

## Problems of Rural Elderly Women in Kerala: A Social Work Concern

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**Abstract:** Ageing is a multi-dimensional process that affects every aspect of human life. The traditional Indian society and the age-old joint family system have been instrumental in safeguarding the social and economic security of the elderly people in the country and they were the most respectful members in joint family. However, such values are disappearing in the families as other family members particularly working family members have very less time to give and provide prompt care to them. Good health, economic and social security and adequate housing are essential requirements of aging with dignity, but elderly especially women in both developed and developing countries face difficulties in accessing these essentials. The present article is based on a study conducted in Kerala among sixty rural women who are in the age group of 60+ to find out and describe specific challenges/problems they face in the domains of health, role and status in the family and their life satisfaction. The data has been collected using a structured interview schedule. The major findings show that: majority of the women suffer from some physical illness, more than 50 per cent of them are dissatisfied with their present physical health status and 16 per cent of them are not satisfied in their life, an alarming situation which calls for social work intervention.

**Key Terms:** Elderly Women | Problems of Elderly | Health | Social Work Intervention

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**Introduction:** Population ageing is the most significant consequence of the demographic transition. Reduction in fertility leads to a decline in the proportion of young in the population. Coupled with fertility decline, reduction in mortality enhances the life span of individuals leading to higher life expectancy at older ages. In other words, population ageing involves a shift from high mortality/high fertility to low mortality/low fertility.

The percentage of the global population aged 60 years or over increased from 8.5 per cent in 1980 to 12.3 per cent in 2015 and is projected to rise further to 21.5 per cent in 2050. By 2050 the number of older persons worldwide is projected to more than double to 2 billion. While that increase reflects growing numbers of older persons in all regions, Africa, Latin America and the Caribbean, and Asia are projected to see especially rapid growth of their older populations. With 508 million people aged 60 years or over in 2015, Asia was home to 56 per cent of the global older population, and, in 2030, Asia's share of the world's older persons is projected to increase to 60 per cent when a projected 845 million people aged 60 years or over will reside in the region. According to projections, by 2030, Asia will be home to more than half of the world's oldest-old persons as well, up from 48 per cent in 2015.

Moreover, projections indicate that in 2050, nearly 62 percent of people aged 60 years or over and 59 per cent of people aged 80 years or over will reside in Asia. Globally, women outlived men by 4.4 years on average between 2010 and 2015 (life expectancy at birth was 72.7 years for females compared to 68.3 years for males). As a result, women made up 54 per cent of those aged 60 or over and 61 per cent of those aged 80 or over (UNDESA 2015).

The demographic profile of India has changed significantly towards an ageing population since 1950. As per available data from SRS (2011), on account of better education, health facilities and increase in life expectancy, the percentage of elderly population (60+) has gone up from 5.3 to 5.7 percent and 6.0 to 8.0 percent. At the national level, percentage of aged (60+) population is 8.0. Composition of 60+ aged female population is higher in all of the bigger states except Assam, Bihar, Himachal Pradesh, Jammu & Kashmir and Jharkhand. In rural areas population in the age group 60+ constitutes 8.1 percent of the total population and variation in aged population ranges from 5.4 percent in Delhi to 12.6 percent in Kerala.

By 2050, according to the United Nations Population Division (UN 2011), India will host 48 million seniors

over the age of 80 and 324 million citizens above 60, a demographic greater than the total U.S. population in 2012. Between 2010 and 2050, the share 65 and older is expected to increase from 5 percent to 14 percent, while the share in the oldest age group (80 and older) will triple from 1 percent to 3 percent. This profound shift in the share of older Indians—taking place in the context of changing family relationships and severely limited old-age income support—brings with it a variety of social, economic, and health care policy challenges. A report released by the United Nations Population Fund and Help Age India states that India had 90 million elderly persons in 2011, with the number expected to grow to 173 million by 2026. Of the 90 million seniors, 30 million are living alone, and 90 per cent work for livelihood. The state of Kerala which had 11 per cent of the elderly population in 2001 is expected to have 18 per cent by the year 2026, with an absolute number of around seven million elderly (UNFPA 2012).

Old age is the time of deteriorating one's health, both physical and psychological. It is the time of support and security needed for the older persons. In India, family continues to be the primary institution where people find physical and psychological support and security. Though majority still continues to live in families, there are changes in both composition and quality of intergenerational relations and support. In the traditional Indian society, grand parents would play an important role in the rearing and caring of the grand children. There are changes in both composition and quality of interactions among the members in families. The generation gap is widening due to fast changing lifestyle, globalization, migration of young and influence of diverse ideologies. Inter-generational relations are undergoing transitions due to social and cultural changes. Teenagers specially perceive their grandparents in a different way (Gayatri Devi 2004).

The loss of respect and importance of elderly is slowing down significantly in the family and society, leading to loneliness and psychologically depressed elderly. Needless to say, the more they grow old the more they need attention and love from the family. As a matter of fact, ageing is an unavoidable phase and is a coalition of various problems. It is compounded when the elderly lacks in physical and mental support by their own family members.

Population ageing is profound, having major consequences and implications for all facets of human life. In the economic area, population ageing will have an impact on economic growth, savings, investment and consumption, labor markets, pensions, taxation and inter generational

transfers. In the social sphere, population ageing affects health and healthcare, family composition and living arrangements, housing and migration. The phenomenon of population ageing is becoming a major concern for the policy makers all over the world, for both developed and developing countries, during last two decades.

**Health Issues among the Elderly:** The elderly, due to increased morbidity from chronic diseases, have long-term healthcare needs and a large likelihood of having health expenditures in general. The need for healthcare increases with age.

Unmet health needs are more pronounced among the 33.1% of the elderly in India who in 2001 were reported to have lost their spouses (Rajan and Aliyar 2008), of whom a larger relative proportion is female (50% of female elderly are widows versus only 15% of male elderly who are widowers).

Almost one-half (47%) of older Indians have at least one chronic disease such as asthma, angina, arthritis, depression, or diabetes (Chatterji et al. 2008). The aging of India's population will lead to increase in the prevalence of chronic conditions such as diabetes and hypertension.

Problem of joints and cough happened to be the most severe diseases among the aged, Disability related to hearing and sight seem to be predominant among the elderly. 396/1000 rural elderly and 320/1000 urban elderly reported to be suffering from at least one disability (visual hearing, speech, locomotor, amnesia) (Rajan 2004). Chronic rather than acute illnesses are found in old age (Paul Babu D. 2004).

Preventative medicine and health promotion in older people are often neglected. This neglect seems to be based on the notions that the increased risk of disease in older person reflects 'normal' aging, which is, inevitable and probably genetically determined and hence may not be responding to life style changes. Adoption of healthier life-style, even in later life can lead to decreased health care expenditure (Prabhu et al. 2002).

Although all forms of healthcare payments are available in India, 83% of healthcare expenses are private out-of-pocket (OOP) expenditures (Duggal 2007). India's relatively unaccountable and inefficient public system of healthcare has led to the evolution of a highly varied, unregulated, and mostly expensive private sector that provides most healthcare, rendering Indians increasingly vulnerable to catastrophic health expenditures and poverty (Pal 2010).

**Mental health and elderly:** Older people have developmental issues unique to their age. The experience of repeatedly dealing with loss is the first development issue (Sunil 2002). Emotional problems such as depression may be more common as people are forced to adapt to loss in later life: - loss of spouse, loss of companionship, loss of income, loss of status, loss of health. Those who lose their social support may be especially vulnerable. Because it is so common, depression is called as the common cold of emotional illness in old age (Thomson 2000).

The prevalence rate of mental morbidity among those 60 years and above was estimated at 89 per 1,000 population, about 4 million for the country as a whole. The risk of specific psychiatric illnesses increases with age. The overall prevalence rate rises from 71.5 per cent for those over 60 to 124 for those in 702, to 155 for those over 80 years (Rao and Madhavan 1983). The risk of senile dementia increases with age. As the country moves from being 'young-old' to 'old-old', senile dementia of Alzheimer's type (SDAT) may become a major problem of the next century (Rao 1997). Affective disorders in later age in India, particularly depression, late paraphrenia and dementias form the bulk of total mental morbidity. Neurotic disorders are relatively infrequent (Rao 1997). Psychiatric illness is seldom an isolated event among elderly people. A minimum of two or three other clinical diagnoses is the rule. The number of symptoms varies between 6 and 12 (Rao 1997). These are often associated with physical illness, disability or handicap.

Older people are at high risk of self destructive behavior. The suicide rates rise sharply from the young-old to old-old. The rate of suicide in the 50+ group is around 12/100,000, a figure higher than 7/100,000 for general population (Rao 1985). Under reporting to the extent of a third of suicides is also noticed. Physical diseases of painful and incurable nature are prominent among the 'causes' of such suicides. Among the other causes, economic factors take the prime place. It is interesting that there are certain inbuilt cultural 'suicide counters'. These are ethical, religious and familial deterrents that may hold back the person from attempting suicide (Rao 1985).

**Life satisfaction:** In traditional societies, the elderly occupied a position of respect, prestige, privilege and power. The fast changing scenario is leading to the degeneration of the joint family system, dislocation of cultural and familial bonds. This becomes a hindrance to the socialization of elderly (Sarala, et al. 2003). Physical impairments and unattractiveness can deter people from socializing with elders (Mathew 2002).

Due to changes in families and consequent change in the role of women with paid work outside has led to development of feeling of self-centeredness, individualization and youngsters being concerned only about them. It has also affected the nitty-gritty of the family system. These changes have adversely affected the status of the aged (Nasreen 2003).

The satisfaction in life of an elderly depends on spending time and energy personally, activities, friends, TV/radio, own income, exercise of responsibility, living with family members, husband-wife communication, social support, favourable living condition, performance in family role, personality, locus of control, positive self concept (Padmam 2004). In fact in all these aspects, aged women are more vulnerable in comparison to aged men. Aging brings more miseries to women than men (Dandekar 1996).

**Social Issues:** Nowadays, the role of families in case of older person has declined due to structural changes which have taken place in the Indian society and the concomitant disintegration of the joint family system, which results in the rejection or neglect of the aged. One of the major impacts of globalization is breaking up of traditional family system. In India, migrants from the villages and towns to cities predominate, resulting in breaking up of families into nuclear families. This is leading to an increased danger of marginalization of the geriatric population due to migration, urbanization, and globalization. Another impact of the globalization is the increasing economic burden on the elderly, especially the women who have practically non-existent property rights and other social security measures (Bhat 2001).

In the future, Bloom (2011) argues that India's system of family-based support will not be able to withstand the increased numbers of older Indians, especially given increased female labor force participation, smaller numbers of more mobile children, widening generation gaps, and increasing burdens of costly-to-treat diseases such as diabetes, cancer, and stroke. Even with the findings that adult children still receive support from their elderly parents, such social changes would affect the status quo because increase in chronic diseases affect the needs of the elderly and their ability to continue to work.

With fast changing socio-economic scenario, industrialization, rapid urbanization, higher aspirations among the youth and the increasing participation of women in the workforce, roots of traditional joint family system has been eroding very fast. In such changing situations, majority of older persons, who have passed most part of their life with their joint/extended families are

on the verge of isolation or marginalization in old age. At this age, when they need family support most, forced to live on their own. Even basic needs and rights of many of them are not addressed. Social marginalization, loneliness, isolation and negligence in old age lead violation of human rights of older persons.

Problems associated with the aging of the population have emerged as one of the serious social issues that the country will have to deal with in the near future (Jayashree 1999). In spite of these situations, India seems vastly ill prepared to meet the challenges posed by this fast growing aged society. Hence, it is pertinent to understand the social and economic characteristics of the elderly and their life satisfaction in India. Keeping all these factors in mind, the researcher aimed at conducting a study on the health and life satisfaction of the rural elderly women thereby identifying the need for social work intervention among the elderly in the country.

With the rapid changes in the social scenario and the emerging prevalence of nuclear family set-ups in India in recent years the elderly people are likely to be exposed to emotional, physical and financial insecurity and thereby sliding the elderly towards loneliness and degraded life. Both men and women face discrimination due to old age, but women face aging differently. Gender and age discrimination make the life of an older women more difficult, as their rights are often violated. Many older women face neglect as they are considered no longer economically or reproductively useful, and are seen as burdens on their families. In spite of these situations, India seems less prepared to meet the challenges posed by this fast growing aged society.

**Methodology:** The aim of this paper is to identify and describe specific challenges/problems of the elderly women in Kerala in the domains of health, role and status in the family and their life satisfaction that needs to be addressed through social work intervention. It is aimed to reveal areas where social work interventions are needed. The article is developed based on a study conducted in Ernakulam district, Kerala, with a total sample size of 60 rural elderly women. The data was collected from the respondents through personal interview with the help of a structured interview schedule.

**Findings and discussion:** The general profile of the rural elderly women shows that nearly half of them are in the age group of 60 – 70 yrs, somewhat equal number fall in the category of 70-80years and the rest are in the age group of 80+. More than half of the women are widows. The education level of majority of respondents is below SSLC. 70 per cent are housewives and even at this age, 20

per cent are daily wage earners. 64 percent of elderly women did not have any income of their own and they totally depend upon others for their necessities. 6 percent of the women live alone and also shows that they don't have any outside support. It is clear that the socio-economic condition of the elderly women is poor as Rajan (2004) rightly mentioned that in the developing world it is a cause of concern as most of them end up in living below poverty line in old age due to inefficient social security. Poverty and deprivation are very common among the aged in the country as it does not have proper safety nets either state sponsored or socially build.

**Physical health conditions:** Majority of the women reported that they have some sort of illness for the past one-year and that too multiple illnesses. Diabetes, Joint Pain and Blood Pressure are seemed to be the highest in occurrence. 54 percent of the women expressed their dissatisfaction in their present physical health condition.

The Indian elderly are more likely to suffer from chronic than acute illness. There is a rise in non communicable diseases, particularly cardiovascular, metabolic, and degenerative disorders, as well as communicable diseases. While cardiovascular disease is the leading cause of death among the elderly, multiple chronic diseases afflict them: chronic bronchitis, anemia, high blood pressure, chest pain, kidney problems, digestive disorders, vision problems, diabetes, rheumatism, and depression (Angra et al. 1997).

**Social relations:** 86 per cent of elderly women seem to be involved in the family based activities during their leisure time and generally they do not indulge in social activities or visiting friends/relatives. 74 per cent of them are interested and engaged in spiritual activities. Deprivation and social exclusion are common phenomena in almost all-ageing societies. The elderly in the developing countries also suffer from chronic deprivation and poverty as socio-economic relations change.

Studies have shown that widows are disproportionately vulnerable to disability, illness, and poor healthcare utilization due to a number of mobility, employment, property, and financial constraints (Dreze 1990). Unmet health needs are more pronounced among the 33.1per cent of the elderly in India who in 2001 were reported to have lost their spouses, of whom a larger relative proportion is female (50% of female elderly are widows versus only 15per cent of male elderly who are widowers).

**Status in the family:** Present study shows that a good number of women are given a respectable position in the family. They have good relationship with family members

and with children. However, 18 per cent have only passive role in their families. The growth of individualism and desire of the independence and autonomy of the young generation affect the status of the elderly.

**Life Satisfaction:** The study shows that more than one third (38%) of the rural elderly women experience loneliness as they find nobody to depend upon during their necessities.

Majority of the women (84%) is satisfied with the family relations they are having. They consider their strong family relationships as a basis for hope, security and satisfaction in life. However, 16 per cent of them are dissatisfied.

Another important finding is that 84 per cent of the women expressed satisfaction in various factors of life like relationship with children, ability to find out financial support, having good marital relationship and children in safe position. But 16 per cent are not satisfied in their life because they do not find any security in life.

Patel and Prince (2001) has found that access to mental health services in the medical sector are limited, and, thus, most care and support was provided ad hoc, informally, and in the family. Consequently, 'dependency anxiety' was a common phenomenon among the elderly, i.e., elderly felt the need to curtail their dependence upon the family and felt anxious about informing them about their health problems.

**Social work interventions:** Elderly often have to find ways to cope with all sorts of changes in their lives, including health, financial, and social issues. Adjusting to old age is difficult for most of them. The present study shows that more than fifty percent of elderly women are dissatisfied in their physical health condition. Thirty eight percent of them feel lonely as they find nobody to depend upon during their necessities. Sixteen to eighteen percentage of them have a passive role in their families and hence are dissatisfied in their family relations and do not have any security feeling. Hence, it is clear that the physical as well as the social health of the elderly women are affected, where there is a need for the support of social workers. They need help in adjusting to and cope with the problems they experience.

Social work interventions among them include – counselling to individuals and families to adjust to each others' needs and life styles, imparting new methods of conflict management so that they live healthy in their own families without becoming a nuisance to each other. Organising periodic health checkups and other preventive

and nutritional programmes, setting up community day care and recreational centres and formation of elderly support groups to avoid their feeling of isolation, disengagement and thereby dissatisfaction in their life. Setting up of geriatric clinics with facilities for counselling in hospitals, community geriatric centers/clinics in the rural areas for the needy elderly to take care of their physical health and formation of self help groups of the elderly including opportunities for micro enterprises could be encouraged along with newer job opportunities to empower them economically are also important social work interventions.

**Suggestions:** Social workers work with the elderly in improving their overall well-being and quality of life. They play a crucial role in providing direct care (counselling, resource navigation services, etc.) as well as care coordination services (contacting different departments, care providers, and organizations to ensure clients get the inpatient or outpatient support they require). Their primary goal is to address the specific challenges of the ageing process by promoting independence, autonomy, and dignity in later life. They must be knowledgeable about the ageing process and the issues older adult and their caregivers face. In addition, they must be knowledgeable about legislation, policies and social programs that are available for the older adults. Working with the elderly and their families often requires compassion, empathy and patience.

**Conclusion:** Old age had never been a problem for India where a value-based joint family system is supposed to prevail. Indian culture is respectful and supportive of elders. However, the disintegration of the joint family system and the impact of economic and social changes have brought into the peculiar problems which the old people now face in our country. The older generation is caught between the decline in traditional values on one hand and the absence of an adequate social security system on the other hand thus, finding it difficult to adjust in the family. The problems of the aged vary from society to society and have many dimensions. They definitely require various kinds of support: economic, social, emotional and psychological. It is the responsibility of the family members and the society to look after the elderly and consider them as an asset rather than a liability.

As populations grow increasingly aged, it is more important than ever that Governments design innovative policies and public services specifically targeted to older persons, including those addressing, housing, employment, health care, infrastructure and social protection. In addition, Kerala should prepare for a growing need for long-term care, both home-based and facility-based, to

ensure the well-being of those at advanced ages. There is a demand for interventions that prevent, treat morbidities associated with old age and promote healthy living, that improve older persons' quality of life

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