



## **A Study on Elderly Women in Minjur & Sholavaram Blocks of Tiruvallur District, Tamilnadu**

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**ABSTRACT:** The boundary between middle and old age is not clearly marked by and physical or intellectual transformation. In Eastern Europe, by contrast women usually retire at 55 years and men at the age of 60 years. In the agrarian societies of developing Asian countries, retirement of 'old age' is gradual process marked by subtle change in physical appearance and the timing varies. Ageing is the universal phenomenon and no society can escape from it. Old age is considered as the age of retirement. In India, the age of retirement varies from 50-60 years. Age sixty is considered as the dividing line between middle and old age. According to 2001 Indian census, 7.0 percent of the total populations are above the age of 60 years.

So this study has covered the elderly women profile, psychosocial and health problems of elderly women. The universe of the study constitutes of the elderly women in Minjur and Sholavaram Blocks in Tiruvallur District. The researcher has administered the respondents by using an interview schedule to assess the psychosocial profile and health problems of elderly women. The study reveals that majority (72 %) of the respondents were not receiving either old age pension nor widow allowance from the state government, and 26% have received old age pension or widow allowance. The study shows that around 40% of them have diabetics and hyper-tension problems, in which 40% have only diabetic's and heart problems. Researcher finds that more than half of the respondents (55%) lives alone without their family and have psychosocial problems.

**Keywords:** Psycho-social, Old age, Health Problems, Elderly women



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### **1. INTRODUCTION**

All over the world the retirement age differs in defines old age. In many developed countries people retires at the age of 65 and in India the retirement age is between 58 and 60 years which differs from state to state which is poor indicator of ageing. Ageing is the worldwide phenomenon which no society can escape from it. Old age is considered as the age of retirement. In India, the age of retirement varies from 50-60 years. Age sixty is considered as the dividing line between middle and old age. Indian culture gives much stress on respecting the aged.

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The aged in the traditional society unparalleled sense of honor, legitimate authority in the family or community had decision making responsibility in the economic and political activities of the family and area respected for their wisdom. They enjoyed their life with children and grand children by telling stories and playing with them. The family system more than extended in structure and it was more stable. Even the community imposed certain norms about the care of the senior citizens, the women, the children and the handicapped with the unmitigated collective force.

According to the study conducted by National Institute of Mental Health and Neuro-Sciences (NIMHANS), Bangalore, India one in every 15 Indian adult suffers from depressive illness. At least 10 percent of the population suffer from depression that need professional and medical help and as much as 40 percent of the population is demoralized and likely to cross the line to clinical depression something. Ageing is the process of life which starts from birth and covers the whole life span. It is a period when people shift from earlier more desirable periods or times of usefulness to helpless and most people consider old age as the closing period in their span of life.

The increased life expectancy and decreased birth rate and death rate have resulted in the higher proportion of aged people among the population. According to 2001 Indian census, 7.0 percent of the total population is above the age of 60 years. Families now find difficult to meet their obligations to the aged. The changes in family structure have resulted in changes in other aspects of family life. The attitude towards the aged is also under going lot of changes and in the nuclear families aged is always consider as a burden.

Now elderly is facing a lot of serious problems in our society. It is generally due to the fatigue and decline in our functional capacity resulted by the physical and psychological transformations we undergo. The old age is also considered as a second childhood of a person. The phenomenon of ageing is universal and it is an avoidable.

The major problems faced by the old age people are Physical, Psychological and Social problems. Commonly, elderly persons have been facing various physical health problems such as cardiovascular diseases, hypertension, stroke, diabetes, cancer, musculoskeletal conditions (such as arthritis and osteoporosis), visual impairment etc.

Apart from the physical factors, many psychological factors contribute to the process of ageing. One such factor is bereavements. It is a major crisis that we have to face due to a loss, such as the loss of a husband; wife or a close family member is the single most stressful event in a person's life. Death of the spouse can hit an older person extra hard because of the sheer length of the relationships involved. There is no easy way to deal with the loss of a loved one, especially a life partner, the longer the relationship has lasted-the greater the impact of the loss.

Depression is another common condition among the elderly. Its symptoms include loss of appetite, fitful sleep, early morning wakening, weight loss lack of energy and motivation-sometimes even thoughts of suicide. Some of these factors are normal by-products of the ageing process, but a

combination of all the below factors may be serious.

- Difficulties in accepting ageing
- Difficulty in acceding to the cultural changes and its impact on the relationship with children
- Communication problems with family or community health workers as a result of language and cultural barriers
- Anti-ageing, sexist , racist attitudes

In addition to the physical and psychological barriers, elderly also face many social barriers

- lack of information about programs and services for the elderly
- Lack of home care and home supports
- Lack of support services, weak family, social and community networks
- Lack of participation in recreational, social and community activities

The senior citizens are facing more physical, psychological and social problems. Depression is the most psychiatric disorder among aged people in India. Depression is normal to feel depressed in times of adversity and such feelings are as much a part of everyday life as joy and contentment. It is only when the symptoms persists or become acute and self destructive that professional help is required. Depression can be set off by a number of factors. Depression will be occur due to family history (loss of somebody or something, weather family atmosphere), failing to achieve something, child birth marital problems etc.

## 2. Review of Literature

Government of India, Ministry of Statistics and Programme Implementation (2016) in its report the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 provides for protection of life and property of senior citizens. State Governments are required to prescribe a comprehensive Action Plan for providing protection of life and property of senior citizens. The Ministry of Home Affairs, Government of India has also issued detailed advisories dated 27.3.2008 and 30.08.2013 to all the State Government/UTs, who are primarily responsible for prevention, detection, registration, investigation and prosecution of crime including crime against senior citizens as "Police" and "Public order" are state subjects. The Ministry of Home Affairs in its advisories has advised the States/UTs to take immediate measures to ensure safety and security and for elimination of all forms of neglect, abuse and violence against old persons through initiatives such as identification of senior citizens; sensitization of police personnel regarding safety, security of older persons; regular visit of the beat staff; setting up of toll free senior citizens helplines; setting up of senior citizen security cell; verification of domestic helps, drivers, etc.

According to **Dr.M.S.Bhatia Short Text Book of Psychiatry (2011)**, in India among elderly (over 60 years of age), the prevalence rate of psychiatric disorder is about 60-80 per 1000 that is about 4 million severely mentally ill. Depression is the most common geriatric disorder in India.

**National Policy on Older Persons (NPOP) (1999)** was announced in January 1999 to reaffirm the commitment of the State to ensure the well - being of the older persons. The Policy envisages

State support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of their lives. 2. Keeping in view the changing demography of the senior citizens in the country over the last decade, the Ministry of Social Justice and Empowerment constituted a Committee to (i) assess the present status of various Issues concerning senior citizens, in general, and implementation of NPOP, 1999, in particular, and (ii) draft a new NPOP keeping in view the emerging trends in demographic, socio - economic, technological and other relevant fields. The new National Policy for Senior Citizens is under finalization.

**Dandekar (1996)**, reported that in the agriculture sector and all informal sectors, there is no fixed age for retirement. Both men and women continue to work as long as they are physically able, although the type of work they do many change and they may work with diminished capacity. **Sayid Zafar Hassan (1975)**, states that the status of the aged varies in the differential society and culture. Aging for the poor and working class means a status of dependence. Economic dependency brings about psychology and personality changes in the aged which affect their social status and role. **When considering Bhatia (1964)**, the main forces of the changes affecting the aged are community development and industrialization which have reduced the status of the aged individual as adviser and spokesman of the village and as a guide of the family.

Elizabeth B. Hurlock points out that, old age is the closing period of life span. It is a period when people move away from previous more desirable periods or times of usefulness age 60 is usually considered as the dividing line between the middle and old age. In her book "Developmental Psychology" tries to find out the characteristics of old age people, by the mental and psychological declines. She also signifies that poor adjustment is the characteristics of old age. The aged usually develop unfavorable self concepts. These tend to be expressed in mal adjective behavior of different degree of security.

According to Cliffer T.Morgen 'Introduction to Psychology ' Old age carries special risks not the least of which is poverty at a fixed income. In addiction body is lightly vulnerable to disease, including organic brain syndromes, circumstances and loneliness of some can produce psychological disturbance, including depression severe enough to provoke suicide.

### **3. Methods**

Objectives of the study were to profile the elderly women and their health issues. In addition to that researcher also focused on understanding how the various government and non government programmes for elderly has been utilized by the population; and what benefits were brought by these programmes. For that, the researcher has adopted descriptive research design for the study. The researcher used self prepared semi-structured interview schedule for the purpose of data collection.

### 3.1 Universe and Sampling

The universe of the present study consist of elderly women of Tiruvallur district, who were above the age of 58 from two blocks namely Minjur (51 respondents) and Sholavaram (47 respondents) blocks which constitute of 94 village panchayats. The respondents were formerly members of SHG formed and monitored by Centre for Rural Systems and Development (CRUSADE), Karanodai, Chennai, a voluntary organization working in Tiruvallur district and who have withdraw their membership in the SHG after attaining the age of 58. The researcher adopted simple random sampling method and by using lottery method 98 respondents from five village Panchayats were selected for the study.

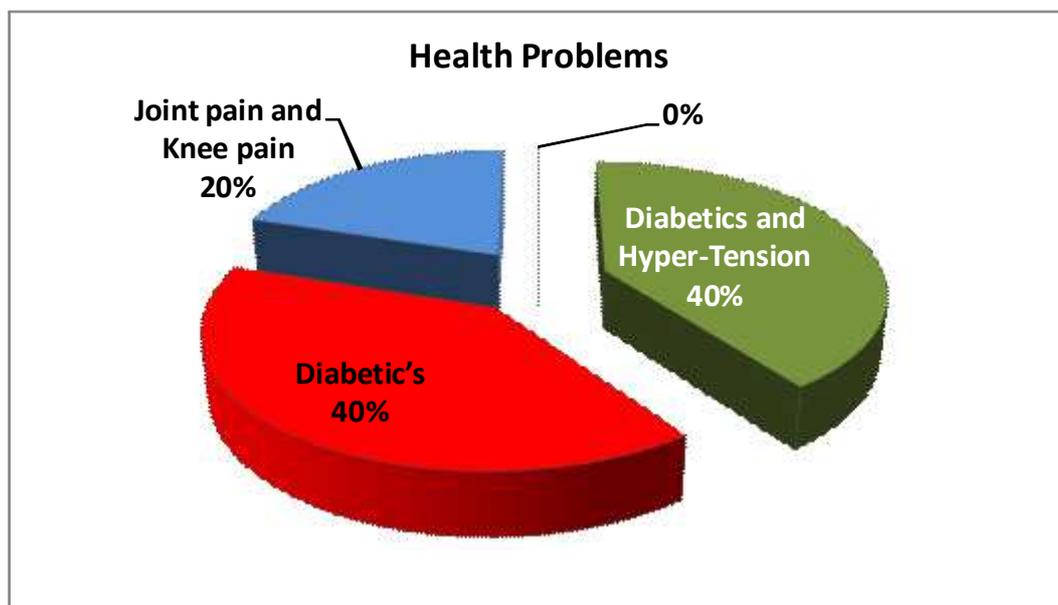
**Table1. Distribution of Respondents by their Residential Details**

Sl.No	Name of the Block	Name of the Village	No of Respondents
1	Minjur	Sengalaneermedu	20
2	Minjur	Kanniyambakkam	11
3	Minjur	Devadanam	20
4	Sholavaram	Perumalkuppam	24
5	Sholavaram	Enam agaram	23
<b>TOTAL</b>			<b>98</b>

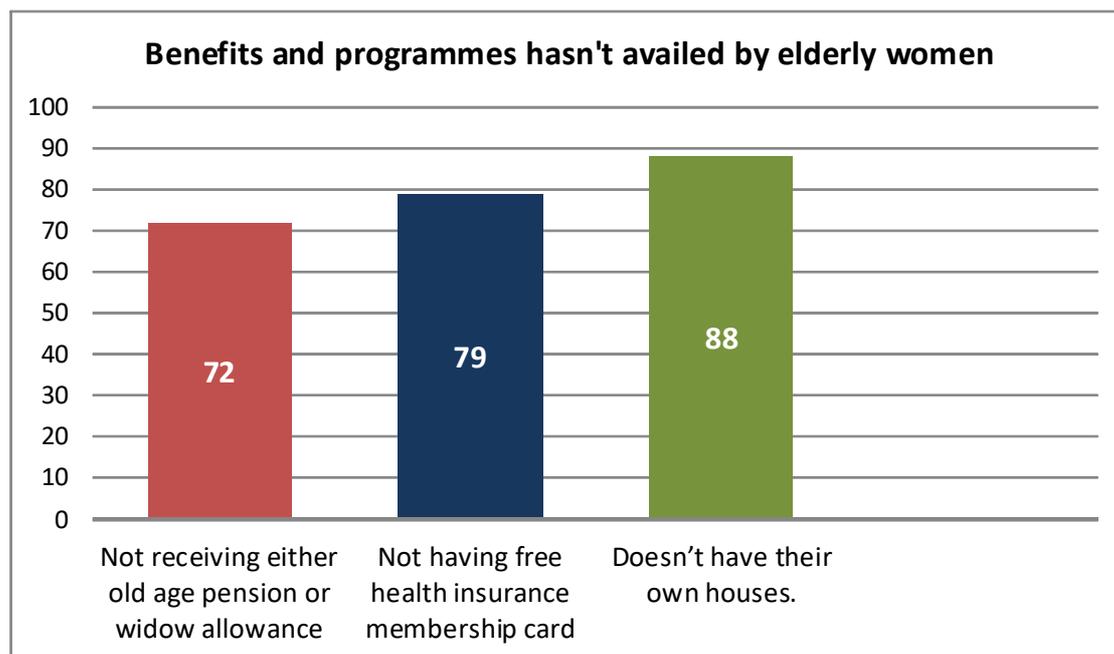
### 4. Results

1. Around 48 per cent belong to SC community, 47% belongs to MBC, and one of them belongs to ST and 4% of them from BC.
2. It shows 47 per cent of them are widows and 2% are separated.
3. It reveals that 88% doesn't have their own houses.
4. A very meagre (9%) of them do not have any asset and it is found that only 2% of them have their own land.
5. More than half of the respondents (55%) lives alone without their family members and 45% of them live along with their family members.
6. The housing status of the respondent's shows, 46% lives in thatched houses, 12% in tiled houses, 16% in concrete houses
7. A vast majority (80%) do not have any job oriented skills, while remaining 20% said they have some job oriented skills.
8. The means by which the respondents spend their time reveals that nearly 35% of them spend time with their grand children, 19% of them were able to take only rest, 25% of them engage themselves in maintaining their families, 2% of them spend time in temples and 2% spend their time with friends and rest of the 17% spend time in watching television.
9. It is expressed that 32% were consulted when important decisions are taken in the family, and remaining 68% of them said they were not consulted.

10. An absolute majority (100%) of them are willing to join any federation or institution which works for the empowerment, welfare and utilizing the skills, experience and capacity of elders.
11. It is opined by 95% of their savings is essential for the elderly women.
12. It is also found that 20% of them can sing folk songs, 18% of them can narrate stories and 34% said they can draw rangoli, 9% of them have the knowledge of home remedies and finally 4% can teach traditional games.
13. Around 40% of them have diabetics and hyper-tension problems, in which 40% have only diabetic's ailments, 20% of them have joint pain and knee pain while others have other type of reasonably bearable health problems.
14. When the respondents have health related problems, 96% of them goes to government hospital, 3% of them goes to private hospital for treatment and a least of 1% only takes treatment locally.
15. Nearly 79% of the respondents are not having free health insurance membership card facility under the government free health insurance scheme.
16. Nearly Half of the respondents (51%) who were not well goes to hospital independently, 22% of them goes with their sons, 10% of them goes with their daughters, 2% of them goes along with their son in law, 6% of them goes with daughter in law, 2% with their spouse, 2% with grandson, 1% with their granddaughter and 2% goes with others.
17. Majority (72 %) of them are not receiving either old age pension or widow allowance from state government, and 26% have receive old age pension or widow allowance..
18. Nearly 21% of the respondent's spouses were able to avail housing facility under the government group housing scheme.



**Figure 1: Distribution of the respondents according to their Health Problems.**



**Figure 2: Distribution of the respondents according to their benefits and programmes hasn't availed by elderly women.**

## 5. SUGGESTION AND CONCLUSION

It is found that vast majority of the elderly women are not having their own house and around 48 per cent of them belong to scheduled caste community. The study shows an absolute majority of the respondents (100%) were having health problems such as, hyper-tension, diabetes, minor ailments, knee and joint pains. For reaching the hospitals they need transportation and the frequency of the transportation has to be increased also. Majority of the respondents (72 %) have not received any government welfare schemes like Old Age Pension (OAP), widow pension, and Maintenance Grant (MG) from the panchayat. The study reveals that majority of the respondents (88%) doesn't have their own houses.

The present study suggest that elected representatives and village administrative officers of Minjur and Sholavaram blocks has to identify the beneficiaries who have not availed welfare schemes like, Health, Housing, Sanitation, OAP, Widow Pension, and Maintenance grant. Researcher suggests that, Government of Tamilnadu should take proper measures on releasing funds to the panchayats for implementing the various welfare schemes as these welfare schemes plays important role in improving the standard of living of the villagers.

Researcher suggests that, identification of appropriate beneficiaries is most essential in providing welfare schemes that help for the socially and economically suppressed elderly persons. Government authorities, elected representatives and ward members of village panchayats have to address all these issues at the earliest possible that can be of more helpful to the elders.

At last it is the responsibility of everyone in the society to respect and serve the elderly persons. The professional social worker has to work for elderly with specialized training and setup more service providing centre in the rural areas also.

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