-social adjustment problems in their daily life and it adversely affects their mental wellbeing and social life. These problems will eventually affect their physical health and lead to related issues. The problems of dislocated elderly people should be addressed and should provide psycho-social intervention to them. The present qualitative study design aims to understand the psycho-social problems of rural to urban dislocated elderly people and provide suitable social work intervention and suggestions. The researcher adopted a case study method for gathering data and the study is descriptive in nature. The data was gathered from the dislocated elderly people, in the age category of 70 and above in Trichy district, Tamil Nadu. The paper will conclude the major psycho-social problems of dislocated elderly people and the findings and suggestions will be useful for future researchers and also for the micro and macro level intervention of social work.

Keywords: Dislocation, elder people, psycho-social problems

Introduction

Old-age people are the wealth of the country. In India, the current population percentage of elderly is rising rapidly. This comes with great responsibility to meet up with the changing needs of this new cohort. People living to the age of 65 are considered older people. Living longer does not necessarily mean the quality of life is extended into those additional years of living. Society now consists of the beginning of a growing population of elderly people. They are the ones who have great experience and have a wide range of knowledge of the customs and traditions and carry them to the future generations. They need to be given equal construction and care as that of other age groups. The aged people go through a lot of physical and mental pressure and there will be delay in their actions. In India, life expectancy has increased from 45 years in 1970 to 65 years in 2010. On account of better education, health facilities and an increase in life expectancy, the percentage of the geriatric population has gone up from 5.3% in 1971 to 7.5% in 2010. Although the proportion of people 60 years and above is smaller than that in the developed world, by 2020, the absolute number of older adults is likely to be higher in India. In Tamil Nadu, 13, 6% of

the proportion is elderly people among the total population. An increasing geriatric population is associated with a rising prevalence of chronic non-communicable diseases; therefore, the magnitude of depression is also expected to grow. The most important problem and challenge in the sense of depression which is affected by the elderly people who are living in old age homes, shelter homes or isolated by dislocation etc.

Dislocated and resettled elderly are facing lots of psycho-social problems and challenges to adjust and cope with a new living environment. They will face even more problems when they dislocate from a rural environment to an urban environment as the situation in urban areas is completely different. Old people from the age of 70 and above generally start to have many psycho-social and physical problems as it is the time where they are completely idle and it is the stage where they feel that their responsibilities are over. The elderly have a life span which they need better care and support both physically and emotionally to attain a fruitful life. The prevalence of psychological disorders among the elderly population was observed in the above

70 years of age category. The prevalence of depression, anxiety, insomnia and development of somatic symptoms are common in this life span. Sudden dislocation and shifting from rural to urban areas, they had difficulty adapting to the new situation and surroundings as they have spent more than half of their life time in a rural setting. As the urban lifestyle is a busier lifestyle, they don't have anyone to spend their time with and to talk about their problems.

The present study focuses on the elderly people who were dislocated and resettled from the rural to urban environment in Trichy district of Tamil Nadu. The sudden dislocation and resettlement will adversely affect the psycho-social wellbeing and social life of the elderly people. Several factors are responsible and lead to rural to urban dislocation and resettlement. The attraction of urban life, the high standard of living, the influence of modern technology and the rapid growth of transportation and communication, and the influence of industrialisation are the important key factors attract and force new generations to adopt and settle in urban places or cities. Due to this sudden change, they will face more difficulties and challenges to adapting to new environment and life. The living conditions of flat life and busy urban environment may make them get the feeling of loneliness and depression. Lack of interaction with peer people and insufficient space may lead them to anxiety and insomnia. These problems also drive those people to somatic symptoms and adversely affect both physical and mental health. Proper interaction with family members, avoiding attitude of family members, physical weakness and other social issues make elderly people even weaker emotionally. All these problems give them a lot of stress and depression. They eventually start to develop many psycho-social challenges in addition to the physical health problems. They start to over think and contemplate their existence. They start to feel that they have lost their power and they solemnly believe that their younger ones in the family no longer listen to them. So considering their psychological problems and finding a remade for these problems is a very important step to be taken immediately. In this case study analysis, the researcher tries to find the psycho-social problems and provide its suggestions and social work interventions for dislocated and resettled elderly people from rural to urban areas in Trichy district, Tamil Nadu. The findings and conclusion of the study will be useful for the micro and macro level intervention of the social work profession and future research.

Review of Literature

Sheik Idris A. Rahim and Marianne Cederblad, (1986), A study of maturity behavior and health during a newly urbanized a part of Khartoum, Sudan, was done in 1980 on 245 olds aged 60-75 years. The identical area, then rural, had been investigated in 1965. Compared to 1965, the 1980 study showed a rise in behavior problems of the elderly aged 60-75. In both studies, the degree of most behavior problems were below the figures from comparable studies from developed countries. Contrary to the present, physical health and mental being had improved between 1965 and 1980. The older people of newcomers, especially blue-collar, wage-earners with low incomes, showed the best frequencies of behavior deviance. While polygamy failed to influence the rates of behavior problems, anxiety/depression and harsh penalization did so. Elder people (65-75) showed a powerful connection between poor somatic health and high rates of behavior

deviance. The impact of assorted cultural changes on families and also the psychological well-being of older people are discussed.

Zarina Nahar Kabir, Carol Tishelman, Hedda Agüero-Torres, AMR Chowdhury, Bengt Winblad, Bengt Höjer, (2003) ^[9], in their study, describes the influence of socio-economic factors on the health status of older people. In an exceedingly cross-sectional study in rural and concrete Bangladesh. Within which those reporting a greater number of health problems were more likely to report difficulty with a minimum of one ADL task. They studied that socio-economic indicators were found to own little influence on reporting of health problems, particularly within the rural regions.

CW Lam, KW Boey,(2005) ^[2], This study found that the Chinese elderly who board old urban areas of Hong Kong are in danger of full of poor mental state thanks to their relatively deprived social conditions. It absolutely was also found that the respondent's scores within the GDS-15 correlated with their social conditions, including style of housing, availability of helpers, financial status and family support.

Samia Mechakra-Tahiri, Maria Victoria Zunzunegui, Michel Prévile, Micheline Dubé, (2009) ^[8], studied the prevalence of depression within the elderly Quebec population residing in rural areas, urban areas and metropolitan Montreal, and to assess differences within the associations between social relationships and depression across these urban and rural settings. The prevalence of depression was higher in urban areas by 15.1%. Their study indicated that social support and also the lack of conflict in intimate relationships were related to a lower prevalence of depression altogether areas. Geographic differences in depression exist within the elderly population in Quebec which will have a major impact on their health and functional abilities.

Joost Van Hoof, Jan K Kazak, Jolanta M Perek-Białas, Sebastiaan Peek, (2018) ^[4], in their research, states that urban ageing is an emerging domain. It describes the challenges that are encountered when making cities age-friendly in Europe. Such challenges include the creation of inclusive neighborhoods and also the implementation of technology for ageing-in-place. The study illustrates the potential of creating cities more tuned to the requirements of older people and identifies important challenges. Finally, it states that the world ageing of urban populations needs more age-friendly approaches to be implemented in our cities. it's a challenge to organize for these developments in such how that both current and future generations of older people can have the benefit of age-friendly strategies.

Prakash Boralingaiah, PrashanthaBettappa, Shraddha Kashyap, (2012) ^[6], about the psycho-social problems of the elderly within the urban population of Mysore; to see the extent of functional impairment among the elderly and to understand the psychological distress of the elderly using GHQ score. This community-based cross-sectional study was dispensed at the sector practice area of urban hospice, JSS Medical College, Mysore. Anxiety and insomnia were found in 3.4% of the aged (males 2.4% and females 4.1%), followed by somatic symptoms 2.9%, social dysfunction 1.5% and severe depression 1.1%. All psychological distress was found among elderly women. The prevalence of mental illnesses was found to be significantly higher for people aged over 75 years. The study concluded by stating that awareness among the elderly population should be created for normal medical check-ups to confirm prevention and early detection of chronic diseases. There's a requirement to possess geriatric wards having specialized professionals with psychiatric and

medical social workers together with subsidized health care services.

Methodology

Objectives of the Study

- To study the socio-demographic profile of the respondents.
- To know the psycho-social problems of dislocated and resettled elderly people.
- To understand the important challenges and adjustment problems faced by the respondents.
- To provide suitable suggestions and welfare interventions for the wellbeing of the respondents.

Materials and Methods

The researcher adopted the qualitative method during this study. Case study analyses were used for collecting data from the respondents which are intensive and descriptive in nature. The information was gathered from the dislocated and resettled elderly people in Trichy district, Tamil Nadu. Three cases were selected from K.K Nagar City Corporation, Trichy district by applying simple random sampling method. The case study format described by Budgell (2008), Boeije (2010) was followed by this qualitative analysis.

Tools of Data Collection

An In-depth interview is that the major tool which is employed by the researcher to collect the data from the specified population within the present study.

Research Design

The researcher used descriptive research design to attain the research objective within the present investigation.

Case Presentation

Case Study 1

Introduction

Mr. X is a 75 year old man who has been working as a veterinary doctor in a rural area in Trichy. He belongs to a high-class family and lived along with his wife in an extended family till her death. After his retirement and sudden death of his wife, he reluctantly migrated to an urban area due to the compulsion of his children. Now he is living in the middle of Kajanagar city along with his son and daughter-in-law.

Case Presentation

The researcher understood from the study that several factors that adversely affected his mental wellbeing and social health due to the causes of dislocation and resettlement. He was married at the age of 28 years and he had been working as a veterinary doctor in a rural area for many years. He and his wife lived alone in a rural area of Trichy district. Recently, he was affected by cancer in his throat and went through a lot of treatments. Now he is unable to talk like before and has other consequences of the treatment as he is not fully healed from it. In this situation, his wife died due to a heart attack. Those incidents, the sudden passing of his wife and physical illness both adversely affected his mental health and social life. Now, as there was no one to look after him, he had to shift to the urban area with the compulsion of his children and started to live along with his son and daughter-in-law. This forceful dislocation and resettlement without his consent makes his life more miserable than in the past. Now he is finding it very difficult to assimilate the current situation and adapt to it. The mental conflicts to adjust to the new social environment and

emotional feelings equally make his life more pathetic and severe. In this structured city, flat life adversely affected his psycho-social well-being. His physical weakness and these emotional conflicts also led to the development of psychosomatic symptoms and negatively affected the balance of psycho-social life also. He is feeling loneliness himself and emptiness in his life and is missing out on something that he was enjoying before in the rural area. He is missing the people, his companions, his wife and the small activities that made him occupied.

Outcome

The case study revealed that the events that occur in life definitely affect the mental wellbeing and the sustainability of psycho-social life. The case truly revealed that the respondent is facing physical and psycho-social challenges in his present life. He has lost his wife and is also fighting against a chronic illness. The unexpected events which happened in his life adversely affected the balancing of mental wellbeing and his social life. The forceful and reluctant dislocation and resettlement causes him more severe psycho-social impacts. The feeling of loneliness and anxiety about his physical illness and events seems to develop the symptoms of psychosomatic disorders such as insomnia, hypertension, headache etc. These are causing him sadness and facing it is very challenging to adjust to a new busy environment both socially and psychology. He feels that the present situation is giving him a feeling of suffocation as he has to stay inside his house the whole day while others go to work.

Discussion

The development of psychosomatic disorders symptoms of depression and anxiety should be addressed the social work profession, especially in the matter of elderly people. It is a psychological condition disorder which needs to be diagnosed and treatable. The psycho-social approaches prescribed by the social work profession and various techniques given by the psychologist and clinical social work practices can be used. Medications such as Yoga, breathing exercises and techniques of cognitive behaviour therapy can be applied to overcome the psychosomatic symptoms caused by excessive thoughts and stressful events. This will help them a lot to reduce the feeling of loneliness and make them feel that they have someone to spend time with. Family members, when they come home after their work, should talk with them about what happened during the day and they should also ask them about what activities they did through the day. By this they will be engaged and it will help them to escape from loneliness.

Case Study 2

Introduction

Mr. Y is a 70 year old man. He has been working as a painter in an unorganised sector for the past 30 years. He belongs to a middle class family and lived the nuclear family in the rural area of Trichy district. His children studied and got jobs in urban areas. So he and his wife had to move and resettle along with them.

Case Presentation

The researcher came to know through the case study recognised that the factor adversely affects the mental wellbeing of the respondent, both his psychological and social life. He had been working for 30 years and now had to move and resettle from rural to an urban area with his children. As it is a new place and as his children are working, he was asked

to stay home and take a rest. They have two sons. One month they stay with one of their sons and the next month with the other. Once their sons and daughters-in-law go to work and their grandchildren are off to school, they have nothing to do except to watch television and to sleep. While at their place in the rural area, after work, he used to meet and interact with his friends and talk about the things that were happening around them. On the days when he doesn't have work, he would go for a walk in the fields, see his cattle and visit his relatives' house nearby. His wife used to go to work in the fields near her house, do house hold chores and look after the cattle. Now, as they have moved to a completely new lifestyle, they state that they are finding it difficult to adjust to reality. The sudden forceful retirement from work and resettlement by dislocation was broken and negatively affected his psycho-social wellbeing and social life environment. He felt a lack of interest and happiness in the things that were around him. Due to the challenges and conflicts, he faces more stress and struggles to cope with and adjust to the new environment. Stress and anxious thoughts lead to the development of insomnia and other health problems also. Due to these events, the respondent is not even interested in eating food on time. To overcome these psychological issues, he used to consume alcohol regularly and became an alcohol abuser. It creates family problems and he developed alcohol consumption as a method to overcome and solution to his psycho-social problems. His entire routine has changed and it in turn is affecting his normal life and even stated that he don't get proper sleep at night. Outcome: From the study, it is evident that the events that occur in life definitely affect mental wellbeing and physical life also. The new environment, resettlement from the old lifestyle and the difficulties of adapting and adjusting to the new life style all adversely affect the mental wellbeing of the respondent. The sudden and compelled retirement from work and the environment that can't be adjustable and entirely different which completely breaks his mental and social wellbeing might be he has to develop the signs of anxiety, stress and insomnia. Alcoholism was the method that he had to adopt to overcome his problems and issues. It shows the poor resilience capacity of the respondent. The regular consumption of alcoholism and its addiction leads to more physical problems and gradually he may develop mild to severe alcohol withdrawal symptoms along with these psycho-social issues. The problems of stress, anxiety and sleeping disorder have been addressed and provided psycho-social interventions also.

Outcome

From the case study, the researcher identified and reviled that the respondent is going through high mental pressure and anxiety. She is suffering emotional and mental conflicts to cope with and adjust to new situations and overcome these obstacles they facing especially the livelihood problems and source of income. She is defensive of hiding her emotions and feelings and not letting them out. This builds depression and high tension. This also affects her physical health. She is unable to cope with the busy and hustle lifestyle.

Discussion

Psycho social interventions should have to need the respondent. Psycho-social support and counseling needs the respondent to strengthen herself and adjust to living with the new situation. Advice the respondent to make daily task lists and dedicate time to things you enjoy, practice self-care and

Jacobson relaxation techniques in progressive relaxation therapy. People near such people's houses can visit them and at least talk with them. This will reduce their stress to a certain level as they speak out their problems. NGOs can come up with new ideas and raise funds to help such people and can help them by building houses from that fund or by building a small venture shop or helping them to start a business.

Case Study 3

Introduction

Mrs. Z is a 73 year old lady and she was educated up to primary school. She is a homemaker and belongs to a lower class family. After her daughter's marriage and her husband's business causes, she migrated from a rural area to an urban area. Now she is living with her husband in an urban area.

Case Presentation

The researcher came to know and recognized that the livelihood and living environment are the important factors that influence the mental wellbeing and sustainability of life. The respondent had to move to an urban area due to her husband's business. The couple has a daughter. For her marriage they needed money. So they sold their properties and got her married. After her marriage, they needed some job as they sold their land where they did farming. So they moved to an urban area to do small business with the help and compulsion of her daughter. Farming was the major source of income and livelihood of the respondents. The challenges of adjusting and adopting the busy and rush life style of the urban area and issues of livelihood problems make their social and mental well-being equally imbalanced and depressed. They earned it by selling bananas on the road. The respondent was completely stressed and depressed about the past events that happened in life and the challenges and struggles which are facing currently. After selling their land, it was even more to do a job that was totally different in an unknown and busy place. She couldn't cope with the urban life. They rented a small house and are struggling to earn their daily livelihood. Though she gets some help from her daughter, she says that she cannot totally rely on it because she has to run her family too. She conveyed that she is going through high pressure and her husband is growing older too. The anxious thoughts and more stressful events lead to her mental wellbeing in more pathetic situations and, ultimately, it will lead to more health issues also. Every morning she wakes up with a moto to somehow end the day with some earning for this food and shelter.

Outcome

From the case study, the researcher identified and reviled that the respondent is going through high mental pressure and anxiety. She is suffering emotional and mental conflicts to cope with and adjust to new situations and overcome these obstacles they facing especially the livelihood problems and source of income. She is defensive of hiding her emotions and feelings and not letting them out. This builds depression and high tension. This also affects her physical health. She is unable to cope with the busy and hustle lifestyle.

Discussion

Psycho social interventions should have to need the respondent. Psycho-social support and counseling needs the respondent to strengthen herself and adjust to living with the new situation. Advice the respondent to make daily task lists

and dedicate time to things you enjoy, practice self-care and Jacobson relaxation techniques in progressive relaxation therapy. People near such people's houses can visit them and at least talk with them. This will reduce their stress to a certain level as they speak out their problems. NGOs can come up with new ideas and raise funds to help such people and can help them by building houses that are fun or by building a small venture shop or helping them to start a business.

Suggestions and Recommendations

The urgent need of care and attentions should be need for address the mental wellbeing and sustainable life of elder people who were dislocated and resettled from rural area to urban area. Following are the suggestions and social work intervention for strengthen the mental wellbeing and sustainable life of respondents in this case study.

- Socio-economic and living environment is an important factor that influencing the mental well-being and sustainable life of the elder peoples. Social workers should make aware the community for elder people's problems from grass root level
- Social workers should have to motivate and provide the resources and psychological aids for internal and external development for self-efficacy among elder people
- Meditations programs and practice them Jacobson relaxation techniques to overcome anxiety, depression and somatoform disorders
- Apply Cognitive Behaviour Therapy techniques to avoid the alcohol consumption and its addiction
- Motivate the elder people to follow and practice the relaxation techniques explained by the experts.
- Motivate them to practice meditation and Yoga as a relaxation technique to overcome the excessive thoughts.
- Geriatric counseling and referral service to lead a peaceful life in living environment and seek the help of NGO.
- Through the social work method social worker should recommend to the government and local authority for drafting and implementing of new policies related to the welfare of elder people and suggest them to evaluate and strengthening the current policies are functioning for the beneficial and welfare of elderly people.

Conclusion

Old age is a phase where proper care and attention should be given. This stage is just like babyhood as they get old and they depend on others for their day to day livelihood. This stage should not be neglected as they go through mental pressure and physical problems. Most importantly, they are the experienced people to guide the next generation.

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