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SOCIO-ECONOMIC AND HEALTH STATUS OF ELDERLY WOMEN IN

KASHMIR DIVISION

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ABSTRACT

The present study shows that old age has started emerging as a social problem in Indian society due to the socio-cultural changes brought about by urbanization, modernization and the industrial revolution. The findings clearly indicate that the increasing importance of achieved properties, the changing social structure especially the family structure, individualistic and materialistic values, negative attitudes of the younger generation towards the aged. In the present chapter, it discusses and draws conclusions on the socio-economic conditions and health status of elderly women in rural areas.

KEYWORDS-Health, socio-economic, ageing, life spam, sex ratio, work status.

INTRODUCTION

The current research demonstrates that the issue of old age is becoming a noteworthy concern in Indian society, primarily due to the societal transformations brought about by urbanization, modernization, and industrialization. The results unequivocally indicate the growing significance of personal accomplishments, the evolving social makeup with a particular focus on family structures, the prevalence of individualistic and materialistic values, and the unfavorable attitudes of younger generations towards older individuals. This chapter is dedicated to discussing and drawing conclusions about the socio-economic conditions and healthcare status of elderly women residing in rural areas.

AGEING OF WOMEN: The term "elderly" refers to those who are older than or close to the average lifespan of humans. Because old age has different connotations in different communities, it is impossible to pinpoint exactly where it ends. Individuals might be categorized as elderly based on their age as well as specific modifications to their social responsibilities or activities. In addition, compared to persons of different ages, elderly individuals have less capacity for regeneration and are more vulnerable to illnesses, diseases, and syndromes. Gerontology is the medical study of the ageing process, while geriatrics is the study of disorders that affect the aged. In its package of recommendations, the United Nations World Assembly on Ageing, which was convened in Vienna in 1982, placed a

strong emphasis on research concerning the humanitarian and developmental elements of becoming older (United Nations, 1987). "International exchange and research cooperation as well as data collection should be promoted in all the fields having a bearing on ageing, in order to provide a rational basis for future social policies and action," the action plan particularly urged. Studies on ageing that are comparative and cross-culturally focused should receive particular attention. The ageing population problem has become a major worry for policy makers worldwide during the past 20 years, in both industrialized and developing nations. However, the issues that result from it will affect industrialized, developing, and impoverished nations differently.

GROWTH OF WOMEN: From an Indian perspective, women appear to be more dependent on others in their latter years than men. In Indian homes, women often have less financial freedom than men, especially widows and separated women. When compared to their male counterparts, mothers do, for the most part, have more expectations and support from their children. The elderly female reliance ratio in the Kashmir division is around 11.69 percent, indicating an annual increase in dependency. In addition, bad circumstances that impact them emotionally and socially cause older women to feel alone, dejected, and cut off from society as a whole. Due to their modest numbers, older women's issues in India have not received much attention in the past. Because they were few in number and received social support from close relatives or family members. Recent socioeconomic trends, including the dissolution of the joint family system, illiteracy, the economic crisis, widening income gaps, and the migration of the working population to cities or overseas, have made the issue of the elderly woman population critical and require careful structural changes at all levels, from the micro to the macro. The majority of developing nations, including Bangladesh and India, have detrimental effects on the treatment-seeking behaviors of older women due to their inability to pay for tests, consultations, and prescription drugs. In light of these viewpoints, the elements impacting senior people's helplessness, particularly that of older women. Ageing's demographic aspects: Within a nation where the practice of female infanticide is widespread,. The UNFPA report indicates that India will see a rise in the number of women aged 60 and above in its population. This can be attributed to improvements in life expectancy and the extended longevity of women. Based on data from the 2011 census, the senior citizen population in India has exceeded 100 million, with 4.5 million in the Kashmir division. Although the overall sex ratio favors males, with 940 females per 1,000 males, the ratio shifts in favor of elderly women (1022:1000) in the 60 plus age group. This demonstrates a significant increase in the population of older women in the higher age brackets. In India, where the majority of the population is under 30, the issues and challenges faced by the elderly population have not received adequate attention, and only a limited number of studies have been conducted on this demographic. To harness the benefits of the demographic dividend, the primary focus lies on the well-being of children and youth, ensuring their essential needs are met for proper development. Additionally, the traditional Indian society and the longstanding joint family system have played a crucial role in safeguarding the social and economic security of the elderly population in the country. However, with the rapid changes in the social landscape and the increasing prevalence of nuclear families in recent years, the elderly are at risk of facing emotional, physical, and financial insecurity in the future. This concern has caught the attention of policymakers, administrators at both central and state levels, voluntary organizations, and civil society. Recognizing the growing need for intervention in elderly welfare, the Ministry of Social Justice and Empowerment in the Indian government adopted the "National Policy on Older Persons" in January 1999. This policy offers comprehensive guidelines to state governments to proactively address the welfare of older individuals by creating their own policies and action plans. The policy defines a "senior citizen" as an individual who is 60 years old or above. Its aim is to ensure the well-being of senior citizens and enhance their quality of life by providing specific facilities, concessions, relief services, and assistance in coping with the challenges associated with old age.

Furthermore, it proposes affirmative action from government departments to ensure that existing public services for senior citizens are user-friendly and attuned to their needs it offers a comprehensive overview of different amenities and encompasses multiple areas such as financial security, healthcare, housing, education, welfare, and the protection of life and property. The aging of the population is influenced by declining trends in fertility and mortality. With low birth rates and longer life expectancies, the population is shifting towards an aging society. The percentage of individuals aged 60 or above is rapidly increasing, and even the percentage of those above 80 is rising year after year. At the same time, the ratio of people in the "working age" category (15-59 years old) to the elderly population is shrinking, and within the working age group, the average age is also rising. For developing countries like India, the aging population may lead to mounting pressures on various socio-economic fronts, including pension expenditures, healthcare costs, economic stability, and savings levels. India will face an additional challenge, despite rapid and consistent economic growth, with a large aging population that may be significantly poorer than their counterparts in the Western world. In India, individuals who have worked in the organized sector receive pensions and retirement benefits after reaching the age of retirement, which varies between 60 to 65 years. However, for others, the Government of India and State Governments currently offer minimal old-age pension coverage, ranging from Rs. 200/- to 1000/- per month. In addition to this modest pension, some additional benefits are provided by the Central and State Governments for the elderly. However, much more needs to be done to support the elderly in meeting their medical and other expenses without depending on their children or relatives for physical, mental, and financial support. Therefore, while the aging process in India may not be very rapid, planning for the elderly poses a significant challenge for policymakers due to the country's vast size. Elderly women face more critical problems compared to men due to lower literacy rates and limited ownership of property as per customary practices. The majority of elderly women are not part of the labor force during their prime years, with only a few in the organized sector. Hence, policies tailored for the elderly should be realistic and achievable, taking into account the gender component. Failure to do so could have adverse consequences for the aging population. Investing in human resource development and educating the masses can play a significant role in overcoming these challenges to a great extent. To develop appropriate policy programs for the elderly population, it is essential to conduct a study of elderly individuals on various aspects and initiate a social, economic, and health policy debate about aging in India. There is a significant lack of datasets and analytical reports to identify the emerging areas of concern and immediate action. In the population of Kashmir division, the elderly, particularly elderly women, are the fastest growing age groups. The term "ageing" refers to the decrease in the proportion of children in the population and the increase in the proportion of older individuals. Ageing of the population is a term used to describe the shift in the age distribution of the population towards older ages. However, research conducted by various demographers in the 1950s, such as V.G. Valaorus, Frank Lorimer, Alfred Sauvey, Ansley Coale, and the United Nations, demonstrated that the ageing of population in several western countries was primarily due to a decline in the fertility rate and had little to do with the decline in the death rate (Clyde, 1968). Initially, demographers believed that ageing was mainly occurring in developed countries and expected this trend to continue in the future (Asha Bhende, 2001). Population ageing is more pronounced in women due to various factors. It is important to examine specific aspects of socio-economic and health conditions among elderly women in rural areas as it can help identify subgroups at risk of malnutrition, disease, deficiencies, and threats to survival and well-being. The global population is rapidly ageing. The combination of declining fertility and mortality rates, along with improvements in life expectancy, has led to a significant increase in the elderly population worldwide. The ongoing decline in fertility rates and mortality rates directly impact the older age groups. Population ageing is expected to be one of the most significant demographic trends globally in the 21st century (Leonid, 2003). The birthrate calculates the quantity of live births in a specific year for every 1,000 births. The death rate indicates the

average number of deaths in a particular year for every 1,000 individuals in the population, and it is alternatively referred to as the crude death rate. Birth rate and death rate are fundamental metrics for measuring population growth. The constituents of population change, specifically birth, death, and migration, are recognized as fertility, mortality, and migration, respectively. These factors are classified as demographic or population variables because they determine the size, growth, structure, and distribution of any population (Misra, 1980).

Table -1: Projections: Global Scenario of Aged, 1995-2150

Year	Population (in billions)	Percent aged 60+	Percent aged 65+	Percent aged 65+
1995	5.68	9.5	6.5	1.1
2000	6.091	9.9	6.8	1.1
2025	8.039	14.6	10.8	1.7
2050	9.367	20.7	15.1	3.4
2075	10.066	24.8	19.1	5.3
2100	10.414	24.7	22.0	7.1
2125	10.614	29.2	23.6	8.6
2150	10.806	30.5	04.9	9.8

Source: United Nations, 1998, World Population Projections to 2150. Dept. of Economics and Social Affairs, Population Division.

According to the United Nations' assessment in 1998, Western Europe was the only region in the world with a proportion of elderly people above 15 percent in 1950. By 2000, all regions of Europe, except Eastern Europe, had a proportion above 20 percent. Over the next 50 years, the proportion of elderly individuals is expected to grow at a faster rate. Currently, Southern Europe has the highest proportion of elderly people at 21.5 percent, and this is projected to reach 37.02 percent by 2050. In developing countries, one in every 12 individuals is now elderly, and by 2050, it is expected to be one in five, equaling the ratio in developed countries. The projection for developed countries is that it will reach one in three by 2050. In India, the second most populous country in the world with a population of 1,210 million, the elderly population is the fastest growing segment and is expected to surpass 200 million by 2025. The demographic scenario in India indicates a steep rise in the number and proportion of elderly individuals in the coming decades. The elderly population has increased from 77 million in 2001 to 100 million in the 2011 census, and it is projected to reach approximately 177 million by 2025. Moreover, this figure is expected to almost double in the next 25

years. Notably, the majority of elderly people reside in rural areas. The United Nations predicts that by the year 2020, the aged population in India will be nearly equivalent to that of Europe. From 1980 to 2000, India witnessed a 93.5 percent increase in the aged population (60+), compared to 78.8 percent in Japan, 60.9 percent in China, and 57 percent worldwide. The growth rate of the elderly population in India is expected to exceed that of the young and adult segments. The United Nations projects that much of the increase in the aged population in the twenty-first century will occur in developing countries, particularly China and India. By the end of the second decade of this century, approximately 24 percent and 15 percent of the world's aged population will reside in China and India, respectively. In terms of age groups, the proportion of elderly in the Indian population was estimated to be 8.3 percent in 2011, surpassing the United Nations' projection of 8 percent. By 2025, it is expected to reach 12.6 percent, and by 2050, 20.6 percent.

Table - 2: Number and Proportion of Elderly in the Indian Population by Age Groups, 1961-2011

Age			**Number (in Millions)**				**Percent of Elderly to the total population**					
	1961	1971	1981	1991	2001	2011	1961	1971	1981	1991	2001	2011
60+	25	33	43	57	77	100	5.6	6	6.49	6.76	7.5	8.5
70+	9	11	15	21	29	39	2	2.1	2.33	2.51	2.9	3.2
80+	2	3	4	6	8	N.A	0.6	0.6	0.62	0.76	0.8	0.9
90+	0.5	0.7	0.7	1	N.A	N.A	0.1	0.1	0.1	0.2	N.A	0.2
100+	0.1	0.1	0.1	0.1	N.A	N.A	0.2	0.2	0.02	0.02	N.A	0.4

Source: Director General of Census, 2011. Last Six Population Census. Provisional Census Data2011

The socio-economic characteristics of the elderly: in India show that the majority, approximately 80 percent, live in rural areas. Among them, 40 percent live below the poverty line, while nearly 33 percent are just above it, according to the National Sample Survey Organization in 1998. Small-scale surveys have also revealed that inadequate financial resources are a major issue for Indian elders, particularly for older women who face higher levels of economic insecurity (Irudaya Rajan, Mishra & Sharma, 1999). The most vulnerable individuals are those who lack productive assets, have little to no savings or income from previous investments, do not have a pension or retirement benefits, and are not supported by their children. Additionally, they may live in families with low and uncertain incomes and a large number of dependents (Bose, 1996; Vijaya Kumar, 1990). Economic security levels are also influenced by social class and caste (Punia & Sharma, 1987). The annual per capita income for all Indians has increased from 10,919 rupees in 1996-1997 to approximately 17,468 rupees. Another important factor to consider is the life expectancy of the elderly. National data trends show a modest yet significant increase in the longevity of the elderly over the years. For females, life expectancy at birth has continuously risen, reaching 64.2 years during 2002-06, while for males, it was 62.6 years. Furthermore, life expectancy tends to be higher among urban dwellers compared to those in rural areas. In 2002-06, urban areas recorded a life expectancy of 68.8 years, while rural areas had 62.1 years. Malaker and Guha Roy (1990) estimate that at the age of 60, males have a life expectancy of 18.3 years, while females have 20 years. Although females generally have a higher life expectancy than males, the gender gap has been narrowing over time. At 65 years of age, an Indian male has a life expectancy of 14.6 years, while females have 15.9 years. At 75 years, the corresponding figures are 7.5 years for men and 8.3 years for women.

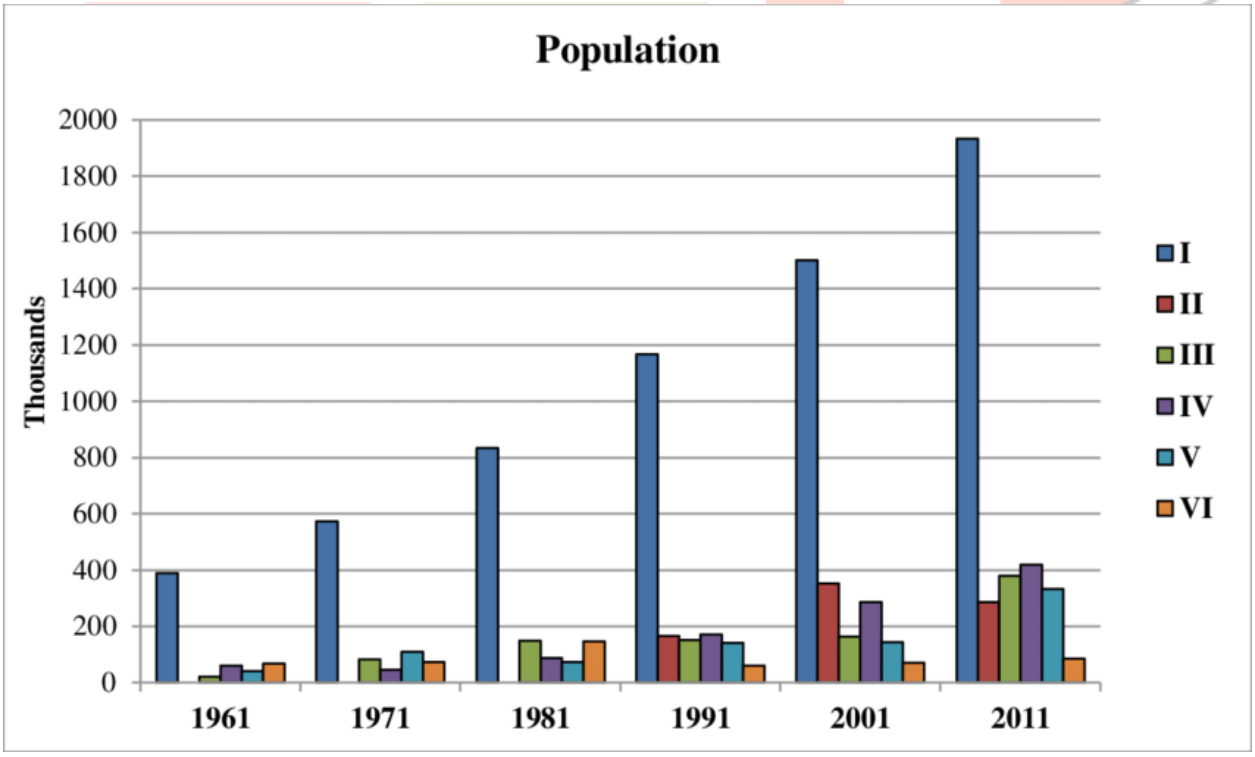
GENDER SCENARIO: Furthermore, the trend of aging is more pronounced among women in developing countries. By the year 2025, it is projected that there will be 604 million elderly females worldwide, with 70 percent residing in developing nations. Additionally, Africa and Asia have a significant proportion of widows (De Alvarez, 1991). In South Asia, elderly women are generally characterized by illiteracy, ignorance, and poor health conditions due to multiple pregnancies during their reproductive years. This situation is largely attributed to the patriarchal social structure that expects women to prioritize their husband and children throughout their lives, resulting in limited access to resources such as nutrition, healthcare, education, and participation. The first indicator of gender disparity in the country is the sex ratio.

SEX-RATIO: The skewed sex ratio in India reveals the prevailing biases and discrimination against females. Based on the Census 2011, there are 933 females for every 1000 males. Interestingly, in recent years, women have outnumbered men after the age of 60. However, in the past, the sex ratio for the elderly was skewed towards males, with 839 females for every 1000 males in 1951 and almost equal numbers in 1961. Since then, elderly women have surpassed elderly men. In 1991, there were 1043 elderly women for every 1000 males, and this trend continued with 1028 and 1052 elderly women per 1000 males in 2001 and 2011 respectively.

WORK STATUS: several studies have attempted to explain the consequences of aging based on traditional dependency ratios. However, a more comprehensive approach involves conducting field surveys on work status, including assets like land. Sample surveys conducted in rural India have indicated a higher degree of financial insecurity among the elderly, with inadequate financial resources being a major problem (Desai, 1985). Furthermore, female elderly individuals seem to face a higher level of financial inadequacy compared to males (Dak and Sharma, 1987; Nadal, Khatri, and Kadian, 1987). Another significant finding is the loss of economic independence as age increases (Kaur, Grover, and Aggarwal, 1987). Although rural elderly individuals may continue working, their working hours usually decrease with age (Singh, Singh, and Sharma, 1987). When examining economic sufficiency in other contexts, researchers have found that financial problems are more common among widows and those in nuclear families. Additionally, economic insecurity is influenced by social class and caste (Punia and Sharma, 1987). For elderly individuals in rural India living in barely sustainable households, economic insecurity is a major concern (Shah, 1993). Worries about social relationships tend to overshadow economic concerns, particularly for those living alone or in nuclear families. They often worry about the implications of illness or disability. On the other hand, financial worries are influenced by the social class they belong to. According to the National Sample Survey Organization (NSSO) 1986-87 study, 34.02% of rural elderly individuals were financially independent, compared to 28.94% of their urban counterparts (NSSO, 1991). However, this situation varies across states, with aged females in urban areas being the most dependent (Dandekar, 1996). Analyzing the labor force participation of the elderly is crucial for understanding their economic dependence, especially in the absence of sufficient social security. The predominantly rural population, combined with limited job opportunities and low wages, compels individuals to continue working for as long as they can physically sustain it. Even in self-employment, economic necessity often forces many to work at a reduced pace. Overall, between 1961 and 1991, work participation rates for the elderly decreased, regardless of rural or urban residence. However, participation rates remain significantly higher in rural areas compared to urban areas.

MORTALITY, MORBIDITY AND DISABILITY PROFILE IN OLDER PERSONS: Age-related disorders encompass life-threatening conditions like heart disease, stroke, cancer, diabetes, and infections. They also include chronic disabling ailments that affect vision, mobility, hearing, and cognition. Older individuals often experience various non-specific symptoms that are unrelated to any specific disorder. These symptoms may include weakness, insomnia, constipation, flatulence, decreased appetite, diminished libido, and more. Causes of death in old age provide important insights into the health status of older individuals, reflecting the burden of diseases in later years. Data related to deaths can aid in the planning and provision of healthcare services for the elderly. While infectious diseases remain a significant cause of death in older Indians, mortality due to non-communicable degenerative disorders has also become prominent. The leading causes of geriatric mortality include respiratory diseases, followed by cardiovascular disorders, stroke, and neoplasm's. Geriatric morbidity and disability are measured through field surveys conducted by the NSSO 1986-87 and 1995-96, the National Sample Survey Organization (NSSO) conducted a study on the health of older individuals (NSSO, 191, 1998). This study was supported by the Indian Council of Medical Research (ICMR), which also conducted collaborative studies on the same topic

(Shah & Prabhkar, 1997). Additionally, various studies focusing on the health issues of the elderly have been carried out in different regions of the country over the past decade (Purohit & Sharma, 1976: Rao, 1990; Sood et al., 1990). The earlier NSSO survey collected data from 50,000 households in 8,312 villages and 4,546 urban blocks. It included questions on physical mobility and seven chronic illnesses (NSSO, 1991). The findings of this survey indicated that physical immobility was more prevalent among older females compared to older males. In rural areas, 5.4 percent of elderly individuals had mobility issues (4.5 percent for males and 6.8 percent for females), while in urban areas, the figure was 5.5 percent (4.6 percent for males and 6.6 percent for females). The distribution of chronic illnesses was similar among rural and urban elderly individuals, with 45 percent affected in each group. However, there were differences in the specific types of chronic illnesses prevalent in rural and urban areas. Rural elders had a higher rate of joint problems and cough, while urban elders experienced higher rates of high blood pressure, heart disease, and diabetes. No notable gender differences were observed in chronic illnesses, except for joint problems being more common among females regardless of location. The frequency of chronic illnesses and physical immobility increased with age among older individuals. Given that most geriatric health issues are preventable, it is important to focus on strategies that address the determinants of health at a population level rather than an individual level. Many preventable causes of morbidity and mortality have long-term effects, emphasizing the significance of adopting a life course perspective for the health of older individuals. Primary healthcare measures, including self-care management, can play a substantial role in promoting health and preventing geriatric health problems, andshould be prioritized (WHO, 1998).



Source: Census of India 2011

Figure 1 clearly illustrates the disparities between all India figures and KASHMIR DIVISION figures for the percentage of 60 plus population in the total population. It shows that rates at both levels are increasing but the rates at the KASHMIR DIVISION level is increasing more rapidly than at the national level.

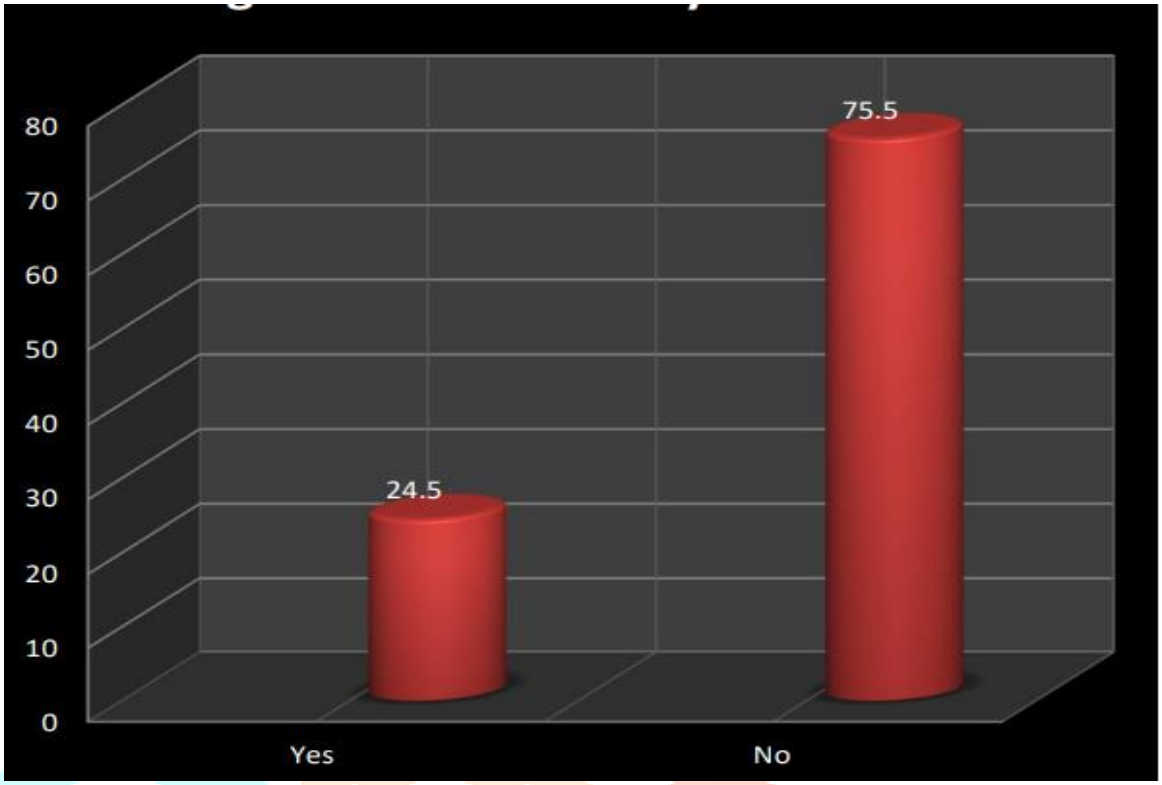
UTILISATION OF SOCIAL SECURITY PROVISIONS: Social support is a feature of human society. Families, communities and nations provide much-needed social support, both directly and indirectly. On the other hand, it is the elderly who need social support the most. When their physical and mental energies are depleted and they have no one to turn to, the social system must accompany them (Khan, 1997). This will give them a sense of security and, above all, instill a sense of belonging to society and a degree of trust in the social structure. India has a long tradition in this regard. In ancient times, the family, the village, and the king in turn were responsible for caring for the elderly. But today's world is a little different. Rapid and massive changes in the social, political and economic spheres of life have transformed long-standing traditions. This requires the organization or streamlining of alternative services. However, there are many areas where public support is needed. For example, statistics show that about a third of the elderly live below the poverty line, while the remaining third live just above it. It is therefore clear that two-thirds of these elderly women are in financial difficulty and need help to earn a living. This chapter examines accessibility, availability, and impacts on older people in the study area.

Awareness on various social security provisions

Table - 3: Distribution of sample by Are you aware of social security provision

S.NO	Variable	Yes	NO	TOTAL N=300
1	Train fare concession	38.0	62.0	100.0
2	Bus seat reservation	21.7	78.3	100.0
3	Higher rates of Banks	18.3	81.7	100.0
4	Interest			
5	Income tax rebate	20.0	80.0	100.0
	Average percentage	24.5	75.5	100.0

Fig-:2 Social Security Provisions



Awareness of Social security Provisions: As regards awareness of elderly women on Train fare concession only 38 percent of the elderly women know about the scheme followed by 21.7, 18.3 and 20.0 percent know about the Bus seat reservation, Higher rates of Bank interest and Income Tax rebate respectively. On the whole, Train fare concession, Bus seat reservation, Higher rates of Bank interest and Income Tax rebate about which a majority 75.5 per cent of respondent members felt that they have no knowledge and 24.5 per cent of members were aware of the social support provisions. Thus, majority of elderly women in rural area were unaware of the social security schemes. (table 3 fig 2)

CONCLUSION: The present study aims to look into and analyse social factors underlying the vulnerability among the elderly women. These include social and economic status of elderly women, their physical and psychological health and access to medical care facilities, and social interactional patterns. It also focuses existing governmental and non-governmental programmes and their access to elderly women, in order to curb and control vulnerable conditions. The findings of the study are very interesting and revealing. Elderly women seldom participate in household chores which include, kitchen work, washing and mending of clothes, minding of infants and toddlers, etc. and they are all most free from any responsibility. Only 27 percent still have the responsibilities regarding the household work or looking of the household needs. As would be expected, a large number of elderly women report physical impairments. Their vision and their hearing empire and their bone joints have stiffened. Further a few elderly women persist on medical complaints are equally frequent. they complain of depression, Anxiety, tension insomnia and so on. Hence health vulnerability and bad conditions among the elder women are visible. On the whole the elder women are badly affected by old age debility. The climate conditions social and psychological factors depress them and make them sick, and to counsel them is not that easy because of the complex of their health problems.

REFRENCES

1. Aggarwal, S.N. (1973). India's Population Problems, Bombay: Tata McGrawHill Publishing Company Ltd., p. 5
2. Asha, C.B. and Subramanian, K.A. (1990), Problems of Elderly Women, Indian Journal of Community Guidance service, Vol. 7, No. 3, pp. 61-67.
3. 4. Asha, Aa Bhende, Tara Karnitkar, (2001): "Principles of Population Studies", 14th (Ed) Himalaya Publishing House Delhi, p 137.
4. Barnbas, A.P. (2001): "Participation of Senior Citizens in Socio- Economic Development", Help Age India, Research and Development Journal. Vol. 7, No.3, pp 5-10.
5. 10. BaraiD.C.(1997),Impact of population change on older groups in India, Trends and prospects In. Demographic transition, The third world scenario268-277 23
6. Bose, A.B. (1996), Economic and social conditions of the elderly, with a special focus on women; Needs and capabilities of the elderly. Implications of Asia's population future for older people in the family.
7. . United Nations (1979), World Population prospects, New York, United Nations.
8. 96. United Nations (1991), World Population prospects, New York, United Nations.
9. 97. United Nations (2002), International Plan of Action on Ageing 2002, New York, United Nations.
10. 98. Yadav, J.P. (2004). Elderly in India, The Struggle to Survive. New Delhi: Anmol Publications.
11. 99. World Health Organization (2002): "Keep Elderly Life Meeting the Institutional Needs of Older Persons", p 11.
12. 100. Willard, W. Cochrane, Carolyn Shaw Bell (1956): "The Economics of Consumption; Economic of Decision Making in the Household Grow Hill Book co., p13