

## The Health Status of Rural Elderly Women in India: A Case Study

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Sumanth S. Hiremath<sup>1</sup>

### Abstract

Ageing is a global phenomenon. In India, majority of 75 percent of elderly persons reside in rural areas out of which about 48.2 percent of comprise women. 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. In order to study the condition of elderly women in rural areas, the present study was conducted focusing on their socio-economic and health status. It was incidental that the elderly women have also psychological problems like depression, isolation, loneliness and frustration. If these problems are not dealt effectively, they can become a source of tension and stress. This is what constitutes the substantive concern of the present study.

### Introduction

*“Let’s all add live into their years...”*

### Need for 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 under-reporting of females, especially widows and higher female mortality in different age groups.

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<sup>1</sup> Assistant Professor, Dept. of Studies and Research in Sociology, Rani Channamma University, Belagavi-591156. Karantaka State. INDIA. [sumanthhiremath@gmail.com](mailto:sumanthhiremath@gmail.com)

## **Methodology**

The study included elderly women aged 60 years and above hailing from Kanavi Karuvina Koppa (K.K.Koppa) village in Belgaum District of Karnataka state. A total of 60 subjects were selected by using the simple random method. The tool used for the study was a detailed interview schedule. Questionnaire was prepared with the help of a health educator. The interview questions were about the respondent's family background, socio- economic conditions, health status and the problems faced. The interview was carried out in the local Kannada language. The purpose of the study was explained to them and care was taken to ensure privacy of the interview as a part of the study. In order to avoid the interference and influence of other family members and neighbours, each respondent was interviewed privately where they could feel at ease. 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 January to February 2012.

## **The Study Area: a brief profile of KK Koppa Village**

Kanavi Karuvina Koppa, the selected study area is a small village in Belgaum taluk/ district, Karnataka. It is 18 kilometers away from the Belgaum city with 3,982.29 acres of geographical area, of which 3,824.90 acres is cultivable, 112.21 acres of land is forest area and 45.18 acres of land is village area. The place is famous for the supply of *khawa* ( a milk product) to all the sweet-marts (for the preparation of a unique sweet delicacy called *Kunda*) in Belgaum and nearby cities i.e. Dharwad/ Hubli, Bagalkot of North Karnataka and also Kolhapur (Maharashtra) and Panaji (Goa).

## **Hypothesis**

Older people are heterogeneous i.e., extreme losses of physical, mental and social functions are often seen in old people.

## **Objectives of the Study**

To know the background and socio-economic status of the elderly women.

To examine the social and health problems faced by the elderly.

To find out the attitude of the respondents towards life.

## **Analysis of Findings**

### **Socio-Economic Status**

Of the total respondents, majority (89.90 percent) of the respondents are in the age group of 70-79 years old, 8.98 percent from 60 – 69 years old, while a small fraction of 01.12 percent were from 80-89 years old. A majority 89.90 percent of the respondents were Hindus. There expounds more representation of Lingayats who constitute 67.46 percent, Kurbar and Maratha, constitute 05.61 percent respectively, Scheduled Caste constitute 07.86 percent, Scheduled Tribe constitute 08.98 percent, Kshatriyas and Daivajnya Brahmin constitute 02.24 percent respectively. Thus, it can be concluded that, Lingayats dominate. A joint family system was seen to be the most common of 56.8 percent among the respondents followed by the nuclear family. The higher dominance of joint families could be because of the rural study area and social migration of the youngsters being less

when compared with cities. 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. Only 12.1 percent of the respondents were widowed while 67.7 percent of them were with their husbands. The unmarried group comprised 02.3 percent. Literacy was found to be low in the study population with only 30.33 percent up to primary level. 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. 40.44 percent of the respondents interviewed had feelings of insecurity as they were partially dependent, while 56.17 percent were destitute of financial security as they were completely dependent. And only 03.37 percent of the respondents revealed they were not dependent.

### **Health Status of the Elderly**

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. Analysis examined respondents health status, the most common being Hypertension (78.65 percent), Osteoarthritis (73.03 percent), Diabetes (66.29 percent), Bronchial Asthma (77.52 percent). Others included Cataract (65.16 percent), Anemia and Skin problems (61.79 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.

### **Attitude Towards Old Age**

Women's education also affects attitudes toward health. The more highly educated are likely to better understand the importance of proper health care. Ross and Miroswky in their paper, "Does Medical Insurance Contribute to Socio-economic Differentials in Health?" (The Milbank Quarterly 2000, 78: 291-321.) stated that education significantly improved self-reported health and physical functioning. In addition, knowledge of and experiences with health care were found to affect an individual's health care behaviour more so than age. The latter was believed to be the most dominant determinant of health care behavior. The study reveals that 98.87 percent of the respondents felt that old age had affected their day-to-day life. Among these, 86.4 percent felt that age had partially affected their daily activities. Half of the people (50 percent) interviewed felt neglected by their family members, while 47 percent felt unhappy in life and 36.2 percent felt they were a burden to the family. An unfavourable attitude was observed among them.

In this study, 49.43 percent of the respondents felt unhappy mainly because of poverty (41.3 percent). The other main reason for feeling sad was loneliness (20 percent), followed by neglect in the family (26.1 percent), illness (11.5 percent), and economic causes (10.2 percent). Other reasons for feeling sad were unmarried daughters at home, financial loss; illness of spouse, children staying away from them, death of children. Other reasons of insecurity included illness, not having issues or male children. It was observed in our study that around 52 percent of the respondents felt that old age affected their role in the family. A total of 35 percent of the respondents felt they were not consulted by the family members for making decisions. They felt they were ignored by family members because of their physical illness and economic dependence. The study points, respondents thought that people don't respect them because they were aged and could not contribute to the family and society. 56.17 percent of the respondents had a negative attitude towards life. In spite of being unhappy due to these problems; they still preferred their home to an old age home for their residence.

## Approaches to Improve the Role of the Geriatric Health Care System

At present, most of the geriatric outpatient department services are available at tertiary care hospitals. Most of the government facilities such as day care centres, old age residential homes, and counselling and recreational facilities are urban based. Since 75% of the elderly reside in rural areas, it is mandatory that geriatric health care services be made a part of the primary health care services. This calls for specialised training of Medical Officers in geriatric medicine. The need of the hour is to set up geriatric wards that would fulfil the specific needs of the geriatric population. At the tertiary care level a multi-disciplinary team, specifically trained to meet the needs of the geriatric population need to be created. This team would be comprised of a Physician, Psychiatrist, Orthopaedician, Diabetologist, Gynecologist, Cardiologist, Urologist, Eye Surgeon, Psychologist, Physiotherapist, Dietician, Dentist, and Nurses trained in geriatric medicine. Last but not the least, Community leaders can play an important role in identifying the felt needs of the elderly and in resource generation.

## Conclusion

Assumptions about the dependency of elderly women across the life course may have rendered ageing women invisible in social policy. Although these assumptions are being replaced by policies through which the independence of women is legitimated, the older woman's vulnerability remains unchanged. Physical incapacity is common for the elderly women. Medical treatment is vital for their effective function. The results of this study showed that a major proportion of the elderly women were poorer; received the lowest income per person; had the greatest percentage of primary level education; recorded the highest negative affective psychological conditions; were the least likely to have health insurance coverage and they recorded the lowest consumption expenditure. They 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.

## References

- Bushy A." *Health Issues of Women in Rural Environments: An Overview*". J Am Med Womens Assoc. 1998;53:53-66.
- Eberhardt MS, Ingram DD, Makuc DM, et al. "*Urban and Rural Health Chartbook: Health, United States, 2001*". Hyattsville, MD: National Center for Health Statistics; 2001.
- Gupta I, Sankar D. "*Health of the Elderly in India: A multi variety analysis*". Journal of Health and Population in developing countries.
- Jamuna D. *Stress Dimensions Among Caregivers Of The Elderly*. Indian J Med Res 1997; 106:381-8.
- Padda AS, Mohan V, Singh J, Deepti SS, Singh G, Dhillon HS. "*Health Profile Of Aged Persons In Urban And Rural Field Practice Areas Of Medical College Amritsar*". Indian J Community Med 1998; 23:72-6.
- Siva Murthy, AR Wadakannavar. "*Care And Support For The Elderly Population In India: Results From A Survey Of The Aged In Rural North Karnataka*", paper submitted to the IUSSP General Population Conference held in Salvador (Brazil) during 18<sup>th</sup> - 24<sup>th</sup> August 2001.
- Thorndyke LE. "*Rural Women's Health: A Research Agenda For The Future*". Womens Health Issues. 2005; 15: 200-203.
- Yadava KN, Yadava SS, Vajpeyi DK. "*A Study Of Aged Population And Associated Health Risks In Rural India*". Int J Ageing Hum Dev 1997; 44:293-315.