Social Gerontology: A Socio-Psycho Analysis on Problems of Aging

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ABSTRACT

The paper provides a socio-psycho analysis of the multifaceted challenges within the framework of social gerontology confronting the elderly people at Manzini region in Eswatini. With the demographic shift towards older societies, understanding the unique problems faced by the elderly has become a critical imperative for researchers and policymakers. The main objective of this study is to systematically examine and synthesize the key social and psychological issues that significantly impact the quality of life and well-being of the aged. It delves into the psychological dimensions of aging, focusing on issues such as maintaining cognitive health, coping with life transitions, the fear of dependency, and the decline in self-esteem associated with retirement and changing social roles. The paper applies mixed research approach and convenience sampling under non-probability sampling methods is used, where a semi-structured questionnaire is administered to the respondents seeking indepth information to fulfill the research objectives, offering recommendations for developing policies and community programs aimed at mitigating the socio-psychological vulnerabilities of the elderly, ensuring participation and inclusion in mainstream society.

Keywords: Social gerontology - Aging - Socio-psycho - Well-being - Social isolation - Psychological health.

INTRODUCTION

United Nations (2024) defines an older person is the one who is 60 years of age or older. This is a chronological definition used for statistical and reporting purposes. While 60 is the standard age, the UN and its agencies acknowledge that the definition of old age can vary significantly depending on social, cultural, and economic factors in different countries. For instance, in some places, old age may be defined by physical appearance, family status (like grandparent), or the age at which one becomes eligible for a pension, which can be different from 60. This global standard of 60 years and over is used by the UN to monitor trends in global population aging and to develop policies and programs to address the needs of this growing demographic.

The present study ***"Social gerontology: A socio-psycho analysis on problems of aging"*** delineates the concept of aging, social gerontology, theories about aging, problems of aged and remedial measures. Age and aging are social as well as biological phenomenon. Age is a basic component in the ever-changing social structure. Social factors stipulate the boundaries and the activities of childhood, adulthood and oldage. Even the typical ages for onset of menstruation and for dying are affected by social process as both age and aging are imperious forces in social life.

Social Gerontology & Aging

Social gerontology is the study of the social aspects of aging (Novak, 2012). The scholars who study aging are called gerontologists. The people they study go by several names, most commonly "older people", "elders," and "the elderly." The latter term is usually reserved for those 65 or older, while "older people" and "elders" often include people in their fifties as well as those 60 or older.

Social gerontology is a subfield of gerontology. It is mainly concerned with social aspects of aging rather than the biological aspects. However, social gerontologists do study the influence of biological process and the influence of social conditions on aging. Societal aging affects the major political, social, and economic institutions as well as the nature of interpersonal and familial relationships. Social gerontologists recognizes,

that aging is a life stage which determines the quality of later life by events, opportunities, and decisions made during youth age. The life course provides a roadmap for thinking about how health, social relationships, and socioeconomic status change over time and across stages.

Ageing (British English) or aging (American English) is the accumulation of changes in a person over time. Aging is the natural, time-dependent process of physiological decline and deterioration that occurs in living organisms, leading to increased vulnerability and a decreased ability to survive and reproduce. It involves complex changes to physical, psychological, and social aspects of an organism, marked by a gradual loss of bodily functions, an increased risk of age-related diseases, and a higher probability of mortality.

Theories about Aging:

During the last decades the number of elderly people has been considerably increasing and hence much attention has been given to gerontology. Severely competing theories about the nature of aging have been projected like, disengagement theory, activity theory, subculture and resource theory.

i. Disengagement Theory: This theory was proposed by Elaine Cumming and William E. Henry in their 1961 book, *Growing Old*. They suggested that aging involves a natural and mutually beneficial withdrawal between the individual and society.
ii. Activity Theory: A direct counterpoint to disengagement theory, activity theory is most closely associated with Robert J. Havighurst, who developed the concept in the early 1960s. He argued that maintaining a high level of activity and social engagement is key to successful aging.
iii. Subculture Theory: This theory was put forth by sociologist Arnold Rose in 1962. He proposed that older adults, facing similar societal issues and a loss of status, form a distinct subculture to find community and support.
iv. Resource Theory: There's no single founder for a theory strictly labeled "resource theory", it's often found within the framework of other theories, such as Selective Optimization with Compensation (SOC), developed by Paul B. Baltes and Margaret M. Baltes. The SOC model, for example, explains how older adults manage and optimize their resources (like health, time, and social support) to successfully age.

REVIEW OF LITERATURE

G.S. Bhatnagar & Mohinder Randhwa *(*1992**)** in their study *"Social Adjustment among retired persons"*, made an effort to find out the problems of retired people in Patiala city of Punjab. One of the important aspects of these problems is related to their adjustment in society. It reveals that well educated, economically sound with urban background have secured higher scores of social adjustment. The concept of active aging, which has been stressed in recent form, can therefore be expected to become a reality with wide spread education and economic upliftment of individual members of society. Indu Grower and D.K. Grower (1997), conducted a joint study on *"Aged in Comparative Global Perspective"*, it showed the trends of aging in the world. Thus in almost all the countries women faces more problems as they survive longer. In France as many as 71.4 percent of the total population of aged women are facing various problems while minimum have been reported from India.

Gibson, H.B. (2000), in his book *"Loneliness in Later Life",* by using the results of a British survey and a collection of autobiographies, Gibson draws some interesting conclusions about loneliness and old age. He finds that being alone is not necessarily a negative thing for many older people and that many people deliberately seek solitude. He looks at loneliness as it has appeared in works of literature through the ages and finds that in today's modern society older people are much healthier and more active with many more options for living than they had in previous generations. Snowdon David (2001). A very readable account entitled, "*Aging with Grace: What the Nun Study Teaches Us about Leading Longer, Healthier, and More Meaningful Lives"*, is a groundbreaking study of aging which uses Nuns as research subjects. The topic combines interesting descriptions of the scientific process with fascinating portraits of many of the Nuns involved. Dr. Snowdon sheds a lot of light on Alzheimer's and the aging process and also poses many questions to be answered by ongoing research.

Dasharath Albal & Ziya Pathan (2006) in their study *"Profile of Aged in 21st Century"* made a comprehensive study on various problems of aging in India and provided a condensed account of aged in India and its neighboring countries and at global level with special reference to demographic proportion of aged in India. They examined prevalent policies and programs of the government for the aged population and the role of voluntary organization in providing social security and care.

Paul Higgs & Chris Gilliard (2023) argues in the paper, *"The sociology of aging and social gerontology: critical tensions and necessary distinctions"* the sociology of ageing has been diverted from developing a clearly sociological approach to ageing and old age by its entanglement with social gerontology and to achieve it requires not only separating the sociology of ageing from social gerontology. A re-envisioned sociology of ageing can also better equip social gerontology with more effective tools to understand the 'new ageing'.

Statement of the problem

Gerontology is concerned with the health issues of the greying population. Health depends on the nutrition, fulfillment of basic needs, mental peace and stability. The United Nation report of 2024 shows a life expectancy of Eswatini is not very high and has improved in the recent decade and 65+ population contributes only 4 % which evident that, the research be taken to understand the challenges the aged population is experiencing where the world is going towards health awareness and medical advancement. Though there are researches on oldage in Eswatini, here the current research is undertaken to fill the dearth of study on oldage and their socio-psychological challenges specifically at the Manzini region. It also aims to guide the young generation and to assist the government authority to undertake policies and programs for the welfare and sustainability of the elderly population.

Objectives of the study

1. To understand the health conditions of the aged.
2. To seek suggestions from the aged to improve the life situation of the elderly.
3. To realize the psychological as well as emotional well-being of the aged.

Research Hypothesis

H_1: There is a significant prevalence of depressive symptoms among the Elderly.

H_2: Old age leads to behavioral changes among the aged.

H_3: There is a lack of health care benefits to the aged.

METHODOLOGY

This research uses qualitative as well as quantitative approach where the research design incorporates an analytical framework or techniques where quantitative data is involved and explores the profiles and problems of elderly people aged 60 at Manzini region in Eswatini. It relies on both primary and secondary data. Primary data is collected using a semi-structured questionnaire which is administered to the respondents as a result of convenience sampling under non-probability sampling where a sample of 38 respondents is drawn, while secondary data is sourced from various government records, published articles, theses, and other literature. The data is analyzed using SPSS to draw percentage, tables and testing of hypothesis. The scope is limited to the specified age group and geographical location.

Locale of the study

Eswatini, formerly known as Swaziland, is a small land locked country located in Southern Africa. Eswatini is in between South Africa and Mozambique and it covers an area of about 17,364 square kilometers and has a population of approximately 1.2.million people. Eswatini consists of several geographical features which includes mountains and hills, fertile valleys, and rivers. The country has four main regions which are

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Shiselweni, Hhohho, Lubombo, and Manzini. The area of study i.e., Manzini region, serves as a vital economic and commercial hub for the country, boasting a blend of modern and traditional influences. The region is also known for its rich cultural heritage, hosting traditional events and crafts, particularly in pottery and weaving. Overall, Manzini plays a crucial role in Eswatini's economic and cultural landscape.

Age-wise distribution of the population

Table No. 1: Population of Eswatini by Age Group

Sl. No	Age Range	Population	In Percentage
1	0-14 years	414, 509	33.4
2	15-64 years	775, 345	62.4
3	65 + years	52, 968	04.3
	Total	1,242,822	100

Source: UN, World Population Prospects, 2024

As of 2024, the population of Eswatini is projected at 1.24 million. The population is divided into three major categories, with the adult working-age population being the largest group.

- Adults (15-64 years): This group makes up the majority of the population, at 62.4%. This high proportion of working-age individuals is a significant economic asset.
- Children (0-14 years): Children constitute a substantial portion of the population at 33.4%. This suggests a high youth dependency ratio, but it also means there is a large, upcoming workforce.
- Old (65+ years): The elderly population is the smallest segment at 4.3%, indicating a low old-age dependency ratio.

Demographic indicators 2025 reflects the life expectancy of 64.40 years of age which evident smallest segment of old age population i.e., only 4.3 percent.

Data Analysis and interpretation

I. Profile of the Respondents

Table No. 2: Age-wise distribution of the respondents

Age		Frequency	Percent	Cumulative Percent
Valid	61-65	21	55.3	55.3
	66-70	08	21.1	76.3
	71-75	05	13.2	89.5
	76-80	03	07.9	97.4
	Above 80 Years	01	02.6	100.0
	Total	38	100.0	

Source: Field Survey, 2025

The Table No.2 reveals that, the majority of the old respondents (55.3%) fall within the 61-65 age group, with this group has the highest frequency of 21 respondents. The distribution shows a clear decline in the number of respondents as the age groups get older. The age-wise distribution is positively skewed, indicating that the majority of the individuals in the "old-age" sample are clustered in the lower age brackets, specifically 61-65 years. The proportion of individuals declines significantly and consistently as the age group increases, with very few individuals reaching the above 80 Years category.

Table No. 3: Sex-wise distribution

Sex		Frequency	Percent	Cumulative Percent
Valid	Male	20	52.6	52.6
	Female	18	47.4	100.0
	Total	38	100.0	

Source: Field Survey, 2025

The sex distribution is nearly equal, with a marginal predominance of males 52.6 percent over females 47. 4 percent, the difference between the two groups is small, with only two more males than females in the sample. This suggests the sample is relatively balanced in terms of sex.

Table No. 4: Educational attainment of the respondents

Education		Frequency	Percent	Cumulative Percent
Valid	Illiterate	04	10.5	10.5
	Primary	09	23.7	34.2
	Secondary	08	21.1	55.3
	Higher Secondary	07	18.4	73.7
	Undergraduate	07	18.4	92.1
	Post graduate	02	05.3	97.4
	Diploma	01	02.6	100.0
	Total	38	100.0	

Source: Field Survey, 2025

The distribution of educational attainment is weighted toward the lower to intermediate levels of schooling, with the Primary and Secondary categories being the most common. While a substantial minority did pursue higher education, over half of the elderly population in this sample did not progress beyond secondary school.

Table No. 5: Religion-wise distribution of the respondents

Religion		Frequency	Percent	Cumulative Percent
Valid	Christian	35	92.1	92.1
	Swazi Traditional Religion (STR)	02	05.3	97.4
	Muslim	01	02.6	100.0
	Total	38	100.0	

Source: Field Survey, 2025

The religious profile of the old-age sample is extremely concentrated, with Christianity being the nearly exclusive religion. The representation of Swazi Traditional Religion and Islam is minimal in this particular sample. The findings are strongly specific to a Christian-majority environment and cannot be generalized to a religiously diverse old-age population. The study's focus, therefore, must be on the experiences of older Christians in this specific geographic or community context.

Table No. 6: Marital Status

Status		Frequency	Valid Percent	Cumulative Percent
Valid	Unmarried	06	15.8	15.8
	Married	25	65.8	81.6
	Separated	02	05.3	86.8
	Widower	05	13.2	100.0
	Total	38	100.0	

Source: Field Survey, 2025

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The marital status of the old-age sample is defined by a strong prevalence of active marriages, with 65.8 percent of individuals currently married, indicating a high degree of spousal support and potentially greater social stability across the cohort. The remaining individuals are distributed among the unmarried i.e., 15.8 percent and those experiencing post-marital status, specifically widower is 13.2 percent and separated is 5.3 percent.

Table No. 7: Nature of family

Nature of Family		Frequency	Valid Percent	Cumulative Percent
Valid	Joint Family	25	65.8	65.8
	Nuclear Family	11	28.9	94.7
	Blended	01	02.6	97.4
	Living alone	01	02.6	100.0
	Total	38	100.0	

Source: Field Survey, 2025

The analysis of family type reveals that the old-age cohort is overwhelmingly situated within extended familial support structures. A substantial majority of 65.8 percent of the aged individuals reside in a Joint Family. It suggests that familial cohabitation is the primary mechanism for social support, access to care, and potential economic pooling for this population. The secondary family structure is the Nuclear Family at 28.9 percent. Combined, these two conventional family types account for nearly 95 percent of the sample, reinforcing the importance of family integration. The proportions of Blended and Living alone are statistically negligible for comparison but indicate that social isolation is a very low-incidence issue in this specific sample.

II. Habits & Addictions

Table No. 8: Do you consume Alcohol?

Consumption		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	09	23.7	23.7
	No	29	76.3	100.0
	Total	38	100.0	

Source: Field Survey, 2025

The data on alcohol consumption among the old-age cohort clearly indicates that it is a low-prevalence behavior within this sample. A significant majority of participants 76.3 percent reported no-alcohol consumption. Conversely, only 23.7 percent reported consuming alcohol. This distribution suggests that, for the overall sample, alcohol use and its associated health risks are not primary public health concerns for the majority of this elderly population.

Table No. 8(a): If yes, how frequent?

Consumption		Frequency	Valid Percent	Cumulative Percent
Valid	Weekly	04	44.4	44.4
	Monthly	01	11.1	55.6
	Occasional	04	44.4	100.0
	Total	09	100.0	

Source: Field Survey, 2025

Analyzing the small subset of old-age individuals who reported consuming alcohol (N=9), the data reveals a bimodal pattern of frequency, primarily split between regular and occasional use.

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The largest proportions are found in the Weekly and Occasional categories, which are tied at 44.4 each (4 individuals in each group). This means that among those who do drink, nearly half are weekly consumers. Combining the Weekly (44.4%) and Monthly (11.1%) consumers, it's found that a slight majority (55.5%) of the drinkers consume alcohol on a regular (at least monthly) basis

Table No. 9: Do you smoke?

Smoking		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	07	18.4	18.4
	No	31	81.6	100.0
	Total	38	100.0	

Source: Field Survey, 2025

The data on the smoking habit of the old-age indicates that smoking is a low-incidence behavior within this sample. A vast majority of the respondents i.e., 81.6 percent report that they do not smoke. Conversely, only 18.4 percent of the participants are current smokers. This distribution suggests that, similar to alcohol consumption, the overall health burden related to smoking in this population is confined to a small minority.

Table No. 9(a): If yes, how often?

Frequency		Frequency	Valid Percent	Cumulative Percent
Valid	Daily	06	85.7	85.7
	Occasionally	01	14.3	100.0
	Total	07	100.0	

Source: Field Survey, 2025

The frequency data, based on the small subset of participants who smoke (N=7), reveals that the behavior is overwhelmingly habitual and high-risk. A dominant 85.7 percent of the smokers report Daily consumption, while only 14.3 percent smoke occasionally. This distribution is critical: it implies that the 18.4 percent of the total study population who smoke are primarily engaged in chronic, heavy tobacco use. Consequently, treated as a high-risk cohort for adverse health outcomes, specifically examining associations between daily smoking and prevalence of cardiovascular, respiratory, or other smoking-related morbidities in this elderly population.

III. Health Conditions

Table No. 10: Do you have any long term illness?

Illness		**Frequency**	**Valid Percentage**	**Cumulative Percent**
Valid	Yes	28	73.7	73.7
	No	10	26.3	100
	Total	38	100.0	

Source: Field Survey, 2025

Table No. 10 represents the prevalence of long-term illness among the old-age, indicates a high burden of chronic health issues. A significant majority, 73.7 percent, reported having a long-term illness, while only 26.3 percent reported no such condition. This high prevalence is a critical finding, suggesting that the health status of this old-age group is generally compromised and that chronic disease management is a central issue for the population under study.

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Table No. 10(a). If yes, what type?

N = 38

Illness		Frequency	Valid Percent	Cumulative Percent
Valid	Hearing loss	08	15.7	15.7
	Cataracts and refractive errors	06	11.8	27.5
	Back, neck pain & Osteoarthritis	11	21.6	49.0
	Chronic obstructive pulmonary disease	03	05.9	54.9
	Diabetes	11	21.6	76.5
	Depression and dementia	03	05.9	82.4
	Prostate Problems	01	02.0	84.3
	Hypertension	05	09.8	94.1
	Ulcers	01	02.0	96.1
	High blood pressure	01	02.0	98.0
	Blood loss	01	02.0	100.0

Source: Field Survey, 2025

The type of illness of respondents is depicted in a multiple response table, as respondents suffer from more than one condition. The analysis of illness types among the old-age reveals a high and diverse burden of chronic conditions, with a clear concentration in two key areas: musculoskeletal issues and metabolic/endocrine disorders.

The most prevalent illnesses are: Back, neck pain & Osteoarthritis and Diabetes, both accounting for 21.6 percent of all recorded illnesses. This high prevalence points to significant challenges related to mobility and pain management (Osteoarthritis) and metabolic control (Diabetes) within the sample, which heavily influence daily quality of life of the respondents.

The second tier of common problems includes sensory impairments, which collectively represent a substantial portion of the morbidity: Hearing loss 15.7 percent and Cataracts and refractive errors 11.8 percent. This suggests a need for targeted interventions focusing on maintaining effective communication and vision to prevent social isolation and accidental injury.

Other significant chronic issues include Hypertension (9.8%), while Chronic Obstructive Pulmonary Disease and Depression and dementia are present at 5.9 percent each. The low prevalence of conditions like Prostate Problems, Ulcers, High blood pressure, and Blood loss which is 2.0 percent each suggests these are minor or less frequently reported concerns.

The healthcare priorities for the elderly sample must center on managing musculoskeletal pain and stiffness, along with the complex demands of metabolic and sensory impairments. This diverse health landscape confirms the high long-term illness burden noted in the previous analysis (73.7%) and necessitates a comprehensive, chronic-care approach to maintain functional independence.

Table No. 11: Do you have any health care benefit?

Benefit		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	10	26.3	26.3
	No	28	73.7	100.0
	Total	38	100.0	

Source: Field Survey, 2025

The data on healthcare benefits utilization among the old-age cohort reveals a significant gap in access or awareness. A vast majority which is 73.7 percent reports that they do not receive healthcare benefits. Conversely, only 26.3 percent report receiving such benefits.

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This finding is highly critical when contrasted with the previously established health profile: 73.7 percent of the same individuals reported having a long-term illness.

There is a profound disparity between the need for healthcare (high prevalence of long-term illness) and the reception of formal healthcare benefits (low utilization). The three-quarters of the sample without benefits are likely financially vulnerable concerning medical expenses, potentially leading to delayed treatment, non-adherence to medication, and poorer long-term health outcomes. ***Here, the*** H_3: There is a Lack of health care benefits to the aged ***is tested as follows;***

Rationale for Test: Tested whether the observed proportion of elderly individuals who ***lack health care benefits*** (the "No" response) was significantly greater than the 50% chance proportion ($\pi 0=0.50$) using a One-Sample Binomial Test (N=38).

Variable	Category Tested	N	Observed Proportion (p^)	Test Prop ($\pi 0$)	Exact Sig. (1-tailed)	Decision
Lacks Health Care Benefits	No	28	0.737	0.50	**p<0.005**	**Reject H0**

Conclusion: The proportion of elderly individuals who lack health care benefits (73.7%) is statistically significantly greater than 50% ($p<0.005$). This finding supports the hypothesis that the **lack of health care benefits is highly prevalent among the elderly in this sample**.

Table No. 12: Do you have any insurance?

Insurance		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	10	26.3	26.3
	No	28	73.7	100.0
	Total	38	100.0	

Source: Field Survey, 2025

The data on insurance coverage among the old-age cohort indicates a major deficit in financial protection for this vulnerable population. An overwhelming majority, 73.7 percent, report having no insurance facility, while only 26.3 percent are covered.

This finding is identical to the low utilization rate reported for general healthcare benefits, suggesting that the 73.7 percent of the elderly who suffer from long-term illnesses are not only without government or public benefits, but are also unprotected by private or social insurance schemes.

From a research standpoint, this lack of insurance coverage for three-quarters of the sample represents a severe financial risk factor. The low insurance rate underscores the urgent need for policy interventions aimed at providing affordable or subsidized health insurance to mitigate the risk of catastrophic health expenditures and medical impoverishment in this elderly group.

Table No. 13: How often do you go for health checkups?

Health Checkup		Frequency	Valid Percent	Cumulative Percent
Valid	Weekly	03	07.9	07.9
	Monthly	24	63.2	71.1
	Annually	03	07.9	78.9
	Rarely	08	21.1	100.0
	Total	38	100.0	

Source: Field Survey, 2025

Table No. 13, reflects the frequency of health check-ups among the old-age which demonstrates a strong pattern of routine, short-interval engagement with healthcare.

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The dominant frequency is Monthly, accounting for 63.2 percent of the respondents, meaning nearly two-thirds of the elderly population in the sample undergo health check-ups every month. When combined with the Weekly check-ups 7.9 percent, the majority of the sample i.e., 71.1 percent maintains a very frequent and proactive schedule for health monitoring. This level of engagement is particularly notable given the high prevalence of long-term illness 73.7 percent and low insurance coverage previously observed, suggesting that the cost burden is being managed or absorbed, most likely by the joint family structure, to facilitate this routine care.

The Rarely attending group (21.1%) represents a significant subset who may be neglecting necessary long-term illness management, thereby presenting a high-risk group that warrants targeted intervention to improve compliance and access to consistent care.

Table No. 14: Do you sleep well in general?

Sleep		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	32	84.2	84.2
	No	06	15.8	100.0
	Total	38	100.0	

Source: Field Survey, 2025

An analysis of sleep quality among the old-age population shows that the vast majority reports sleeping well. Out of the 38 individuals surveyed, a significant 32 people, or 84.2 percent responded "Yes" to the question of whether they sleep well in general. In contrast, only 6 people, which accounts for 15.8 percent of the population, reported not sleeping well. This indicates that within this surveyed group, issues with sleep are not a widespread concern.

Table No. 15: Do you use sleep medication

Response		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	01	02.6	02.6
	No	37	97.4	100.0
	Total	38	100.0	

Source: Field Survey, 2025

Based on the provided data, an analysis of sleep medication usage among the surveyed population reveals that it is not common. Out of 38 individuals, an overwhelming majority of 37 people, or 97.4 percent, reported that they do not use sleep medication. In stark contrast, only a single individual, representing just 2.6 percent of the population, responded "Yes." This indicates that within this surveyed group, the use of sleep medication is extremely rare.

Table No. 16: Do you regularly forget things?

Forgetting		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	18	47.4	47.4
	No	20	52.6	100.0
	Total	38	100.0	

Source: Field Survey, 2025

Memory issues among the surveyed population reveals a nearly even split. Out of the 38 individuals surveyed, 20 people, or 52.6 percent reported that they do not regularly forget things. Conversely, a substantial portion of the population, 18 people or 47.4 percent, responded "Yes" to the same question. This indicates that while a slight majority of the surveyed group does not report memory issues, a significant portion of the old-age

population does experience regular forgetfulness.

Table No. 17: Do you fall or loose balance while walking or doing routine

Balance		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	14	36.8	36.8
	No	24	63.2	100.0
	Total	38	100.0	

Source: Field Survey, 2025

The balance issues among the surveyed population reveals that while the majority of individuals do not experience falls or loss of balance, a significant portion does. Out of the 38 people surveyed, 24 individuals, or 63.2 percent, responded "No" to the question of falling or losing balance. However, a considerable number of 14 people, representing 36.8 percent of the population, reported that they do experience these issues. This indicates that while not a majority concern, instability is a notable health problem for over a third of the old-age population surveyed.

I. Emotional aspects of the respondents

Table No. 18: Have you noticed any changes in your behavior

Behavior		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	29	76.3	76.3
	No	09	23.7	100.0
	Total	38	100.0	

Source: Field Survey, 2025

The hypothesis **H_2: Old age leads to behavioral changes** was assessed using data from a single, homogenous group of old-age participants (N=38). The appropriate method for comparing a single sample's observed proportion (p^) against a theoretical proportion is the **One-Sample Binomial Test**. This test compares the observed proportion to 50% ($\pi 0 = 0.50$), representing the probability of a "Yes" response occurring by chance. The test was conducted using a one-tailed approach with a significance level of $\alpha = 0.05$.

Hypotheses and Descriptive Statistics

- **Null Hypothesis (H_0):** The true proportion of old-age individuals reporting behavioral changes is 50% ($\pi = 0.50$).
- **Alternative Hypothesis (H_2):** The true proportion of old-age individuals reporting behavioral changes is greater than 50% ($\pi > 0.50$).

The results of the One-Sample Binomial Test are presented below.

Variable	Category	N	Observed Proportion (p^)	Test Proportion ($\pi 0$)	Exact Sig. (1-tailed)	Decision
Behavioral Changes (H2)	Yes	29	0.763	0.50	p<0.001	Reject H0

The test yielded an exact one-tailed significance value of $p<0.001$. Since this p-value is less than the established significance level ($\alpha=0.05$), the Null Hypothesis (H_0) is rejected.

The data provides strong statistical evidence that the prevalence of self-reported behavioral changes (76.3%) in this sample of old-age individuals is statistically significantly greater than 50%. This finding supports the conclusion that there is a significant prevalence of behavioral changes among the old-age group.

Table No. 19: Do you feel your life currently lacks meaning?

Response		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	16	42.1	42.1
	No	22	57.9	100.0
	Total	38	100.0	

Source: Field Survey, 2025

Feeling of a lack of meaning in life among the old-age population shows that a majority do not feel this way, although a significant portion does. Out of the 38 individuals surveyed, 22 people, representing 57.9% of the population, responded "No," indicating that they feel their life has meaning. However, 16 people, or 42.1%, responded "Yes," suggesting that a considerable number of old-age individuals feel their life lacks meaning. This indicates that while the feeling is not widespread among the entire group, it is a significant issue for a large minority.

Table No. 20: Do you often feel sad, depressed or hopeless over past month

Feelings		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	31	81.6	81.6
	No	07	18.4	100.0
	Total	38	100.0	

Source: Field Survey, 2025

The research hypothesis, **H_1:** states that, **there is a significant prevalence of depressive symptoms among the elderly.** Given that all participants (N=38) were classified as old-age, the test specifically assessed whether the observed proportion of individuals reporting symptoms was significantly greater than 50% ($\pi 0=0.50$), which represents the chance probability.

- **Null Hypothesis (H_0):** The true proportion of old-age individuals with depressive symptoms is 50% ($\pi=0.50$).
- **Alternative Hypothesis (H_1):** The true proportion of old-age individuals with depressive symptoms is greater than 50% ($\pi>0.50$).
- **Significance Level:** $\alpha=0.05$ (one-tailed).

One-Sample Binomial Test

A **One-Sample Binomial Test** was performed to compare the observed prevalence ($p\hat{}=0.816$) to the test proportion ($\pi 0=0.50$).

Depressive Symptoms	**Category**	**N**	**Observed Proportion**	**Test Proportion**	**Exact Sig. (1-tailed)**
Test Value	Yes	31	0.816	0.50	**<0.001**
	No	7	0.184		
	Total	38			

Note: A corresponding One-Sample Z-Test for proportions yielded $Z=3.896$, $p<0.001$. The Binomial Test provides the exact probability.

DECISION AND CONCLUSION

The observed proportion of old-age individuals reporting depressive symptoms (81.6%) was significantly higher than the test proportion of 50%.

- **Decision:** Since the exact one-tailed p-value ($p<0.001$) is much smaller than the significance level ($\alpha=0.05$), the **H_0 is rejected**.

- **Conclusion:** There is **statistically significant evidence** that the prevalence of depressive symptoms in this sample of old-age individuals is greater than 50%.
- The data supports the hypothesis that **old-age individuals have a significant prevalence of depressive symptoms**.

Table No. 21: Lack of interest/joy over past month

Response		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	23	60.5	60.5
	No	15	39.5	100.0
	Total	38	100.0	

Source: Field Survey, 2025

Lack of joy and happiness among the surveyed old-age population reveals that this is a common issue. Out of the 38 individuals surveyed, a majority of 23 people, or 60.5%, reported a lack of interest or joy over the past month. In contrast, 15 people, or 39.5%, responded that they did not experience this feeling. This indicates that while not universal, a lack of joy is a prevalent emotional concern for a majority of the old-age population within this surveyed group.

Table No. 22: Actual Challenges of elderly

N = 38

Challenges		Frequency	Valid Percent
Valid	Ageism and a lost sense of purpose	21	55
	Financial Insecurity	22	58
	Difficulty with everyday tasks and mobility	13	34
	Finding the right care provision	06	16
	Access to healthcare services	05	13
	End of life preparations	08	21
	Taking care of grandchildren	02	05

Source: Field Survey, 2025

The two most significant challenges, according to both frequency and valid percent, are financial insecurity and ageism. These issues affect a majority of the individuals surveyed, highlighting their prominence.

- **Financial Insecurity** is the most frequent challenge, with 22 reported instances (58% of valid responses). This suggests that financial stability is a major concern for many older adults.
- **Ageism and a lost sense of purpose** are also very common, with 21 instances (55% of valid responses). This indicates that emotional and social challenges related to feeling devalued are widespread.

Challenges related to physical well-being, such as difficulty with everyday tasks and mobility, are the third most frequent, with 13 instances (34% of valid responses). The least frequent challenges are taking care of grandchildren (2 instances) and access to healthcare services (5 instances), suggesting they are less common issues for this group.

Problems of Aged:

Aging creates so many problems for the individuals and also for the society. As inequalities and age suggestions breed misunderstandings, cleavages and potential conflict between age strata. As people grow older they move through a socially structured sequence of roles. Age is a criterion for entering and leaving these roles and for evaluating performance. Problems of aging are intensified during life course transitions. A transition involves relinquishing a former role as well as assuming a new one, which results in two types of

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problems:

- The strains of learning the new role and adjusting to it.
- The pain associated with loss of the former role

Thus in every stage of life, there are problems to be solved but the problems that one encounters with growing old are more severe. The problems of the aged men and women may be different and similarly the aged livings in enforced retirement have different problems from those people working in unorganized sectors or who are self-employed. However, age as a category has some unique problems that are entailed by social, economic factors and also by the factor of health.

1. Economic Problems
2. Social Problems
3. Health Problems
4. Psychological Problems

Remedial Measures:

In order to solve the problem of the aged all developed nations have undertaken various social, legislative, reformative and welfare measure. There are old homes in every nation, which give physical protection, medical aid and economic security to the aged people. Assistance is given to the old people by means of old age allowance, pension, accident benefits and free medical aid etc.

The fulfillment of certain essential needs of an elderly is as follows;

- A good medical and psychiatric service to maintain and increase health as well as prolong life.
- Adequate living arrangements.
- Opportunities for emotional security and social usefulness.
- Opportunities for financial security upon retirement.
- Facilities for the care of the chronically ill.
- Opportunities for continuation of creative activities/guidance in the effective use of leisure.
- Home for the aged.
- Employment for aged people.
- Social needs of elderly.
- Government policies and programmes.

SUMMARY & CONCLUSION

The study, which surveyed 38 individuals aged 60 and over, reveals several key demographic characteristics of the older population in the Manzini region. The majority of respondents were in the 61-65 age group (55.3%), with a nearly equal split between males (52.6%) and females (47.4%). A significant portion of the sample lives in joint families (65.8%) and is married (65.8%). In terms of education, more respondents had primary education (23.7%), and the sample was overwhelmingly Christian (92.1%).

The analysis of health and lifestyle issues highlights some critical challenges:

- **Health Conditions:** A vast majority of respondents (73.7%) reported having at least one long-term illness. The most prevalent conditions were back and neck pain/osteoarthritis (21.6%) and diabetes (21.6%). Despite these health issues, a large majority (73.7%) do not have healthcare benefits or insurance (73.7%).
- **Habits and Cognition:** Most respondents do not smoke (81.6%) or drink alcohol (76.3%). However, there's a significant split regarding cognitive and physical health. Nearly half (47.4%) reported regularly forgetting things, and over a third (36.8%) reported falling or losing balance.
- **Emotional Well-being:** The study identifies widespread emotional distress. A majority of respondents (76.3%) have noticed behavioral changes, and a striking 81.6% have felt sad, depressed, or hopeless in the past month. A significant number (60.5%) also reported a lack of interest or joy.

The study concludes that the most significant challenges for the elderly in Manzini are financial insecurity (58%) and ageism/a lost sense of purpose (55%). While less common, difficulties with everyday tasks (34%) are also a notable concern. The article emphasizes the need for remedial measures, particularly highlighting the importance of family support to reduce the generation gap and improve the life situation of older adults.

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