



Socio-Economic Conditions and Health status of Elderly Women in Rural Area: A Case Study of Padiyo or Panchayat

Mr. Nijil Jacobi

Assistant Professor (on contract)

Department of Economics

Sacred Heart College, Chalakudy, Thrissur

Abstract

Population ageing is a global phenomenon. Ageing may be viewed as a biological process, psychological and social development process of individuals including transition in social position, roles, status and attitude. It is generally defined as a process of deterioration in the functional capacity of an individual that results from structural changes, with advancement of age. Advancing age seems to bring meaningless misery mainly because the elderly have been neglected and by passed by modern society. In India, the size of the elderly population is growing fast and majority of 75 percent of elderly persons reside in rural areas out of which about 48.2 percent of comprise women. In rural areas, health of the older persons may be particularly influenced by poverty, lack of education, poor nutrition and increased risks of accidents. Today these elderly women face miserable conditions in their life, as they are family-bonded and refuse to move to old-age homes. Their health problems coupled with emotional wellbeing are serious crises facing Indian society at large.

Keywords: Ageing, elderly women, morbidity

Introduction

Aging may be viewed as a biological process, psychological and social development process of individuals including transition in social position, roles, status and attitude. This makes it necessary to look into the various aspects of their problems, social, economic, psychological health and other allied aspects. In the traditional joint families infirmities were taken care of by the individuals, immediate circle of relations and family members. Older people enjoyed a sense of honor and authority and had the responsibility in decision making. More over at aggregate level, number of old people were also less. However in recent times as a result of changing circumstances due to demographic transition, rapid pace of industrialization and urbanization, disintegration of joint family structure into unitary ones, increasing participation of families in non-agricultural labour force and the older people become more vulnerable to physical disabilities as a result of socio-economic and emotional alienation and isolation. Condition of elderly women is much severe. The rural female aged are often faced with physical and mental problems which affect their normal life. They suffer from psychological problems of loneliness, dementia, senility, depression, anxiety, worry, isolation, adjustment etc. Thus aging of the population will be one of the major challenges of the near future.

Significance of the study

Population ageing is a worldwide phenomenon, and India is no exception. Its population has approximately tripled during the last 60 years, but the number of elderly Indians has increased more than fourfold. In India, the life expectancy has steadily gone up from 32 years at the time of independence to over 66.8 years (male: 65.77 and female: 67.95 years) in 2011. Better medical facilities, care and liberal family planning policies made the elderly the fastest growing section of the society in India. It has been projected that by the year 2050, the number of elderly people would rise to about 324 million. The elderly experience changes in different aspects of their lives. The physiological decline in ageing refers to the physical changes an individual experiences because of the decline in the normal functioning of the body resulting in poor mobility, vision, hearing, inability to eat and digest food properly, a decline in memory, the inability to control certain physiological functions and various chronic conditions. With the prospect of this situation worsening in the coming decades, ways and means of managing the stress effectively needs to be examined. In India, majority of 75 percent of elderly persons are living in rural areas. About 48.2 percent of elderly persons are women, out of whom 55 percent are widows. India is one of the few countries in the world in which the sex ratio of the aged favours males. This could be attributed to various reasons such as underreporting of females, especially widows and higher female mortality in different age groups.

Methodology

The study included elderly women aged 60 years and above hailing from Padiyoor Grama Panchayat in Thrissur District of Kerala state. A total of 50 subjects were selected by using the simple random method. The tool used for the study was a detailed interview schedule. The interview questions, which were carried out in Malayalam language, were about the respondent's family background, socio-economic conditions, health status and the problems faced. The paper relies upon primary as well as secondary sources. The data collected was tabulated and analysed. Findings were described using proportions and percentages. The study was carried out over a period of 2 months i.e. from the month of May to June 2018.

Objectives

In this context the present study has the following objectives:

- ✓ To study social and economic status of the elderly women in Padiyoor Panchayat.
- ✓ To examine the social and health problems faced by the elderly women.
- ✓ To assess the attitude of the respondents towards life.

The Study Area: A brief profile of Padiyoor Village

Padiyoor Grama Panchayat is situated in Mukunthapuram taluk, Thrissur District, Kerala. It lies in Edathirinji, Padiyoor and Manavalassery Villages with an area of 18.57 sqkm. There are 14 wards in Padiyoor Grama Panchayat. As per the population census of 2011 census, the total population in the Panchayat is 20408 including 9625 males and 10783 females. The total SC/ST population is 2254 with 1085 males and 1169 females.

Analysis of Findings

Socio-Economic status of the elderly women

Out of the 50 subjects, age group with 60 to 69 was the highest number i.e., 46 percent. Second highest respondents were between the age group 70 to 79 with 36 percent. The lowest among them were above 80 years of old with 18 percent. The sample consists of 38 percent of Hindus, 36 percent of Christians and 26 percent of Muslims. There expounds more representation of General

Category which is 46 percent. The Anglo Indians are the second predominant category with 32 percent who come under Other Backward Caste (OBC). Scheduled Castes constitute 14 percent and Scheduled Tribes constitute 8 percent respectively. The nuclear family system was seen to be the most common of 96 percent among the respondents followed by the joint family. The higher dominance of nuclear families shows the disintegration of the traditional joint family system from the rural areas. It is indeed true that it is the marital status that determines one's position within the family as well as the status in society. 52 percent of the elderly women were widowed while 36 percent of them were with their husbands. Only 12 percent of the respondents were unmarried.

Literacy was found to be very poor in the study population with 18 percent illiterates and only 38 percent up to primary level. Only 6 percent of them had higher education opportunities. The disparity in literacy status may be attributed to the area being rural. Educating females in those days was not considered as important as establishing a marriage at an early age. The respondents had poor insight regarding economic and social security. 42 percent of the respondents interviewed had feelings of insecurity as they were partially dependent, while 54 percent were destitute of financial security as they were completely dependent. And only 4 percent of the respondents revealed they were not dependent. According to the land ownership distribution of the subjects, 60 percent elderly women have no land ownership. Remaining 28 percent of them are fully land owners and 12 percent of them are partly land owners.

The previous occupation status of elderly women showed that the majority, i.e., 60 percent of the elderly women were engaged in household activities and 26 percent of the aged women were engaged in industrial sector activities. Small numbers of women i.e., 8 percent were engaged in agriculture sector and 6 percent of them were government servants. The present occupation status shows that 82 percent of the elderly women are engaged in household affairs. Thus they have no personal income and they are fully dependent upon their children and grandchildren except the retired government employees who get a regular monthly pension. Later 18 percent are engaged in Mahatma Gandhi National Rural Employment Programme (MGNREP) and agricultural activities who get a nominal income from these works.

Out of 50 subjects, 58 percent are the heads of their family. But most of them depend upon their children (84%) for physical and economic support. Rests of the elderly women depend on grandchildren (2%), relatives (6%) and others (8%) respectively for physical and economic support. Government of Kerala provides number of social-health and economic assistance (old age pension, widow pension etc.) for elderly women. 80 percent of the older women were getting financial assistance from government. Remaining 20 percent of aged women were not availing any financial assistance. Majority among the sample opined that the amounts of this financial assistance are dissatisfactory and that are meager to cover their needs especially the hospital bills and the price of the lifesaving medicines.

Health Status of the Elderly women

Due to the change in the social outlook the elderly population is unconsidered in most of the circumstances in rural areas. Thus they have become the most vulnerable sufferers in the society especially the older women. The living conditions of the elderly women are dynamic. They change over the life course, adopting changing life circumstances. Their conditions are mainly influenced by variety of factors like marital status, financial well-being, health status and family size and structure as well as cultural traditions. Moreover as age grows they suffer from lack of physical and mental well-being mainly due to the improper support received from their family members.

Health problem is the most serious thing that has to be concerned by the society on the whole. It was observed that almost all the women suffer from one or the other disabilities.

Chronic illness

Chronic illnesses can begin at any time in life from childhood to old age. Some of these illnesses contribute to disabilities that are clearly seen, but others create “invisible” disabilities that may not be readily apparent. Family members and others who assist those with chronic illness also experience difficult challenges. Chronic illnesses vary in their symptoms, treatment, and course. Some may be life threatening, and as they progress, the quality of life and ability to function deteriorate. Others, although persistent, may be less disabling and respond well to treatment.

Chronic diseases	Total	Percentage
Hypertension	34	68%
Diabetes	31	62%
Cholesterol	29	58%
Visual impairment	26	52%
Hearing impairment	22	44%
Arthritis	18	36%
Foot problems	8	16%
Asthma	7	14%
Skin problems	6	12%
Heart diseases	4	8%
Cognitive impairment	2	4%
Kidney diseases	2	4%
Cancer	1	2%
Thyroid	1	2%
Paralysis	1	2%

Source: primary data

Analysis examined respondents' health status, the most common being Hypertension (68 percent), Diabetes (62 percent) and Cholesterol (58 percent). It is seen that most of the respondents had more than one health problem. The main facts being that, the older women often reflect the cumulative impact of poor diets. Lack of good food and safe drinking water, a gender based division of domestic tasks; environment hazards etc. also have a cumulative negative impact on the health of women as they age. Living with a chronic illness involves more than the physical limitations created by the illness. It may also contribute to financial, relationship, and emotional challenges as well. Individuals may experience loneliness, embarrassment, fear, and concerns about dependency. It often takes time to adjust and to accept the realities of a long-term disabling illness. Most of elderly women among the sample are frustrated due to their illness and ignorance by their children. Few among them face loneliness due to vulnerability of widowhood and disgusting behaviour of their children. With a spouse's death, older women face a significant loss of economic security too.

Among the subjects 70 percent of the aged women prefer allopathic treatment, 18 percent of them prefer homeopathy and 8 percent of them prefer Ayurvedic medicine. Only 4 percent of elderly

population prefers all systems of medicine. Majority among them i.e., 42 percent of them make use of the health services provided by the Public Health Centers (PHC), sub-centers and government hospitals located in the panchayat.

Conclusion

The increase of demographic aging process in our country has a series of socio-economic problems as well as health problems. Majority of the elderly women in the sample have lower primary education and perhaps this might have been one of the reasons for negligence in their health problem. The results of this study showed that a major proportion of the elderly were out of the work force, partially or totally dependent on others, and suffering from health problems with a sense of neglect by their family members. There is a growing need for interventions to ensure the health of this vulnerable group and to create a policy to meet the care and needs of the disabled elderly. Further research, especially qualitative research, is needed to explore the depth of the problems of the elderly.

Reference

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