

Research Paper

SOCIO-ECONOMIC AND HEALTH PROBLEMS OF ELDERLY WOMEN IN GULBARGA CITY

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ABSTRACT

The problem of elderly is a major social problem across the world. Many of the studies were already made on the elderly, but only a few such studies throws light on the problems of the elderly women. Hence, the present study is made on the elderly women in Gulbarga city. About 150 elderly women were surveyed in Gulbarga city through Interview Schedule to collect the information on socio-economic and health conditions of the elderly women. The study revealed that majority of the respondents are satisfied with the basic needs, but are not satisfied with their life, as they are not getting adequate care and respect from the younger.

Further, majority of the respondents are depressed and they agreed that the old age is a curse and dissatisfaction in their life. A few are suffering from physical health problems and only few of the respondents have gained the support of a few social security schemes from the government. Hence, it is suggested to formulate more social security schemes for the elderly women and also increase awareness of elderly women on such welfare and social security schemes by the voluntary organizations and NGOs.

INTRODUCTION:

Elderly population refers to old aged people that are the people of above 60 years. Old age is a normal, inevitable and universal phenomenon. Literally, it refers to the effects of age. Commonly speaking, it means the various effects or manifestation of old age. In this sense it refers to various deteriorations in the organism. After attaining the age of 60 years, human being start losing his/her energy and as a result, health problems are started, both physical as well as mental problems makes the elderly people to get suffered in the life. The growth of elderly population sex-wise is shown in the following.

**Growth of Elderly Population (60+) by Sex, India
(Registrar General, 2001)**

Year	Total Population	Males	Females
1901	12.06	5.50	6.56
1911	13.17	6.18	6.99
1921	13.48	6.48	7.00
1931	14.21	6.94	7.27
1941	18.04	8.89	9.15
1951	19.61	9.67	9.94
1961	24.71	12.36	12.35
1971	32.70	16.87	15.83
1981	43.98	22.49	21.49
1991	55.30	28.23	27.07
2001	75.93	38.22	37.71

Many of the research studies were already conducted on ageism and elderly people, but majority of these studies were concentrated their studies only on the elderly men. Further, only a few of the studies were conducted on the elderly women. There are innumerable problems for the elderly women, that is loss of social status, economic insecurity, lack of respect in the society and family, and if widow, the worries, depression is more causing more health problems. Thus, the problems of older women are not so much a product of the ageing process per se as they are a product of the subordinate status

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of women throughout their life cycle. It is also recognized that the problems of ageing are increasingly women's problems. Compared to old men, older women are likely to be more in number, widowed, caregivers to other relatives, poor, ill, and, therefore, vulnerable to abuse and institutionalization. Desai's (1997) case studies of institutionalized elderly women showed that the elderly women's status changed not just due to chronological ageing but when they lost their husband/men. Until their husband/men were alive they had a place to live. Even for women- who earned more than their husband, a house was not an inalienable resource, to call her own in old age. Thus widowhood leads to social, emotional and financial insecurity.

The elderly women, who generally do not have the ownership right to family housing or property, and ill, now tend to continue the household duties in order to prove useful to their family. Increasing number of elderly women experience neglect and indifference from their children. High level of illiteracy, a lack of remunerative occupation as well as negligible awareness about legal and economic rights among elderly women, in comparison with their male counterparts, make elderly women more vulnerable than elderly men, to neglect and abuse by their sons and daughters-in-law (Shah, et al, 1995). Hence, it is generalized that the elderly women have pathetic situation in their family as well as in society. Further, majority of the elderly women living in slum areas are illiterate and depends on others for their basic needs as they have no economic security. To analyze the socio-economic status and health problems of the elderly women the present study is conducted.

OBJECTIVES OF THE STUDY:

The present study is made:

1. To analyze the fulfillment of basic needs of the elderly women;
2. To assess the aspects of economic status such as occupation, income, etc of elderly women;
3. To study the satisfaction of life of elderly women; and
4. To know about the health problems of elderly women.

METHODOLOGY AND LIMITATIONS:

The study was began with literature search and the authors searched the literature published in secondary information sources, such as books, research papers, research papers, etc. The primary data was collected through interview technique from 150 elderly women in Gulbarga city covering different areas. Hence, the present study is limited to the information collected from 150 elderly women respondents living in Gulbarga city.

1. AGE:

Age is an important factor while studying the problems of the elderly population. Of course, all the respondents covered under the study are of old age that is above 60 years. The increase in age refers to more socio-economic and health problems. Hence, the age-group of the respondents is shown in the following table.

TABLE NO. 1. AGE

Particulars	Frequency	Percentage
60-70 Years	116	77.33
71-80 Years	23	15.33
81 to 90 Years	11	7.33
Above 91 years	--	--
Total	150	100

It is observed from the above table that of the total 150 respondents, 116 (77.33%) are between the age group of 60 to 70 years, followed by 23 (15.33%) are between the age group of 26 to 30 years and the remaining only 11 (7.33%) are less than 20 years of age. It is surprising to note from the above table that none of the respondents of above 91 years are covered under the present study.

2. MARITAL STATUS:

The present study is made to assess the socio-economic as well as the health of the old aged women, hence, there is need to know about the marital status of the respondents. The marital status of the respondents reveals social life with spouses and it also indirectly impact on the health status of the elderly women. The marital status of the elderly women covered under the present study is shown in the following table.

TABLE NO. 2. MARITAL STATUS

Particulars	Frequency	Percentage
Married	97	64.67
Unmarried	02	1.33
Widow/ Divorcee	38	25.33
Separated	13	8.67
Total	150	100

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The above table shown that of the total respondents 97 (64.67%) are married and living with their husbands, followed by 38 (25.33%) are widows and divorcees, about 13 (8.67%) are separated from their husbands and the remaining 02 (1.33%) are unmarried.

3. OCCUPATION:

It is noted that many of the elderly women still engaged in handicrafts, small business, household work, working as domestic servant, beedi workers, construction workers, labour in small industry, retired from organized sector jobs and such other work to earn for livelihood. A few of the respondents are also unemployed and depend on children's income or on old age pension. The occupation of the respondents covered under the study is shown as under.

TABLE NO. 3. OCCUPATION

Particulars	Frequency	Percentage
Domestic Work	16	10.67
Business/Industry/ Self-Employed	12	8.00
Employed	06	4.00
Formal Sector	--	--
Informal Sector	31	20.67
Retired	07	4.66
Unemployed/ Housewife	78	52.00
Total	150	100

On their occupation, as expressed by the respondents, 78 (52.00%) are unemployed and functioning as housewives, followed by 31 (20.67%) are engaged in informal sector, about 16 (10.67%) are engaged in domestic work, about 12 (8.00%) are engaged in business/ industry/ self-employed, about 07 (4.66%) were working earlier and retired and the remaining 06 (4.00%) are employed in private institutions and organizations.

4. INDIVIDUAL ANNUAL INCOME:

Income determines the economic power and purchasing power of the person. The income may be in the form of salaries, pension, rent, wages, interest, profit, dividend, agricultural return, etc. It was asked to the elderly women covered under the study to furnish the details on their present individual annual income. The collected data is presented in the following table.

TABLE NO. 4. INDIVIDUAL INCOME (RS. PER ANNUM)

Particulars	Frequency	Percentage
Below Rs. 10000	20	13.33
Rs. 10000 to Rs. 50000	33	22.00
Rs. 50000 to Rs. 1 lakh	17	11.33
Above Rs. 1 lakh	09	6.00
None	71	47.33
Total	150	100

It is revealed from the above table that of the elderly women covered under the study, 71 (47.33%) have no income and have to depend on the income of their husbands and children followed by, 33 (22.00%) have income between Rs. 10000 to Rs. 50000, about 20 (13.33%) have annual income below Rs. 10000, about 17 (11.33%) have annual income of above Rs. 1 lakh and the annual income of the remaining 09 (6.00%) have annual income of above Rs. 1 lakh.

5. LEVEL OF SATISFACTION ON BASIC NEEDS:

It is noted that many of the respondents have adequate provisions to fulfill their basic needs, and only few have no such provisions. It is noted that while discussing with the respondents, it was revealed that respondents are suffering from many of the problems related to the basic needs. The summary of information on the level of satisfaction on their basic needs such as food, clothing and shelter is collected and presented in the following table.

TABLE NO. 5. LEVEL OF SATISFACTION ON BASIC NEEDS

Particulars	Frequency	Percentage
Fully Satisfactory	58	49.57
Somewhat Satisfactory	51	43.59
Not Satisfactory	08	6.84
Total	117	100

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The above table made it clear that of the respondents (117), who have agreed that they have provisions for basic needs, 58 (49.57%) of the respondents are fully satisfied followed by, 51 (43.59%) are somewhat satisfied and the remaining 08 (6.84%) are not satisfied on their basic needs.

6. FEEL INABILITY TO WORK:

Old age is an inability to work. Because, due to decrease in energy, the old aged people are pronged to weakness in the physical energy. Hence, it is not possible for the elderly people to work like others. Due to decrease in their physical energy, the elderly people are depressed and suffer from mental depression, which also make them feel unable to work. The information on whether the respondents are unable to work is collected and presented in the following table.

TABLE NO. 6. FEEL INABILITY TO WORK

Particulars	Frequency	Percentage
Yes	123	82.00
No	27	18.00
Total	150	100

It is interesting to note that a great majority that is 123 (82.00%) of the elderly women covered under the study have felt that they are unable to work, whereas the remaining only 27 (18.00%) have felt that they are able to work.

7. OLD AGE IS CURSE AND DISSATISFACTION IN LIFE:

Due to their worries and physical weakness, majority of the elderly people think old age is curse and dissatisfaction in their life. Even there are many kinds of disappointments such as lack of care and respect from younger, ill-health due to aging, etc, which made the elderly people to feel dissatisfaction in life and they think that old age is a curse. The information on whether the elderly women agree that old age is curse and dissatisfaction in life is tabulated as under.

TABLE NO. 7. OLD AGE IS CURSE AND DISSATISFACTION IN LIFE

Particulars	Frequency	Percentage
Yes	86	57.33
No	64	42.67
Total	150	100

Of the total respondents, 86 (57.33%) have agreed that old age is a curse and dissatisfaction in life, whereas the remaining 64 (42.67%) have not agreed to the same.

8. REASONS FOR DISSATISFACTION IN LIFE AND FEELING AS OLD AGE IS CURSE:

As stated above, 86 of the total respondents have agreed that old age is a curse and dissatisfaction in life. It was asked to those respondents that why they have opined the same on their old age. The reasons furnished by them are tabulated as under.

TABLE NO. 8. REASONS FOR DISSATISFACTION IN LIFE AND FEELING AS OLD AGE IS CURSE

Particulars	Frequency	Percentage
Lack of Care & Respect in Family	72	83.72
Health Problems	37	43.02
Personal Reasons	28	32.56
Total	86	100

Many of the elderly women covered under the study have given more than one reason on their life dissatisfaction and feeling as old age is curse. Particularly, 72 (83.72%) have stated that there is lack of care and respect in the family, about 37 (43.02%) have agreed that they have health problems and about 28 (32.56%) have stated that they have personal reasons, due to which they concluded that there is life dissatisfaction and think old age is a curse.

9. MENTALLY INSECURE, LONELY AND DEPRESSED:

Elderly people feel mentally feel insecure and depressed due to their problems such as health problems, lack of care and respect in the family, unattended responsibilities such as daughters' marriage, sons' employment, financial worries, etc. Further, if the elderly women who are living single due to death of husband, divorce or separation, the problems may be more as they are living alone and nobody is there to care her or share opinions and experiences with her. Hence, it was asked to the respondents that whether they feel mentally insecure, lonely and depressed and collected responses are shown as under.

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TABLE NO. 9. MENTALLY INSECURE, LONELY AND DEPRESSED

Particulars	Frequency	Percentage
Yes	67	44.67
No	83	55.33
Total	150	100

It was revealed from the above table that only 67 (44.67%) of the respondents are feeling mentally insecure, lonely and depressed, whereas the remaining 83 (55.33%) have not agreed to the same.

10. CHRONIC HEALTH PROBLEMS:

There are some type of chronic illness associated with old age or heredity of people such as Cardio-vascular problems, diabetes, Asthma, Bronchitis, Cancer, Psychiatric Problems, Dental Problems, Ophthalmologic problems, etc. A few of the respondents are also suffering from these chronic health problems. The information collected on the chronic health problems of the respondents and furnished as under.

TABLE NO. 10. CHRONIC HEALTH PROBLEMS

Particulars	Frequency	Percentage
Cardio-vascular Problems	14	9.33
Diabetes	13	8.66
Asthma/ Bronchitis	--	--
Cancer	02	1.33
Psychiatric Problems	21	14.00
Dental Problems	26	17.33
Ophthalmologic Problems	11	7.33
Others	31	20.67
None	96	64.00
Total	150	100

It is noted from the above table that majority that is 96 (64.00%) of the respondents have no any chronic health problems. Among the remaining respondents majority have more than one kind of chronic health illness. Particularly, 14 (9.33%) have cardio-vascular problems, about 13 (8.66%) have diabetes, about 02 (1.33%) have cancer, about 21 (14.00%) have psychiatric and mental problems, about 26 (17.33%) have dental problems, about 11 (7.33%) have ophthalmologic (eyes related) problems and for the remaining 31 (20.67%) of the respondents there are other problems such as arthritis, skin diseases, etc.

11. TYPE OF WELFARE SCHEMES FROM WHICH GOT BENEFITED:

As discussed already there are only 91 of the total respondents who are beneficiaries from the welfare schemes for the elderly people of the government. Particularly, the respondents have got benefit from the following government schemes.

TABLE NO. 11. TYPE OF WELFARE SCHEMES FROM WHICH GOT BENEFITED

Particulars	Frequency	Percentage
Old Age Pension (Sandhya Suraksha)	42	38.88
Day Care Centres/ Old Age Homes	04	3.70
Annapurna Scheme	--	--
Health Care	36	33.33
Concessional Travel	74	68.52
Income Tax Concession	--	--
High Rate of Interest on Deposits	14	12.96
Others	03	2.78
Total	108	100

The above table made it clear that many of the elderly women covered under the present study have got benefit from more than one scheme of the government and none of the women respondents have got benefit from Annapurna scheme and

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income tax concessions. Specifically, 42 (38.88%) have got old age pension (sandhya suraksha), about 04 (3.70%) have benefited from day care centres and old age homes, about 36 (33.33%) have got benefit from health care schemes, about 74 (68.52%) have got benefit of concessional travel, about 14 (12.96%) have got benefit of high rate of interests on their deposits and investments and only 03 (2.78%) have got benefit from other schemes of the government.

FINDINGS FROM THE STUDY:

1. Majority of the respondents are between 60 to 70 years age and only few are of above 70 years.
2. Marital Status of the majority of the respondents is that majority are married and living with their husbands. Further, more than one-fourth of the respondents are widows or divorcees and a few of the respondents are also separated from their husbands.
3. Majority of the respondents are unemployed or housewives. Of the respondents engaged in occupations, majority are engaged in informal sector work, a few are also employed in business or self-employment.
4. Almost all the respondents are fully or greatly satisfied with their basic necessities.
5. Majority of the respondents feels their inability to work in this old age.
6. More than half of the respondents agreed that the old age is a curse and dissatisfaction in their life.
7. Nearly one-third of the respondents are suffering from different chronic health problems.
8. Surprisingly, only few of the respondents have gained benefits from only few of the social welfare schemes of the Government for the elderly.

SUGGESTIONS:

Following suggestions may be made from the present study:

1. It is suggested to the younger generation to look after the elderly women in their families with due care and respect.
2. It is essential to formulate legislations by the government to look after elderly people by young family members compulsorily.
3. Free Health Care facilities for the elderly women are essentially needed.
4. It is suggested to the voluntary organizations and NGOs to look after the problems of the elderly women and have to provide rehabilitations to the elderly women, who are suffering from the problems.

CONCLUSION:

As discussed above, majority of the elderly women covered under the study are unemployed and are dependent on their spouses or their children. Further, it is noted that they agreed that the old age is a curse and dissatisfaction in their life. It shows that even though these elderly women are satisfied with their basic needs, they are suffering from lack of care and respect from younger generation. Further, a few of the respondents are also mentally depressed due to their social problems or their ill health. Surprisingly only few of the government schemes are being used by only a few of the respondents. It shows that there is less awareness among the elderly women regarding such schemes. Hence, it is suggested to the voluntary organizations and NGOs to intervene the problems of the elderly women, so that they can live their life with full satisfaction.

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