



SOCIO ECONOMIC WORLD OF ELDERLY WOMEN IN INDIA

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Abstract: Old age is itself regarded as period of decline which not only comes partly but also carries numerous physical and psychological problems which affect the elderly. Ageing is itself an issue of concern for an individual as his physical appearance, and activities changes and there are many stereotypes towards aged in society and if an aged is women then it is even more difficult for her as she. Women as a community are already subjected to several kinds of inequality as in Indian patriarchal society and it is believed that women are given lesser importance than men and the economic dependence of women make it more worse with their ageing. Therefore it is essential to study aged women and her status. This research aims to signify the condition of aged women with reference to their socio-economic and socio-cultural status in Indian society, also here an attempt will be made to highlight problems of aged women and to give appropriate solution to them. This research is based on content analysis method, several books, journal, articles the base of this research. Results and conclusion are derived through content analysis technique.

Key Words: Elderly women, old age, socio-economic, women, socio-cultural

INTRODUCTION

Ageing

Old age is not only a issue of 'age' but the interflow of socio-cultural and other demographic elements of the Society. There is a continuous interaction between adult development and social forces; and gender is a potent social factor for identifying ageing experience.

The World and The Aged Women

The aged are not uniform even within a well-defined group. The experiences of men and women across the lifespan differ considerably depending upon the equality in and similarity of opportunities, status and access to resources. And women, irrespective of age, are worse off than men with regard to so many dimensions of human existence.

1. Lower Socio-Political Status

"Let the woman get the status of a human being on this earth in the next millennium", was touchingly the expressed life dream of a famous Indian writer. "Is woman not being treated as a human being?", is the obvious question variously asked by social researchers and activists. The answer can be derived from the following statistics:

Norway was the first country which granted women " the right to vote " (in 1913). In Bangladesh, it was in the year 1972, and the Central African Republic granted the right only too late, i.e., 1986. Arabian countries present the worst situation in this regard. This political situation is just a reflection of the social status of women in general. **Still, Higher Life Expectancy**

The remarkable thing is that women still survive against all odds. They tend to live longer, and outnumber men in old age. Therefore, unless something radical is done to improve the status of women in general and the aged women in particular, the number of sick, dependent, disheartened, isolated, neglected and insecure aged women will go on increasing.

2.The Demographic Changes

2.1.Differences by sex

In developed countries, women on an average live longer than men. Women live five to seven years longer in most of them. Growth of elderly population implies an increase in the sex ratio with regard to the total aged population; and a prominent increase in the number of aged women than of older men. Between 1985 and 2025, projected increase for persons aged 70 years and above is 32 million for males and is 38 million for females in developed regions; and 284 million (42%) for males and 317 million (47%) for females in the developing regions.

3.Health Status

3.1.Women are More Prone to Health Problems than Men

Health of elderly is determined by several factors such as gender, economic status, marital status, living standards, availability of social support, etc. Normal aging and diseased aging interact with each other. Hence, there are differences in men's and women's health and ways of living, and they become more pronounced in later life (Kalche and Kickbusch, 1998). The irony is that most adult women, to fulfill the family responsibilities, put their own physical and mental health at jeopardy at some point of their lives.

3.2. Main Diseases

In general, the last two or three decades of life of the elderly females are dominated by two broad categories of health disorders: gynecological disorders accumulated during their reproductive years and compounded by post-menopausal morbidities; and the clinical disorders commonly associated with aging diseases like diabetes, hypertension, osteoporosis and cardio-vascular disorders. The other important health concern faced by the elderly women, are arthritis, anaemia, digestive disorders, Alzheimer disease, breast and vaginal cancers and respiratory complaints. Depression is the most usual psychiatric disruption among people over 65.

3.3. Utilization of Health Care Services

According to the available estimates, there are 208 million aged women in the world, and about half of them are living in rural areas of developing countries. Obviously, majority of the world's aged women has finite access to health care services.

4Widowhood

4.1. Prevalence Rate

In spite of their poor health and limited access to health services, women are tend to outlive men, and hence, are more likely to face widowhood. Around the world, widowhood is a reality for the increasing number of elderly women. The percentage of women who are aged 65 and above are widows. When an elderly woman is a widow, the widowhood stigma gets added to the travails of aging and compounds her miseries. Women experience decline in status due to the loss of spouse.

4.2. Economic Repercussions

When a woman turns into a widow, her economic condition deteriorates drastically. One reason for this is that most of the deceased husbands had been working before death and the women were only housewives; as a result, an important source of income shared by the couple suddenly stops,

4.3. Social Repercussions

According to Bengston, Rosenthal and Burton, “Widowhood is a profound life-course transition bringing a number of losses and changes in objective and subjective levels. Widowhood has negative effects on health, exhibited in the higher rates of depression, mortality and mental illness”.

5. Care-giving Responsibilities

5.1. Care-giving: Mainly Women’s Job

Giving of care is viewed in almost all cultures as women’s work. Women provide more health care than all the health services put together (UN, 1991). In almost all the countries, care-giving remains largely a responsibility of the family. The primary responsibility falls upon the wife/woman. After her, the female members like daughters and daughters-in-law are considered responsible for the same.

5.2. Repercussions

There is increasing evidence of the stress that arises from the care-giving responsibilities. Depression, psychological stress, less satisfaction with life, decline in health and adverse effects on leisure and family activities have all been reported in recent researches (Sharan and Sandhwar, 1990; UN, 1991).

6.The Economic Perils of Long Life

6.1.Invisibility of Domestic Work

Women do almost all the world’s domestic work. Their domestic role, which is vital to the well-being of the society, consumes more than half of their time and energy. It is estimated that unpaid domestic core works done by women in industrialised society contributes around 25 to 40 percent of Gross National Product (UN,1991). But, it is generally miscalculated since ‘existing methods of measuring labour impose a statistical purdah’ on women’s work, which render much of their work invisible (Bandyopadhyay, 2002).

6.2.Determinants of Economic Conditions

A married elderly women’s economic condition generally depends directly on the earning sources, which both the spouses had before they became old. Alternatively, when a woman remains unmarried, is divorced or becomes a

widow, her economic situation in old age generally depends very much on her own sources of income which she had before she became old. In both the cases, income in old age depends on their pension or on their earlier savings.

In a nutshell, a woman all over the world gets the secondary status. On becoming old, her earlier life experience combined with other socio-economic factors lead her to a miserable existence. Poor health, widowhood, poverty, isolation and neglect prove to be the hard facts of her life.

7.The Aged Women: The Indian Scenario

Demographic tendency have made ‘population ageing’ inescapable in almost every nations today. The longevity of population has raised from 1920s, first in the developed countries followed by the developing ones, all gratitude to health and medical services. Mere rhetoric that our tradition or culture will take care of the problems of the elderly is a pathological denial of reality.

8.General Picture of the Elderly in Society

In the present context, aged people have been assigned a negative role by all the societies. They are portrayed as dependent individuals, characterised by lack of social autonomy, isolation and neglect. They are considered as if posing a threat to the living standards of younger age groups by being a burden, who only consume without producing. The aged in the developed countries face the disheartening experiences of marginalisation, while in a developing country they are subject to physical ageing mainly due to malnutrition, ill health and poor economic conditions. But simultaneously, the aged in traditional societies enjoy a relatively high level of warmth and affection among their kith and kin.

9.Indian Scenario of the Aged

Indian social fabric is closely knit and its unique nature and value system has attached a sustained respect for the elders. Both the age and experiences are respected here. Interdependency among family members and between generations is encouraged from childhood. Those who have no family are looked after by the community or caste organizations through institutions like temple, dharamshala, math, the village council or the panchayat (Nag, 1987). The aged have been considered as an ‘asset’ rather than a burden in the Indian society. It must be the reason why India has only recently started taking note of ‘population aging’ and the accompanying problems.

10.The Indian Aged Women

For Indian women, ageing is not a trauma. Religious and cultural ideas such as “life is endless”; “death is not the end of all” and “the cycle of birth and death are ever recurring” help one to remove the fear of death and the apprehension of personal annihilation. The Indian aged women suffer more socially, economically as well as emotionally. Understanding their psycho-social condition needs an evaluation of the Indian view of femininity.

11.Widowhood

11.1.Religious Discourse

According to the Hindu Vedic Dharamashastras, the man needs a wife, mainly for the accomplishment of religious rites and duties, especially for procreation; and on the death of the wife, man was, obliged to immediately remarry for the benefit of entire family. However, after death of the men, the women if she survives are compelled to live with several restrictions, lives a life devoid of any status in the society. She is supposed to be bound to her husband even after his death.

11.2.Social Realities

Widows amongst the Hindus are, in fact, socially marginalized, ritually inauspicious and cruelly segmented, as also found by the Horward Institute of International Development. They, in fact, are an exploited lot. Widowhood weakens the kinship network from the husband's side. Widowhood weakens the kinship network from the husband's side. Loss of wife's role restricts certain social interactions (Prakash, 1994).

11.3.Economic Hardships

Economic dependency is the major problem faced by the Indian aged women, especially the Hindu widows. Money handling is considered as a male prerogative. Woman is habituated to depend on males of the family for handling the economic resources. When an elderly woman becomes widow, she also loses control over the economic resources left by her husband or the household due to lack of skills to deal with them. She has to lean heavily on her adult children and/or relatives; and even depend on them for economic help.

11.4.Social Response to the Problem

Problems of the widows have yet not given due recognition in the society. That's why the condition of widows is considered as one of India's most neglected social issues in Social Sciences, in the agenda of the women's movements, and in the media which reacts only to the dramatic incidents of sati or witch hunting.

Other Challenges of Ageing in India

1.Migration and it 's import on the elderly:

Due to the migration of the younger people , elderly are left living alone or with the spouse only. They face social isolation, poverty, and distress.

2. Loopholes of health care:

With the ill health System - they equipped to deal with surging NCDs; nor the staff is well trained to give advise the aged who are suffering from dementia or frailty, and to diagnose and manage the conditions such as hypertension. The quality of medical care is abysmal, and hospitalisation costs are so costly and impoverishing.

3. Impact of Social disharmony:

The proportion of those suffering from NCDs (non communicable disease) living in villages that experienced inter-caste or other conflicts has more than double during 2005 -2012. Lack of social solidarity induces helplessness, disruption of medical supplies and network connectivity.

4. Digital illiteracy :

Due to impotency of older family members to understand the modern digital gadgets and its language of communication and modern demanding lifestyle, that is why there is lack of communication nowadays between elderly and younger members in the Society. They also face a lots of difficulty in getting benefits of government generated schemes which are being digitised with modern technologies.

5. Feminisation of ageing :

Currently there is higher life expectancies of women than for men at old ages (sex ratio among elderly 1033 women to 1000 males in census report 2011). As a result of feminisation of ageing there is the discrimination and neglect which is experienced by women as they get aged, and they often exacerbated by the problem of widowhood and their complete dependence on others.

6. Ruralisation of the Aged:

According to 2011 census report, 71 percent of the aged are settled in rural India. Insecurity of Income sources, lack of proper access to quality health care services and lonelines are more acute for the rural aged people than their urban counterparts. It is also witnessed that poor states such as Odisha, Bihar and Uttar Pradesh have a greater percentage of the rural aged.

Overall Challenges. Women, all over the world, have a comparatively low status than men. The degrees of disparities, of course vary from country to country. But, as a matter of fact, the 'second sex' of the world has been facing the multiple challenges of physical and mental health hazards, economic vulnerability, burden of care-giving responsibilities, social isolation, family rejection, humiliation, social insecurity and neglect.

REVIEW OF LITERATURE

In 1960's the study about the old or aged began and in 1982 world assembly took a stance to accept and check the ageing as one of the biggest social problem. For ageing studies in India UN General Assembly provides us a great support financially.

All over the world 1st Oct was selected as International Day for elderly in the year 1990. Also the year 1999 was selected as the "International Year of older person" and its objective was to spread awareness about the fast changing demographic trends of the elderlies which supports and promoted actin policies those accepted by the govt. and to encourage more efficient and indepth researches all around the Globe. There is a massive increase in studies conducted regarding elderly and various new multidisciplinary efforts are encouraged to create new strategies to deal with this massive problem of Old in the changing society. Elderly in today's demography is the most highlighted section of the social researcher and social workers. As a result of modernisation and growing new technologies in various industries it is very important to check the population growth and to study about the aged in context to various aspects of society which are social, economic, family, health, living conditions, production and its impact on Elderlies.

Mallya (2001) writes these appears to be a relationship between the socio-economic and health status of an individual. The socio-economic parameters like income, education, age, culture, sex and occupational status. It is this socio-economic status which decides that whether the person will be able to get medical service where needed. Despite of several govt. schemes in hospitals to the poor old they are still several times deprived of such medical services or they have to compromise with the quality treatment. Therefore health is not only a biological/medical concern but it is also a interpersonal and social concern of the society. As elderly are more vulnerable to sickness, it is understandable that society mark old age as useless and expense.

Bromley (2001) says that life satisfaction is a composite index of one's adjustment, attitude towards life events, and perception of experience and problems of interactional events. The complete or partial loss of income after retirement causes a lot changes in the economic status of the aged and in their social status.

Sharma(2001) emphasises the demographic changes which results into a rapid increase in the aged population and the resultant impact on the current Indian society. Specific attention is to be paid to the breakdown of traditional kinship and family organisation, which lead the elderly helpless, isolated and economically weak.

Raju (2002) stated that women aged are the most vulnerable section who need special attention and other elderly sections are elderly handicapped women/men, abandoned or destitute old who have to still work to feed themselves. They work in several unorganized sectors like landless farmers, small industry or domestic workers or daily wage labourers in cities. These destitute and handicapped people face lots of problems because of their poor socio-economic conditions and as a result of it they become mentally vulnerable to diseases like anxiety, depression, etc. Hence, more attention should be given to socio-psychological condition along with socio-economic condition.

Phillipson (2002) find out that the increasing modernization, Urbanization, and Industrialization as an outcome of LPG is having more negative impact on traditional institutions and also socio-cultural values of society. This Modern growth also leads to several evils like selfishness, materialism and deep-individualism among people in today's world. Similarly changes in the value system and the institutional setup of society have shown the changing relationship between young and old generation. Hence, it is essential in today's world to study intergenerational relationships of young and aged.

Ramamurti (2002) writes the condition of elderly in their surrounding have influence on younger generation. The indicators of elderly condition includes their socio-economic, health, and psychological health conditions. To study intergenerational relation all those indicators should be measured . Studying elderly relation with younger can help policy makers to form policies for development elderly in society.

Ramamurti (2002) deducted that relationships in today's world is proportional to socio-cultural status of the society. In previous times joint family worked as a support system to individual during old age with all social, emotional and economic stability. Today only those elderly who have financial stability and well connected social networks are valued and those who are un-useful or un-resourceful are neglected by members of family on every essential grounds like healthcare, economic, and emotional support.

Siva Raju (2002) find out that during old age many common diseases like heart problems, arthritis, high blood pressure and diabetes capture old people and those who are financially stable have knowledge of their disease since beginning but those who are financially unsound identifies it with serious bodily symptoms.

Kashthoori(2002)explores different areas of old people's life like interpersonal relations with family members, loneliness and health. The study reveals that income is critical factor in the life of an old person and its influence was multi-dimensional.

Kumar(2003)highlights the family problems of the aged and their interpersonal relations due to modernisation and urbanisation.

Psychaiat(2003) revealed that elderly fear of death results into several psychological problems. In age wise study of elderly graph shows high feeling of insecurity among people of 65-70 years of age and 6-65 years have the lowest feeling of insecurity. Where financial insecurity is highest followed by socio-psychological and lowest being of health. He also revealed that those insecurities grows with growing age.

Reddy (2003) writes that in recent years elderly are suffering from injustice, disgracefulness, embarrassment, dishonor, disregard; strange attitudes of younger generation towards them is seen in trend around the world, large number of elderly are the victims of the emotional and psychological distress which are the outcome of new trends of selfishness and decay of traditions and customs among the members of family towards aged. Talking about Indian families the bonds are still holding us as result of which large number of elderly are living along with their families but still there are cases of abandonment and elderly becoming more and more vulnerable to those insecurities. In today's time ageing can't be taken as for granted as it perpetuates and extend period of their dependency as it is not always acceptable by children to take care of their parents in Old age.

Suri and Chadha(2003) concluded relationship of elderly and their grandchildren on grounds of friendliness, common interests, attachment, career plans etc. He also revealed that the intergenerational relationship can be seen through role expectation of one generation towards the other.

Giri (2013) states that it is the essential need for society to sensitize people about ageing, as it is something which everyone will go through. Ageing starts right from the day we are born, until death. There is need for courses in Geriatric Care and Gerontology so that the issues of elderly can be looked after. Ageing is just the next step of life and should be lived with zest and one should definitely start preparing for old-age, especially in terms of economic independence.

Iyer (2013) says that, today, the dominant ideas of progress in development has made man the slave of star culture and has destroyed the finer values of humanism and peace. In this context, the best pronouncement was made by Gandhi Ji: "The Gandhian concept of development rejects the idea that it should aim primarily at the creation of material wealth or the satisfaction of insatiable, endlessly multiplied needs. 'In so far as we have made the modern materialistic craze our goal', he wrote, 'so far are we going downhill in the path of progress'. The negative values worshipped by man are money and profit. This has isolated him from the old idea of family togetherness and insulation. If humanism and compassion are losing their importance, divinity suffers barbarity.

Bhandare (2013) senior citizens are old age people, respectfully called seniors, or the elderly. They are a treasure house of experience and wisdom. These nation-builders of yesteryears can inspire and guide the younger generations. They have worked hard and made contributions to the progress of nation and advancement of civilization. The youth and the society must respect them and learn from their invaluable experience.

Shah (2013) in her experience, she found that it was not difficult to volunteer time to the community. Working together with others helps to create a new family in place of the one we may have lost. As the Bhagvad Gita says, "Whatever good people do, the very thing others also do; whatever standard they set up, the generality of people follow the same". For those among us who have yet to grow old, it is worth remembering the words of Prophet Muhammad, "For the youth who will honour an elder for their age, God will appoint people who will honour him in his old age".

CONCLUSION

After reviewing previous literatures available on the problems and condition of aged in India the conclusion has been drawn that old age itself is a sign of dependency that can be socio-economic, health, cultural, and psychological aspects. While to take initiatives regarding elderly and to formulate new policies more research should be conducted. The previous researches revealed that there is urgent need to study about old age and its problems to overcome such problems and to create awareness regarding ageing. Majorly researches conducted previously deal with socio-economic aspects but there should be researches on various other areas regarding elderly. So that many hidden things should come out. Studying elderly through same parameter in different or all have difference in condition of living and each individual when he reaches to old age have different recruitments. Some are living in a good investment but some are living in their worst condition and to study the difference between these two types of elderly is important to form a better society for each aged in the society.

Elderly women are the most economically vulnerable neglected group during their old age. The tradition of women marrying men of older age than them, social disapproval of widow remarriage, patrilineal inheritance, the increasing life expectancy of women, and problems of finding work all render widows more vulnerable than most of the other groups in society. Their condition becomes difficult when they own very little source of income or no assets of their own and do not have an independent source of income. Single individual, particularly a single woman who is more vulnerable in their old age as few people are willing to take care of non-linear relatives.

Efforts should be made towards the strengthening of the family, because the concerned source of support for the aged is still for the family - informal support system where the notion of care is carved within a tradition of social norms that are understood and interchanged. The interchange case and support within multigenerational families three generations i.e. Parents, children and grandparent should be encouraged.

Traditional values of filial obligations can also be reinforced in school curriculum and through the media. The institutional care must be able to encourage the relationships within the families that involve both younger generation and older generation. There is an urgent need for the formulation of effective legislation for parents' fundamental right to be cared by their children.

The current healthcare system is not capable of meeting the physical and the mental health needs of the elderly such as old age security, establishing old age homes, expanding geriatric services and liberalising the welfare policy for older persons. It is essential to aware the public of the need for protection of this helpless group. There is a big need to protect the targeted group i.e. rural aged and the old aged women and widows.

There is also an urgent need for the aged to adopt an active lifestyle, to know that they still have a role to play in the family or in the community, to which they belong and can make a useful contribution to the society and to the nation as a whole.

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