

A STUDY ON PROBLEMS OF ELDERLY WOMEN IN MADURAI DISTRICT OF TAMIL NADU

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Abstract

Senior citizens in India facing a number of problems and challenges, but the situation are worse in case of elderly women. In the countries around the world people aged 60 years and above, comprise less than 20 percent of the population in 2000 which will become 32 percent by 2050. The elderly progression is also related to family system, literacy and income of the aged. Due to reduction in fertility rate and adoption of small family norms, there is enhance in the percentage of old dependents. Aged people are mostly facing the lot of problems like loneliness, health and economic problems. Those are particularly visible among the elderly women. The healthcare industry has seen significant transformations during the previous several decades. Following the historic Declaration of Alma Ata on primary health care, the government has endeavoured to make specific and systematic measures to enhance public health. Thus, India has made significant strides forward in social metrics such as life expectancy, neonatal and child mortality, and literacy levels in recent years. People in rural regions and the elderly, on the other hand, are disproportionately affected by infectious illnesses; malnutrition and chronic health issues continue to account for the majority of disease burden. Moreover, the aged women are subjected several problems which are specifically related to their socio-economic well-being. This study intends to analyse the socio-economic and healthcare problems of elderly women in Madurai district of Tamil Nadu.

Keywords: Healthcare, Morbidity Prevalence, Ageing, Social Welfare, Public Health.

Introduction

The world countries people aged 60 years and above, comprise less than 20 percent of the population in 2000 which will become 32 percent by 2050. The aged progression is also related to family system, literacy and income of the aged. Due to decline in fertility rate and adoption of small family norms, there is increase in the percentage of old dependents. Aged people are facing lot of problems like loneliness, health and economic problems particularly among the elderly women.

The common problems is elderly women who are single, abandoned or widowed they are face multiple barriers due to illiteracy, mal-nourishment, elder abuse, ill-health, lack of housing and exclusion from economic benefits. Aged women also face bias and discrimination throughout their life and most of the time they are not able to raise their voice against it. Health is an essential driver of economic and social growth, since sickness is associated with decreased earning capacity as well as decreased

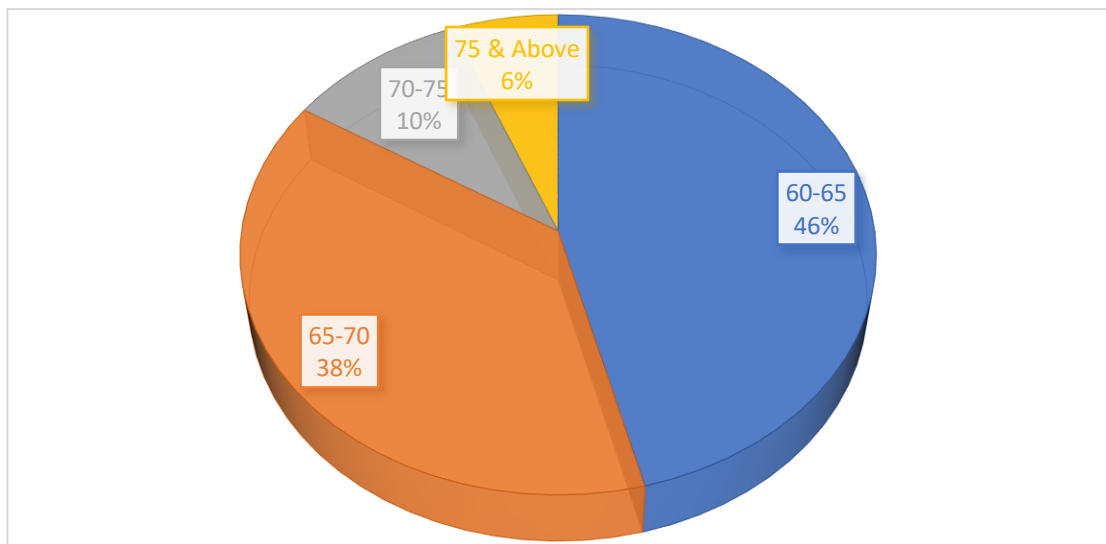
productivity (World Bank, 1993). Therefore, a nation's health and health-care system should be given the proper attention they need to function well. The twenty-first century has ushered in a wave of extraordinary health transformation trends. Death, illness, and health have all changed dramatically in most areas of the world in recent years. As a consequence, life expectancy has increased steadily across all age groups in almost all locations. Increasing life expectancy is mostly due to the control of infectious illnesses, particularly in young ages, in both emerging and developed nations, and this is especially true in developing countries (Christensen, K., Doblhammer, G., Rau, R., & Vaupel, J. W, 2009). At the same time, these considerable mortality improvements are shown in changes in the distribution of ages at death, which indicates that the population is living longer.

Inputs such as health are critical, and excellent health not only expands the capacities of the poor, but also increases the productivity of those who are in it (Peabody JW, et al, 2006). As a result, excellent health increased income levels and consumption standards, lowering poverty levels among the population (Organisation for Economic Co-operation and Development (OECD) and World Health Organization, 2003). Health is a vital component of human existence, and without it, no one can hope to gain the full benefits of social and economic progress to which they are entitled. The state of one's health is now widely recognised as a significant indicator of societal progress. The relationship between health and development is a two-way street. In a variety of ways, improved health state stimulates development. In a similar vein, it is said that economic growth helps to create favourable circumstances for good health. Because of this, it is critically important to eradicate and reduce diseases and various types of illness that typically affect the poor and impoverished due to lack of clean and hygienic living conditions, the problem of unsafe drinking water, and the difficulty in providing sanitation, among other factors. In addition, the construction of a higher-quality and more widespread network of health-care services is necessary in order to combat the prevalence of illnesses and health-related injuries. People above the age of 65 are more susceptible to health concerns. The challenges associated with growing older and living a healthy lifestyle are similar among them. This study is thus an attempt to examine the health status and healthcare choice of aged women in Madurai district of Tamil Nadu. Moreover, the socio-economic challenges of aged is analysed. The data have been collected from 50 aged women living in the Madurai city. Purposive sampling technique was used to collect data from the respondents.

Result and Discussion

The researcher has made a serious effort to categorise the sample of respondents according to their age group, however this has proven unsuccessful. A particular age group of respondents who are having serious health difficulties has been identified, according to the results of the survey. The distribution of ages reflects the potential working population as well as the weight of population on society, both of which influence the health of the people in a society. Furthermore, the age of the respondents is one of the most significant aspects to consider when attempting to grasp their perspectives on certain situations; since age is often associated with a person's degree of maturity, it becomes increasingly necessary to study the answer.

Figure 2: Age of the respondents

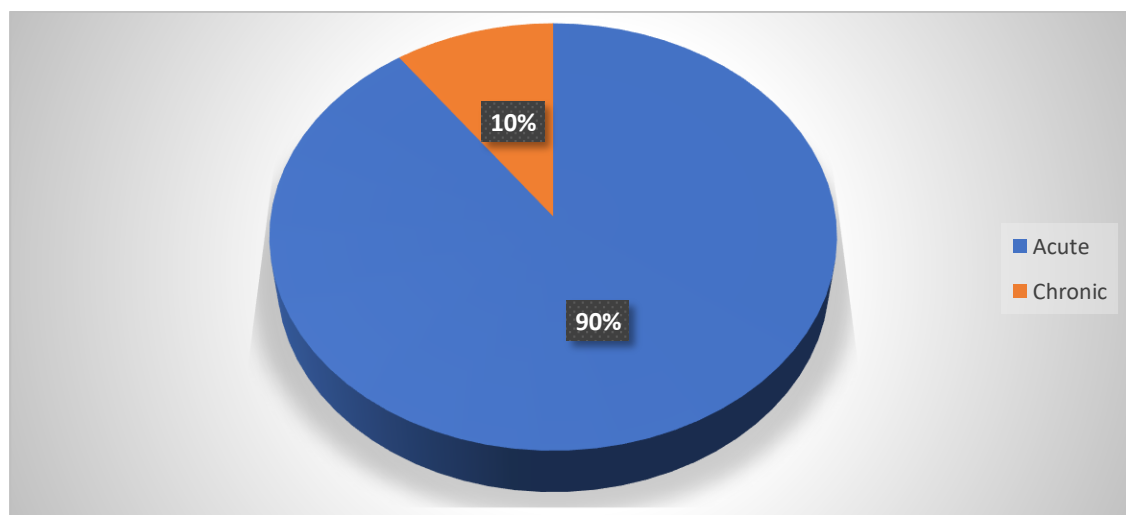


Source: Primary Data

Figure 2 shows that the majority of respondents (46.0 percent) are between the ages of 60 and 65 years, which is extrapolated from the data. There are 38 per cent people aged 65-70 years, 10 per cent people aged 70-75 years, and only 6 per cent people aged 85 and above years (see chart). It is undeniable that the vast bulk of the workforce is between the ages of 60 and 70.

The amount of disease and impairment that characterises a population is referred to as morbidity or mortality. Morbidity has piqued the curiosity of human communities throughout history, as people have attempted to comprehend illness and death in its many forms. In the past, demographers concentrated their efforts on the study of mortality (the end consequence of morbidity), and it has only been in recent years that the emphasis has changed more in the direction of morbidity. As morbidity has begun to play a more important role in moulding the structure of society than death, there has been an upsurge in interest in this subject. Indeed, the present focus on disparities in health status—disparities that are most typically defined in terms of demographics—has drawn more attention to the viewpoint that demographers may offer to this research. The morbidity pattern of aged people is shown in figure 3.

Figure 3: Nature of morbidity of the respondents

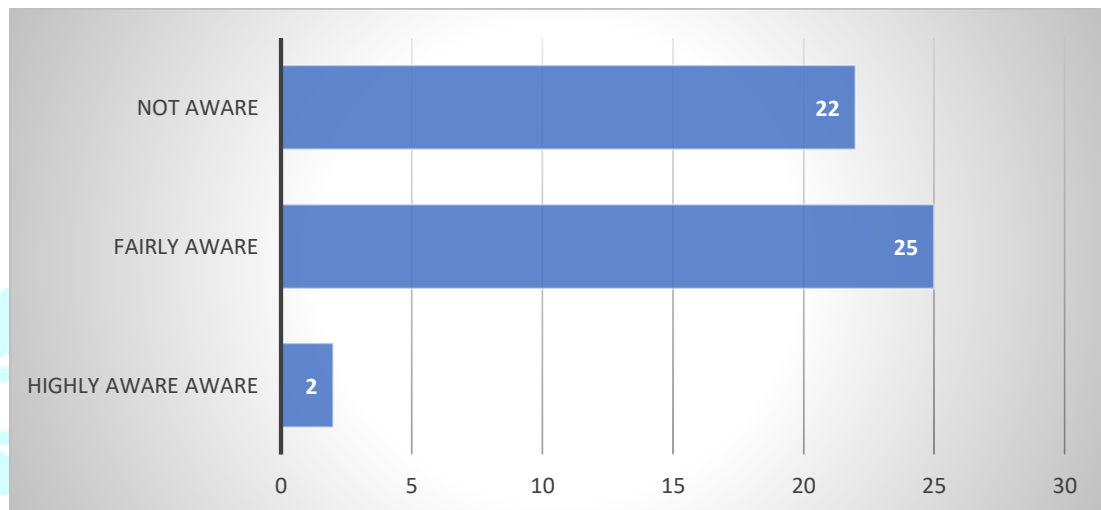


Source: Primary Data

In this study, the vast majority of respondents are suffering from acute sickness, with just 10.0% of those who answered suffering from chronic disease. This leads to the conclusion that although elderly residents of the research region may not suffer from serious illnesses, they do experience age-related health issues such as physical discomfort as a result of their advanced years.

Awareness of healthy and sanitary health habits is essential for one's overall well-being and survival. A healthy man can make a greater contribution to society, and the ability to produce and be productive is primarily dependent on one's health. As a result, an effort was undertaken to determine the level of health care knowledge among the elderly.

Figure 4: Healthawarenessof the respondents

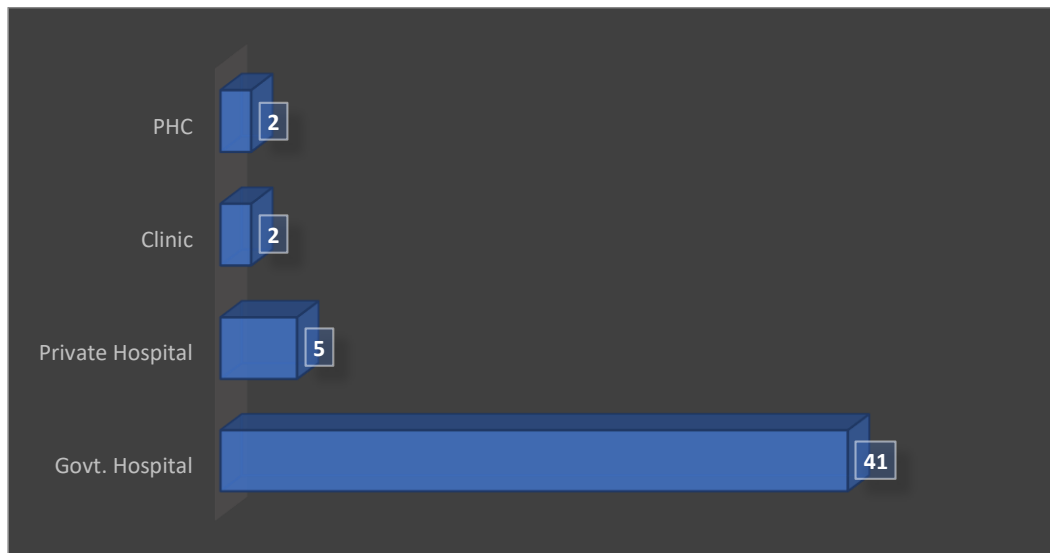


Source: Primary Data

Figure 4 shows that the vast majority of respondents are at least somewhat knowledgeable about healthcare, which confirms the findings of the survey. Only 6.0 percent of those who answered the survey had a better level of understanding, while 44.0 percent were completely oblivious of healthcare procedures.

People have varying levels of preference for health-care services, which is mostly determined by availability, accessibility, and price of such services. People in the research region choose four kinds of health-care services: government hospitals, private hospitals, primary health-care centres (PHCs), and clinics.

Figure 5: Health service preference of the respondents



Source: Primary Data

In Figure 5, it can be shown that the vast majority of respondents (82.0 percent) prefer to have their medical needs met in government-run facilities. When it comes to health care services, around 10% choose private hospitals, 4.0 percent prefer clinics, and another 4.0 percent favour primary health care centres. It should be emphasised that the vast majority of those who answered the survey favour public health care services in the research region.

The reasons stated by respondents for choosing government hospitals for health care reveals that the lowest cost of treatment is the most important factor in choosing government hospitals (60.0 percent of those who answered the question). About 10.0 percent of respondents said that they prefer government hospitals because of the free supply of drugs, while another 10.0 percent stated that they prefer government hospitals because of the short waiting times. The availability of X-ray and laboratory facilities, according to the least number of respondents (2.0 percent), is the primary reason for choosing public hospitals.

The problems of aged are analysed and the result is presented in table below. Five-point scaling method was used to identify the severity of the problem. The problems of aged are related to their socio-economic and health status.

Table 1: Problems of the respondents

Problem	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Lack of income sources to meet daily requirements	15	12	3	8	12
Neglected by the family members	11	10	10	7	12
Severe health problems and lack of financial resources to afford better healthcare	21	9	8	7	5
Social isolation	9	9	10	7	15
Poverty and malnutrition	6	7	12	11	14
No access to welfare schemes	10	6	3	10	21

It is evident from the above table that severe health problems and lack of financial resources to afford better healthcare is the major problem faced by the aged women in the study area. Likewise, lack of consideration by the family members and lack of income to meet basic requirements are the other major problems of aged women.

Conclusion

This research paper has been found that most of the elder people particularly women receive less or insufficient socio-economic and psychological support from their children, which is due to the expanding cost of living both at their level and at their children's level on the one hand, and who has one son and one daughter but lost her husband. According to a UNDP study 2008 Sixty-five percent of widows in India over 60 years aged. Among these, only twenty-eight percent of them are eligible for old-age pension. However, only eleven percent actually received it. Apart from that, there is an urgent need for a comprehensive National Health Policy in order to deliver timely and cost-effective health care services to the general public and to leverage India's tremendous medical tourism potential. A twenty-first century research study on (UNFPA and Help Age International 2012) emphasize the observation that in India elderly people especially elderly women, experience multiple discriminations, which including lack of access to jobs and health care, elderly abuse, denial of their rights to own and inherit property and also lack of minimum basic income and social protection. Apart from that, the rising burden of sickness has increased the need for high-quality healthcare services. In light of the fact that the majority of our population lives in rural areas, where there are few hospitals, fewer doctors, and a shortage of medicines, among other things, this research work may draw the attention of policymakers to the importance of

having an effective distribution of health measures through proper designing and effective implementation of health policies and programmes of the government, in order to reach the benefits of healthcare to the greatest number of people in the greatest number of places. Many poor and deserving individuals in the state are unable to access health-care services at public hospitals because of the time and money spent travelling from their place of residence to the hospital, where they must wait for hours at the expense of their daily livelihood. Again, these hospitals show to be expensive when a patient is directed to private laboratories for testing and assessment and is required to pay a user fee as well as purchase drugs from private vendors since the hospital does not have an appropriate quota of vital medicines. When it comes to obtaining universal health care for everybody, the development of health infrastructure is critical. Furthermore, the management of illnesses necessitated the use of skilled health staff as well as the promotion of sanitary practises among the general people.

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