

# Perceived Health Conditions of the Rural Elderly Women of West Bengal- An Inequality in Health and Well-Being

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## ABSTRACT

The present paper tries to explore the perceived health conditions and wellbeing of rural elderly women from two villages of Nadia District namely, Bablabon and Chougachha, West Bengal. The study was conducted using a semi-structure interview schedule conceiving Non-Probability Purposive Sampling. Findings of the present study had put forwarded multiple serious issues on the present status of the rural elderly women. The two villages depicted a polarized condition in several indicators like life expectancy, female mortality rate, child and maternal health and an overall decline in the health status of the elderly women where the status was poorer in Chougachha village. The observed higher percentage of illiterate elderly women (42%) had indicated strong influence of gender discriminations (Male literacy-86%). Widowhood of elderly women was another prevalently evident fact indicating high-age difference marriage and lesser number of re-marriage which is prevalent in rural Indian (S Shahar et.al., 1999). A higher mortality rate in elderly women (80%) was found commonly in both the villages. Severe illnesses like Tuberculosis, Senile Cataract, and Osteoporosis were found on chronic level in these elderly women. Additionally, more female elderly women were found to suffer from disabilities like poor eye-sight, walking and hearing problems than their male counterparts. Finally, mal-nutrition, anemia, hypertension diabetes and other chronic illnesses also evident to hit the female counter part of all ages of these two villages. The study also experienced a strong lack in availability of health services in case of inpatient and outpatient departments of the nearby hospitals especially for the aged persons who during interview reported problems like scarcity of beds, specialized doctors and other emergency health facilities.

**Keywords:** *Elderly, female mortality, illiterate, widow, maternal health, anemia, disability.*

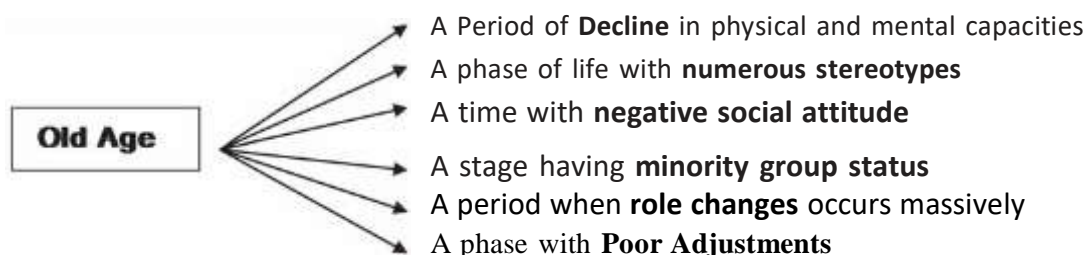
## BACKGROUND

The health of Indian women is a thought provoking issue intrinsically linked to their status in society when health defines itself as an outcome of social existence. Researches on women's status found that the contributions that the Indian women make to their families often are overlooked, and instead they are viewed as economic burdens and such negligence reaches its peak when Indian women reach their final stage of life cycle – OLD AGE. Old age is the closing period in the life span. It is a period where people “move away” from previously desirable times of “usefulness”

(Hurloc, 2003). Though old age is the universal phenomenon with varying degrees of probability, it is overlooked as fundamental aspects of social structure and social dynamics. It is a multidimensional process; where, a person's activities, attitude towards life, a relationship to the family and the work, biological capacities and physical fitness are all conditioned by the position in the age structure of the particular society in which he lives.

### OLD – AGE: Some Defining Features:

Age sixty is usually considered the dividing line between middle age and old age. However, from the socio-cultural point of view, chronological age is recognized as a poor criterion to use in marking off the beginning of old age because across the globe, with variations in culture, living arrangements and divergence in environmental conditions, definition of old age also varies. For example, the process of aging starts faster among the rural elderly who are engaged in physical activities rather than the urban counterpart.



(Source – *Developmental Psychology, E.B. Hurloc, 2003*)

Old-age, irrespective of place, culture and other factors, is accompanied by the following developmental tasks:

- a. Adjusting to decreasing physical strength and health.
- b. Adjusting to retirement and reduced income
- c. Adjusting to death of spouse
- d. Establishing an explicit affiliation with members of own age group
- e. Adapting to social roles in a flexible way

### **Demographic Ageing: A Present Scenario of Elderly Population:**

Aging of population is a major aspect of the process of demographic transition. Presently, both globally and nationally it is reported that, older individuals forming large share of the total population. Demographic ageing is a global phenomenon and by 2025, the world's population is expected to include more than 830 million people at an age of 65. With a comparatively young population, India is still poised to become home to the second largest number of older persons in the world. According to census 2001 conducted by NSSO India, 75% of elderly persons were living in rural areas of which 59% were women. Demographers, researchers, and responsible citizens have started to think about the aged population and its problems because of the demographic transition in many countries of the third world now taking place in a much shorter period of time. Aging of the population will be one of the major challenges of the near future.

The recent emphasis on studies pertaining to the elderly in the developing world had attributed to their increasing numbers and deteriorating conditions in health and wellbeing. The lives of many older people are affected more frequently by the social and economic insecurity that accompany demographic and development process (World Bank 1994). The growth of individualism and desire of the independence and autonomy of the young generation affect the status of the elderly (Serow and Estes, C. and Associates, 2001).

Now, considering Indian context, there exists a divergence between rural and urban orientations in terms of socio-economic status, perceived physical, mental and social health, culture and family, and parent-child relations.

### **International Comparison of Indicators of Population Aging**

| Countries | Percent of elderly aged 65+ |      |      |
|-----------|-----------------------------|------|------|
|           | 1990                        | 2030 | 2050 |
| China     | 5.6                         | 15.7 | 22.6 |
| India     | 4.3                         | 9.7  | 15.1 |
| Korea     | 5.0                         | 18.1 | 24.7 |
| Mexico    | 4.0                         | 19.9 | 18.6 |
| Canada    | 11.2                        | 22.6 | 23.8 |
| France    | 14.0                        | 23.2 | 25.5 |
| Germany   | 15.0                        | 26.1 | 28.4 |
| Italy     | 15.3                        | 29.1 | 34.9 |
| Japan     | 12.0                        | 27.3 | 31.8 |
| USA       | 15.7                        | 23.1 | 24.9 |
| UK        | 12.4                        | 20.6 | 21.4 |

*Source: UN Population Division (1999)*

In India according to the 2001 census estimates the elderly constitute about 7.45 per cent of the total population. India is one of the few countries where the elderly sex ratio favors males. Dependency ratio for the old has been rising from 10.5 in 1961 to 11.8 in 1991 and is projected to

be 16.1 by 2021 (Rajan et al., 1999). According to recent statistics related to elderly people in India (according to census 2001), it was observed that as many as 75% of elderly persons were living in rural areas. About 48.2% of elderly persons were women, out of whom 55% were widows. A total of 73% of elderly persons were illiterate and dependent on physical labor. One-third was reported to be living below the poverty line, i.e., 66% of older persons

were in a vulnerable situation without adequate food, clothing, or shelter. About 90% of the elderly were from the unorganized sector, i.e., they have no regular source of income.

**Perceived health conditions and problems faced by the elderly people:**

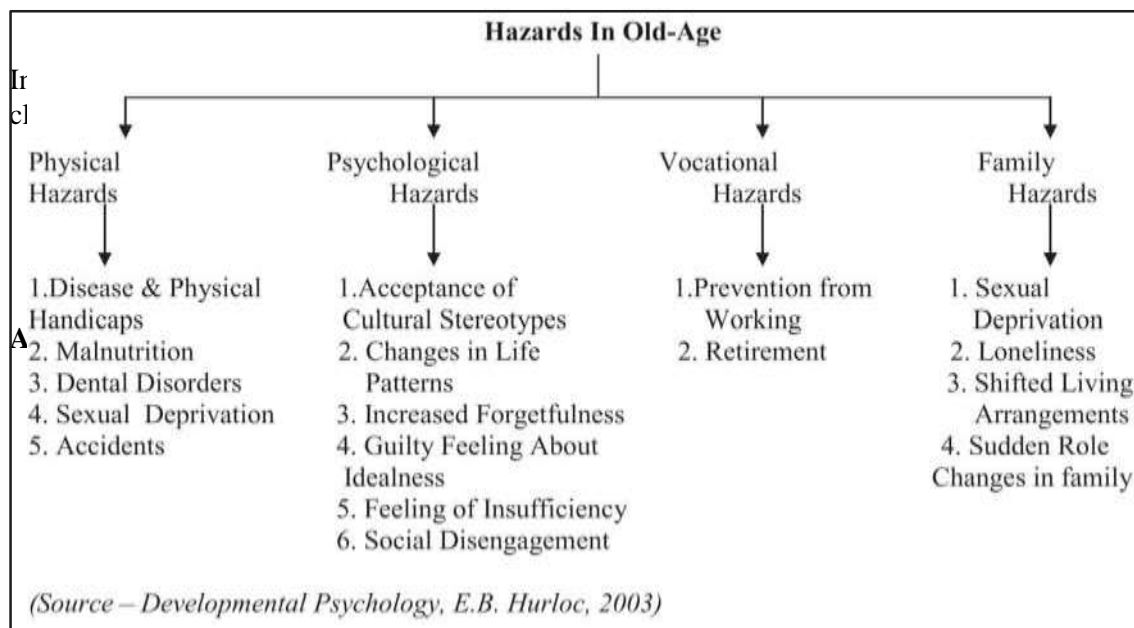
**“Health Is A Complete State of Mental, Physical and Social Well-Being and Not Merely the Absence of Disease or Infirmary”**

**World Health Organization, 1984**

One of the major concerns about an aging population is the health and health care. With a dramatic raise in the elderly population, the quality of health of the same becomes very crucial to think about, because old- age is a vulnerable period where people face manifold adjustive demands most likely, physical, psychological and social etc. Especially in developing countries like India, where old- age is perceived as burden to families, elderlies find a general threat of survival, which is due partly to physical and mental decline and partly to lack of social recognitions deriving from social groups.

**Hazards in Old-Age:**

However, psychologists, sociologists, geriatricians and other social scientists commonly classify such hazards under the following tree chart:



Such diseases are

etc.

**B) Problems associated with long-term illness**

Certain chronic diseases are more frequent among the older people than in the younger people. These are:

- a) Degenerative Diseases of Heart and Blood vessels
- b) Cancer
- c) Diabetes
- d) Diseases of Locomotor System
- e) Genitourinary System

**C) Psychological Problems**

It comprises of

- a) Emotional Disorders- It is a result of social maladjustments. Failure to adapt can result in bitterness, inner withdrawal, depression, weariness of life and even suicide.
- b) Sexual Adjustment – After the age of 40, there is cessation of reproduction by women and diminution of sexual activity on the part of men. As a result, physical and emotional disturbances may occur. Jealousy, Irritability are very common and frequent.

**D) Socio-Economic Problems**

The socio-economic problems of the elderly are aggravated by factors such as the lack of social security and inadequate facilities for health care, rehabilitation, and recreation. Also, in most of the developing countries, pension and social security is restricted to those who have worked in the public sector or the organized sector of industry. Many surveys have shown that retired elderly people are confronted with the problems of financial insecurity and loneliness. The 60th National Sample Survey (January-June 2004) collected data on the old

age dependency ratio. It was found to be higher in rural areas than in urban areas. With regard to the state of economic development, a higher number of males in rural areas, 313 per 1000, were fully dependent as compared with 297 per 1000 males in urban areas. For the aged female, an opposite trend was observed (706 per 1000 for females in rural areas compared with 757 for females in urban areas). On average 30% males and 73% females in geriatric group are economically dependent, usually on their children.

Hence, given this status of nation in general and the state in particular, the present paper urged to investigate perceived health conditions and overall wellbeing of the rural elderly women from two villages of Nadia District, West Bengal.

#### **Need for The Study:**

1. India's rapid demographic growth in the older female population creates issues that hardly perceived yet; this must be addressed for social and economic development.
2. Besides this, the migrations (from rural to urban or to another rural area) of young adults leave elderly people specially the dependant females lonely and support-less.
3. Due to several socio-cultural dynamics like inability to access the health care systems due to poor economic conditions and dependency in decision making ability, health of the rural elderly women is severely affected which in turn affect their "Health Seeking Behavior".

#### **Objectives Of The Study:**

- A. **Broad Objective:** Understanding perceived health and wellbeing of the rural elderly women from Nadia District, West Bengal.
- B. **Specific Objectives:** To understand the effect of different socio-economic variables on the perceived health and well-being of the rural elderly women from two villages of Nadia district of West Bengal focusing on the following points:
  - a) Income status b) Age variations
  - c) Caste variations
  - d) Gender differences e) Decision making
  - f) Loneliness

## METHODOLOGY

#### ***Geographical Location and Coverage:***

1. Name Of The State: West Bengal.
2. Name Of The District: Nadia
3. Name Of The Block: Krishnagunj.
4. Name Of The Gram Panchayat: Krishnagunj

| Village    | Total House Holds | House Holds Members | Total Elderly people |
|------------|-------------------|---------------------|----------------------|
| Bablabon   | 96                | 486                 | 126                  |
| Chougachha | 100               | 387                 | 122                  |
| Total      | 196               | 873                 | 248                  |

#### ***Method:***

Mainly qualitative method with some case study analysis was followed for conducting the present study and analyzing the results, some basic quantitative measures like frequency count (f) percentage (%) were taken into consideration.

#### ***Selection of place:***

With a view to understand the overall health condition perceived by the elderly women in rural areas, two villages of Majdia in Krishnagunj sub-division under Nadia District were taken within the field of study. Situated beside the river Churni, the villages in Majdia –Bablabon and Chougachha - hold significance in this regard as they are populated by the people cutting across lines of religion and castes.

**Sample:** Elderly men and women aged above 60 years having different socio-economic background.

### ***Sampling Technique:***

Non-Probability Purposive Sampling Technique.

### ***Sample Characteristics:***

- a) All respondents were aged above 50 years
- b) All of them were residents of Nadia in general and the villages in particular
- c) All respondents were able to communicate verbally.
- d) All the respondents knew Bengali language.

***Study Tool:*** A Semi – Structured Interview Schedule (Qualitative Study Tool) was purposively designed by M.Phil. Students (Batch-IV) and three faculty members of IDSK, University of Calcutta, (2009).

### ***Collection Of Data:***

STEP I: Data were collected following a prior visit and discussion with members of gram Panchayat and with the help of the key informants.

STEP II: On the spot, consents were taken from the respondents and the purpose of the research were clearly explained to them. After that, information were collected by the researchers following the Semi-Structured Interview Schedule

STEP III: The data were checked on the spot to ascertain whether the respondents were attempted all the statements or not.

STEP IV: In this way, a total of 196 house-holds and 248 male and female elderly people were interviewed

### ***Analysis Of The Data:***

STEP I: All the interview schedules were subjected to thorough in-house editing.

STEP II: For comparison of the data obtained through semi-structured interview schedule, frequencies and percentages were calculated and represented in tables, pie charts and bar charts.

### ***Time Frame:***

The study was carried out during the months of October –November, 2009.

### ***Ethical Issues Considered:***

First, objectives of the study were explained to the respondents.

Second, subjects were told if they don't wish to take part, they could withdraw themselves from the study.

Third, respondents were ensured about the confidentiality of their responses.

### ***Limitations Of The Study:***

#### **1. Small Sample size :**

The present study covered a limited number of elderly people from Nadia District Of West Bengal.

#### **2. Village Based Study :**

The present study was carried out to encounter only village based respondents, the behavior, shaping of personality and the total personality of whom might have been different from respondents residing in urban and semi-urban areas of the same. Additional studies with larger sample sizes covering elderly people of both rural and urban areas should be conducted to have a clearer picture of the situation.

## **RESULTS**

In the present study, data obtained with the help of a semi-structured interview schedule from a group of 248 elderly people (137 males and 111 females) (aging above 50 years) have been processed, analyzed, and presented under the following two broad sections:

SECTION I: Demographic and Socio-Economic factors related information. SECTION II:

Perceived health conditions of the elderly people from Nadia..

INFORMATION

**Table 1: Age Wise Distribution of the Sample In Two Villages**

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From a look into the above table, it is seen that, majority of the considered sample (37%, irrespective of gender) belonged to an age range of 50years – 59years sharing its major part with male counterpart (63.80%). The above result is represented in a bar diagram below:

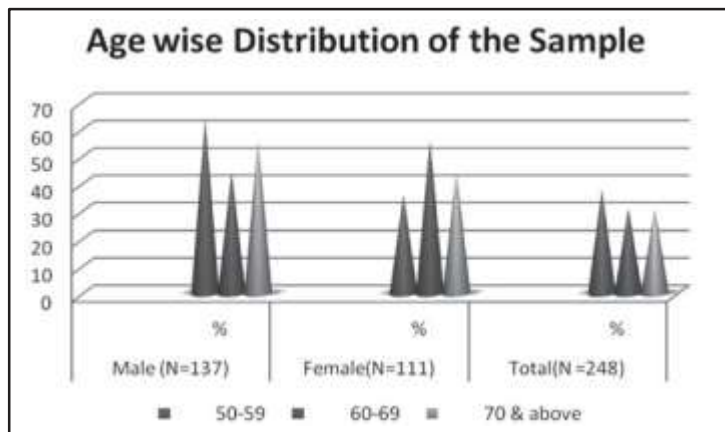


Figure 1: Bar Diagram of Age Wise Distribution Of The Sample In Two Villages

Table 2: Distribution of the Elderly population of the villages On The Basis Of Education

| Education  | Male (N=137) |       | Female(N=111) |       | Total(N =100) |        |
|------------|--------------|-------|---------------|-------|---------------|--------|
|            | f            | %     | F             | %     | f             | %      |
| Illiterate | 76           | 44.40 | 95            | 85.60 | 171           | 69.90  |
| Literate   | 59           | 43.06 | 16            | 14.40 | 75            | 30.24  |
| Total      | 137          | 55.24 | 111           | 44.76 | 248           | 100.00 |

Table-2 represents educational status of the elderly population in the two villages in which, **majority of females (85.60%)** were found to be illiterate than that of the male elderlies (44.40%) which exhibited a strong presence of Gender Discrimination (D. Deb, 2002) in the two villages viz., Bablabon and Chougachha.

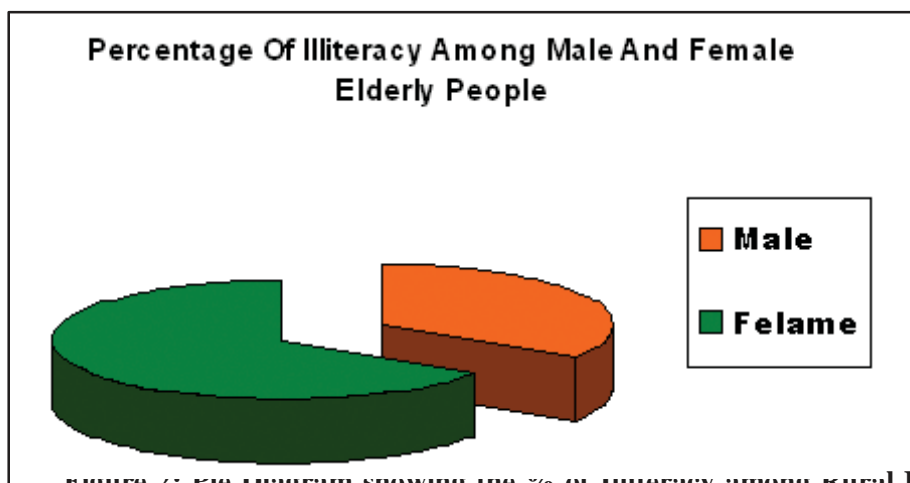


Figure 2: Pie Diagram showing the % of illiteracy among kural Elderly People

Table 3: Distribution Elderly population of the villages on the Basis of Marital Status

| Education | Male |   | Female |   | Total |   |
|-----------|------|---|--------|---|-------|---|
|           | f    | % | F      | % | f     | % |

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Table-3 indicates marital status wise distribution of the elderly population in the two villages according to which, majority of the women (51.4%) were widow than their male counter-parts (9.6%). Besides this, a main point to note here is that, 1.8% of women elderly unlike the men are un-married.

**Table 4: Caste Wise Distribution of the Elderly population of the villages**

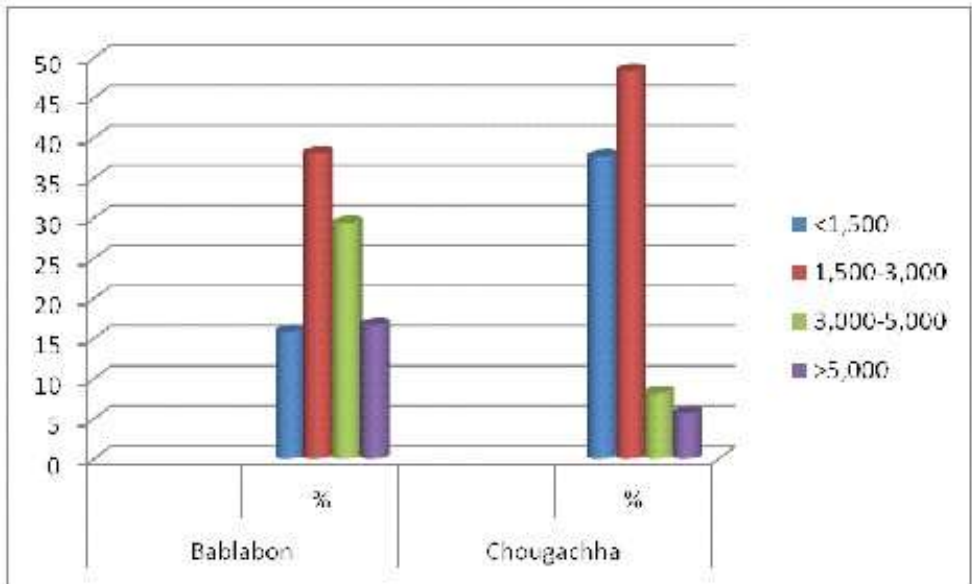
| Caste          | Bablabon |       | Chougachha |       | Total |       |
|----------------|----------|-------|------------|-------|-------|-------|
|                | f        | %     | F          | %     | f     | %     |
| Schedule Caste | 88       | 69.84 | 104        | 85.25 | 192   | 77.42 |
| Schedule Tribe | 0        | 0     | 18         | 14.75 | 18    | 7.26  |
| Muslims        | 37       | 29.37 | 0          | 0     | 37    | 14.92 |
| General        | 1        | 0.79  | 0          | 0     | 1     | 0.40  |
| Total          | 126      | 100   | 122        | 100   | 248   | 100   |

The above table shows that, all 37 Muslim elderly people are inhabitants of Bablabone only Besides this, majority of the SC population (85.25%) and all the ST elderly people (14.75%) belonged to Chougachha than Bablabon (69.84% and 0% respectively).

**Table 6: Monthly Income Wise Distribution Of The Elderly population of the villages**

| Income<br>(In Rs.) | Bablabon |      | Chougachha |      | Total |      |
|--------------------|----------|------|------------|------|-------|------|
|                    | f        | %    | f          | %    | f     | %    |
| <1,500             | 20       | 15.8 | 46         | 37.7 | 66    | 26.6 |
| 1,500-3,000        | 48       | 38.1 | 59         | 48.4 | 107   | 43.1 |
| 3,000-5,000        | 37       | 29.4 | 10         | 8.2  | 47    | 19.0 |
| >5,000             | 21       | 16.7 | 7          | 5.7  | 28    | 11.3 |
| Total              | 126      | 100  | 122        | 100  | 248   | 100  |

Considering the above table of income wise distribution of the elderly population in the two villages, it can be said that, economic condition of the rural elderly people of Chogachha is much worse than Bablabon, as majority of the population of the former (46% and 59% respectively) belonged to low income group i.e., <1500Rs.-3000Rs (per month) than the latter (15.8% and 38.1% respectively). Otherwise stated, more elderly people from Bablabon (16.7%) were belonged to high income group i.e., >500Rs./month than that of the Chougachha ( only 5.7%).



**Figure 3: Bar Diagram Showing Income Status of the Elderly Villagers**

WOMEN: A

This section helps to explore and interpret the data on conditions of perceived health and wellbeing of the elderly villagers from Bablabon and Chougachha villages of Nadia, West Bengal considering their gender orientation, age, income, decision making and feeling of loneliness.

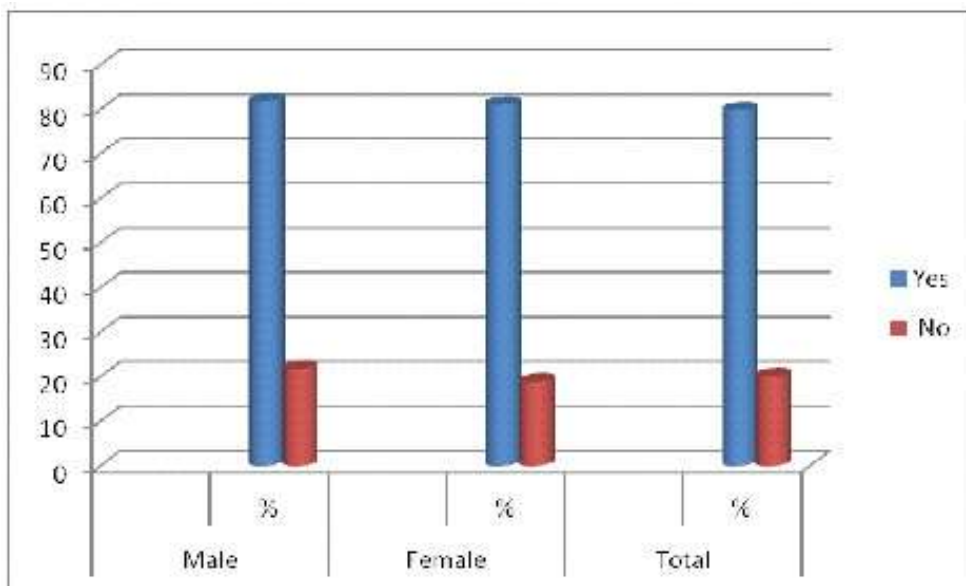
**Table7: Gender Wise Distribution of the elderly Villagers Undergone Illness during last six months:**

| Illness Undergone | Male |       | Female |      | Total |       |
|-------------------|------|-------|--------|------|-------|-------|
|                   | F    | %     | f      | %    | f     | %     |
| Yes               | 108  | 81.8  | 90     | 81.1 | 198   | 79.8  |
| No                | 29   | 21.77 | 21     | 18.9 | 50    | 20.16 |
| Total             | 137  | 100   | 122    | 100  | 248   | 100   |

Health condition of the elderly villagers from Bablabon and Chougachha has been evidenced as very poor because majority of the same (79.8%) had undergone illnesses during last six months.

Furthermore, no gross gender differences have been indicated here as both male (81.8%) and female (81.1%) elderly people had almost equally undergone chronic illness during last three months. It is also diagrammatically represented in Figure – 4.



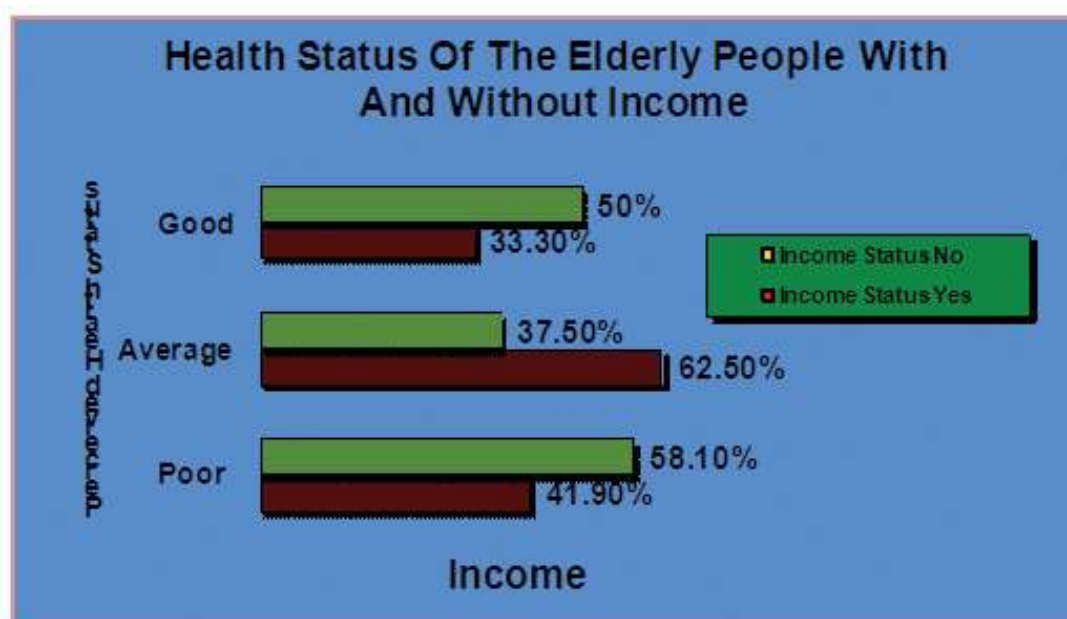


**Figure 4: Bar Diagram Showing Reported Illness and Gender Differences of The Elderly Villagers**

**Table8: Effect of Income On Perceived Health Conditions Of The Elderly Villagers:**

| Income | Poor |      | Average |      | Good |      | Total |      |
|--------|------|------|---------|------|------|------|-------|------|
|        | F    | %    | f       | %    | f    | %    | f     | %    |
| Yes    | 54   | 41.9 | 65      | 62.5 | 3    | 33.3 | 122   | 50.4 |
| No     | 75   | 58.1 | 39      | 37.5 | 6    | 50   | 120   | 49.6 |
| Total  | 129  | 100  | 104     | 100  | 9    | 100  | 242   | 100  |

Income in old age has found out to be an influencing variable in the present study because, the overall perceived health status of the majority of elderly having income is reported as average (62.5%). On the other side, most of the elderly who reported poor health status were not having any income (58.1%). On the contrary, a little more portion of elderly villagers, who in spite of not having income reported good health status (50%) than that of those having a valid income (33.3%).



**Figure 5: Diagram Showing Effect of Income on Perceived Health Elderly Villagers**

**Table9: Perceived Feeling of Loneliness in Male and Female Elderly people across vilages:**

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The above table, on the contrary, during interview, a greater portion of elderly people (65.73%) reported ‘no’ to the feeling of loneliness. Amongst the respondents experiencing loneliness (34.27%), aged women (Female: 37.84%, Male:31.39%) were found to have a greater share than their counterparts.

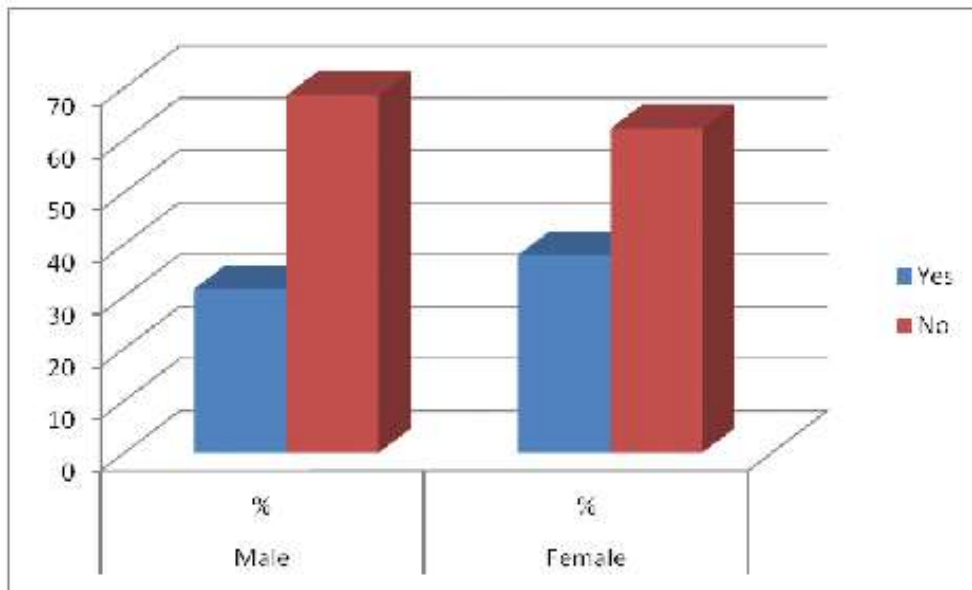


Figure 5: Diagram showing greater evidence of Loneliness feeling in women elderly

## DISCUSSION AND CONCLUSION

### Polarized Socio-Economic Characteristics of The Two Villages:

The two villages have documented a polarized condition, where on one pole, Bablabon showed significance of comparatively better socio-economic conditions. On the other pole, village Chougachha, being socio-economically poor, documented an over all decline in life expectancy and health of elderly women.

### Illiteracy of elderly women:

The observed higher percentage of illiterate elderly women had indicated strong influence of gender discriminations which is a frequently reported socio-cultural phenomenon in developing countries in general and India in particular.

### Widowhood of elderly women:

Results showed higher percentage of widowhood of elderly women than men indicating high- age difference marriage and lesser number of re-marriage which is prevalent in Indian ruralites (S Shahar et.al.,1999).

### Illness of the Elderly People:

Majority of the women elderly people were found to suffer from severe illness like Tuberculosis, Senile Cataract, Osteoporosis which indicated a strong prevalence of mal-nutrition, anemia,

hypertensions diabetes and other chronic illnesses. Such problems are more prevalent in rural areas, due to lack of education, awareness and proper health care, where women elderly lacking autonomy of decision making; economic independence and accessibility to health resources become more susceptible to health problems and illnesses much before the onset of old age all of which contribute towards increasing vulnerabilities of the old age.

### Old age without Loneliness:

The surprising part of the study is in the revelation of the findings for the feeling of loneliness which was reported to be negligible in these elderly men and women. Majority of these aged people expressed that they do not get time to feel lonely as they have so many jobs to do starting from self care to giving care to their own grand children and that of the neighbors. Such findings may give a different outlook for these rural elderly people which is more positive than the urban aged.

In a nutshell, the present study findings and its discussions has made an attempt to portray several salient features regarding the health and wellbeing of the rural elderly women of West Bengal where the living environment, age, gender and other socio-economic conditions were found to have immense impact on their overall livelihood. A large proportion of elderly women perceived their health as not good as men. Prevalence of Widowhood, Illiteracy, malnutrition were commonly reported in women pointing a threat to survival. Elderly women having some disability reported poor health status. The wellbeing, on the contrary, was found to be in a somewhat better condition as loneliness as a predictor of the same reported among lesser number of these elderly people although elderly women showed more signs of loneliness than their male counterparts.

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