

A STUDY ON ELDERLY WOMEN AS A MARGINALIZED GROUP IN BENGALURU CITY

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ABSTRACT

The population of senior citizens in India is 153 million, with Bengaluru contributing 10% of the total. Senior women across India face numerous problems and challenges, but the situation is even worse for elderly women. In countries around the world, people aged 60 years and above comprise less than 20 percent of the population. The progression of the elderly is also related to the family system, literacy, and income of aged people. Due to a reduction in fertility rates and the adoption of small family norms, there has been an increase in the percentage of elderly citizens as dependents. Elderly people are facing numerous problems like loneliness, health issues, and economic challenges. Both private health sectors and governments have taken systematic measures to improve public health. Though India has made significant progress in providing better hospitals, there is still a long way to go in fully addressing the healthcare needs of its population. Most senior citizens, especially women, face chronic health issues like arthritis, dementia, vision problems, bone density loss, and others, making them equally dependent in life, particularly concerning their socio-economic well-being. This study intends to analyse the socio-economic and healthcare problems of elderly women in Bangalore city. Most senior citizens, especially women, are neglected by their families when their children are busy with work, leading to addiction to television or other media, which in turn affects their family life. Women whose children live abroad suffer from dementia and other psychological issues.

Key Words: Senior Citizen, Health, Family, Social and economic Issues, Problems of Ageing, Morbidity

INTRODUCTION:

Elderly women face acute problems in society due to being labelled as aged, frail, and incapable, as well as due to social isolation. Consequently, their conditions are pitiable and they form a vulnerable, marginalized social group. This paper focuses on the sociological study of such elderly women living in the city of Bengaluru. It does the study from the symbolic interactionist perspective of sociology in the light of the United Nations (UN) Principles of independence, care, participation, dignity, and self-fulfilment.

The definition of ageing as a personal state of being and a social identity varies across societies and it has seen numerous changes over time. Scholars in Ancient China defined a person's ageing based on a conception of seven life stages. In Ancient Greece, Pythagoras made comparisons of different phases of human life, which people perceive as different levels of ageing, to the seasons of the Earth. Both conceptions or proto-theories defined old age to start from the completion of approximately 60 years of a person's life. Hindu scriptures from Ancient India divided the life stages of a person into well-defined and described stages; Brahmacharya, Grihastashrama, Vanaprastha, and Sanyasa.

In the contemporary era, old age is determined by all societies based on various criteria, which may be a chronology, the level and variety of functioning capabilities of a person, or belongingness to a certain generation. Generally, the elderly people is divided into two groups. One is the group of individuals who are currently not productive economically but are still able to tend to their own physical and mental needs. The second group comprises those who are completely dependent on others for their survival and regarded to be a social burden. They often face negative treatment from family members and different members of their communities. There also exists what may be called a 'third category' of elderly individuals who remain productive in the economy either directly or indirectly, caring for their grandchildren, performing household chores, and maintaining their family household while their own children, or other younger family members, are at their workplaces outside. In addition, there are four distinct processes of ageing. The first is chronological, which is measured by the number of years a person has lived from birth. The second is biological, which is assessed by the study of the deterioration of human organs due to a decline in the number of cells in the body of a person. Psychological ageing, the third process, is determined by changes in sensory and perceptual processes. Lastly, social ageing is understood by changes in the roles and relationships of a person in their social structure.

In India, along with the high growth of the total population, the population of the elderly has seen a steady increase. As of today, senior citizen in India constitute 1million

The tragedy of old age is not that each of us must grow old and die, but that the process of doing so has been made unnecessarily at times has painful, humiliating and isolating. Ageing is associated with physical illness and helplessness.

Problems faced by the elderly women are due to technological development, high cost of living, migration factors etc.,

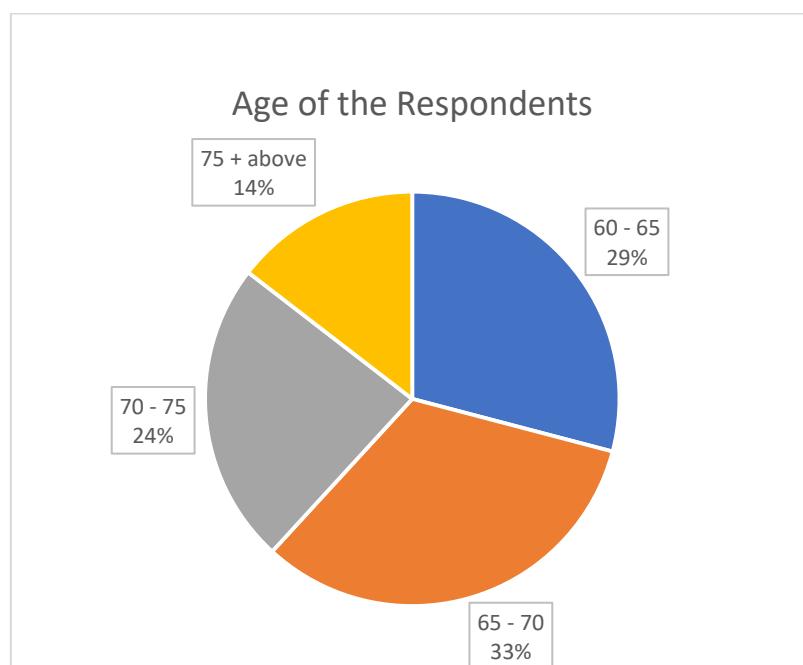
OBJECTIVES OF THE STUDY:

- To describe the various social-relational challenges they face.
- To understand chronic physical illnesses and mental health conditions they experience.
- To understand various policies and law.

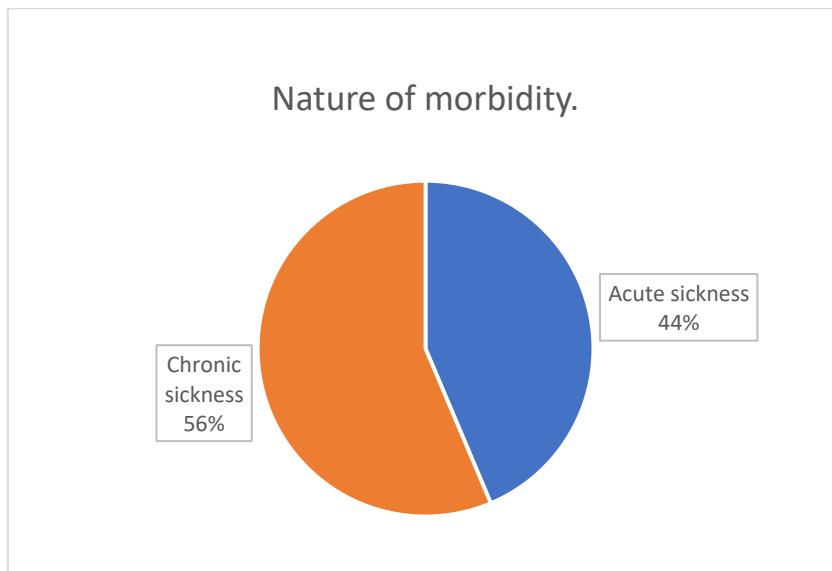
Methodology:

The mixed-method research design has been used, with inspiration from the Pragmatist paradigm. Data collection was done using the archival method as well as structured interviews with elderly women living in the city. The interviews were conducted in the Kannada and Tamil languages with them across different parts of Bengaluru.

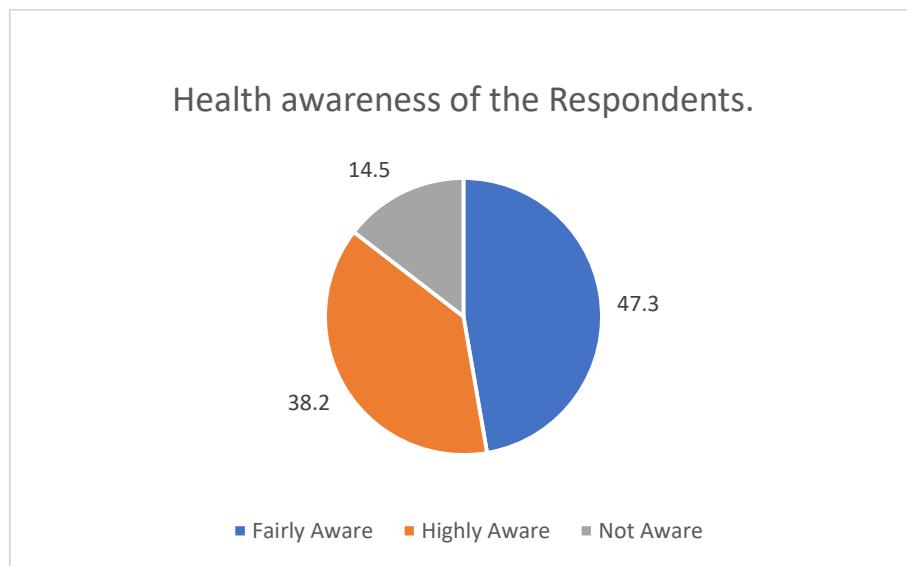
Results and discussion:



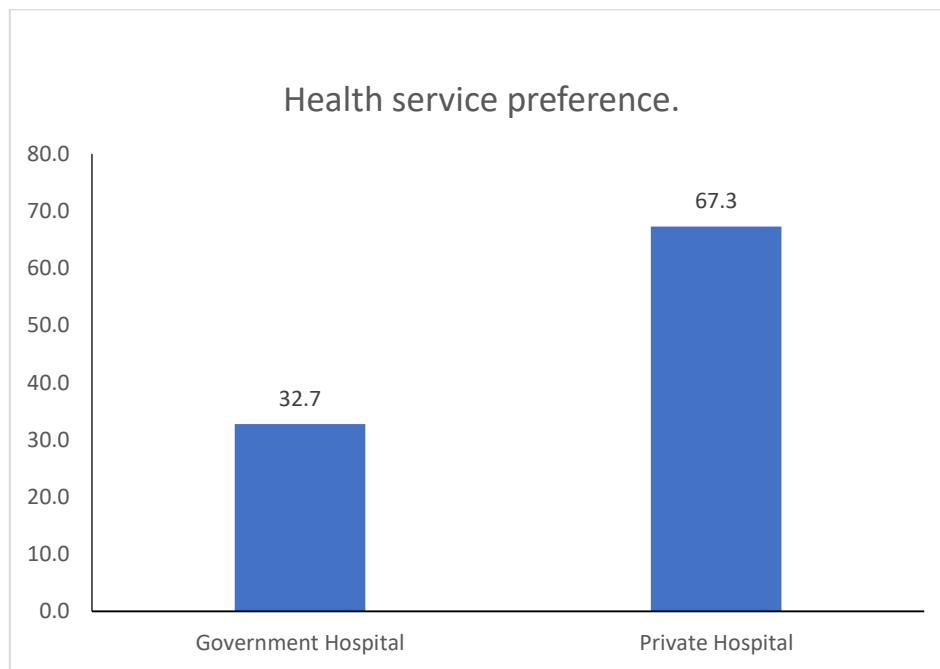
a) The first pie chart represents out of 55 respondents, 29% respondents belong to 60-65 years age group, 33% respondents belong to 65-70 age group, 24% respondents belong to 70-75 years age group. Only 14% respondents are 75 and above



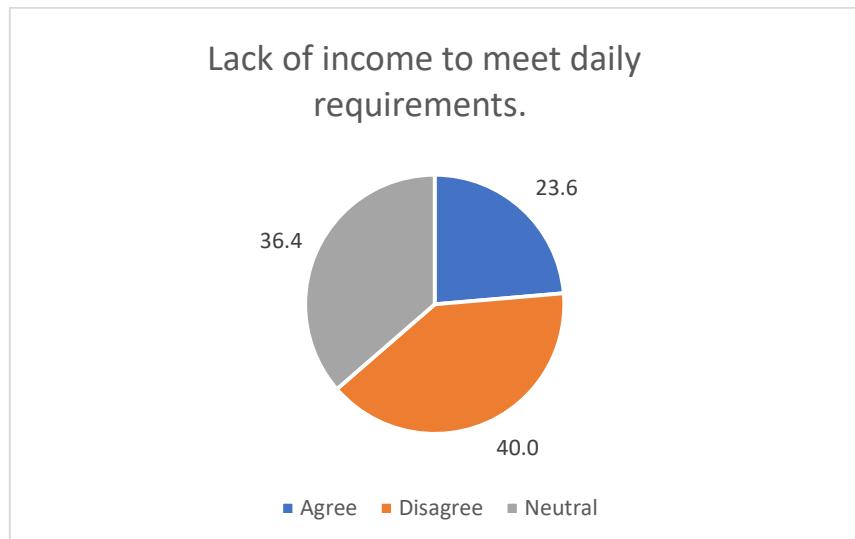
b) Out of 55 respondents 44% of the respondents were suffering from acute sickness like cough, cold, sleeplessness and flu. Few of the respondents said that off late they are suffering from memory issues. 56% of the respondents were suffering from chronic illness like cardio vascular disease, kidney failure, arthritis, diabetes, high blood pressure, mental illness, high cholesterol etc.



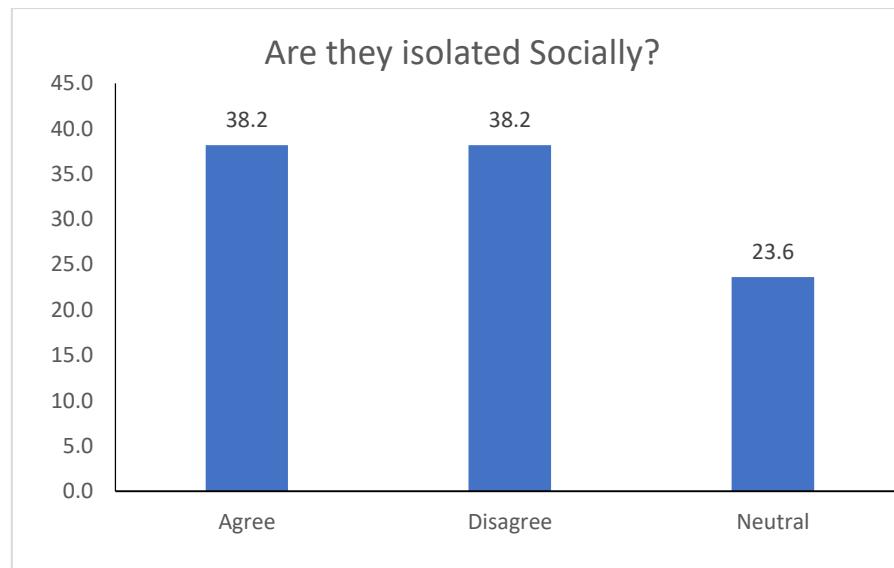
c) 47.3% were fairly aware and 38.2% were highly aware with the general understanding about the health care and its services, diseases and preventive measures. 14.5% of the total respondents were not aware about the health awareness



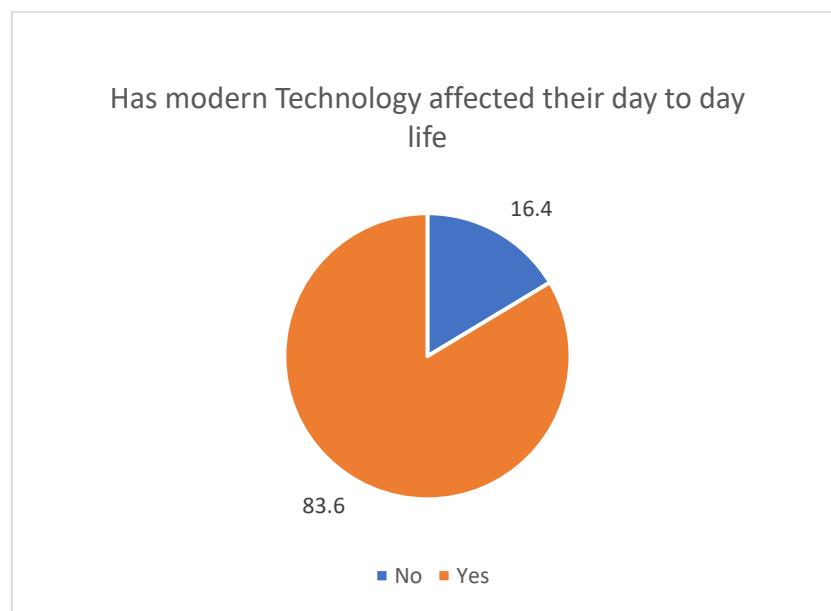
d) Out of 55 respondents 67.3% of the respondents prefer to visit private hospitals when they fall sick and also for their regular health check-ups. 32.7% of the respondents prefers to visit government hospitals when they fall sick.



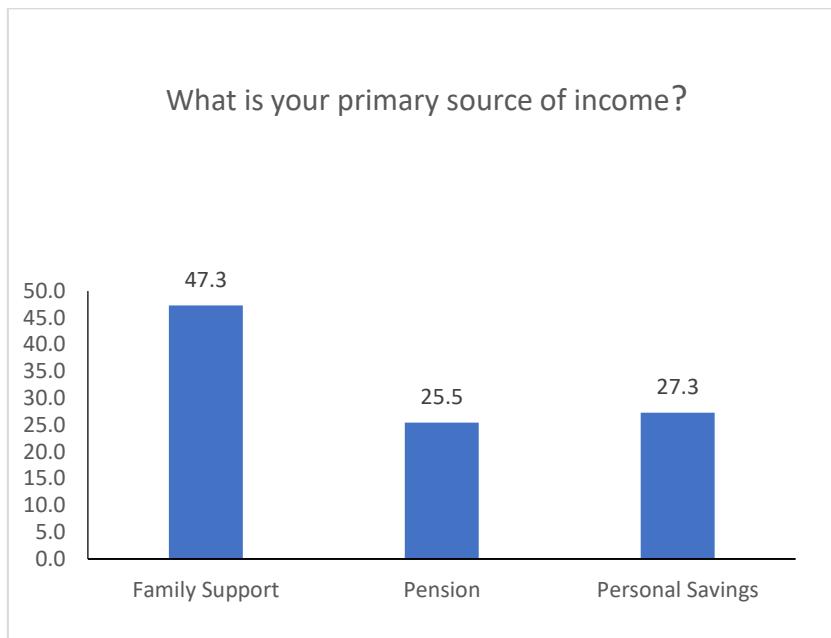
e) Out of 55 respondents 36.4% of the respondents were neutral when the question was asked about their income to meet the daily requirements. 40% of the respondents said that it is very difficult to meet the daily needs with their present income. 23.6% said that they can easily maintain the day to day expenses out of their income.



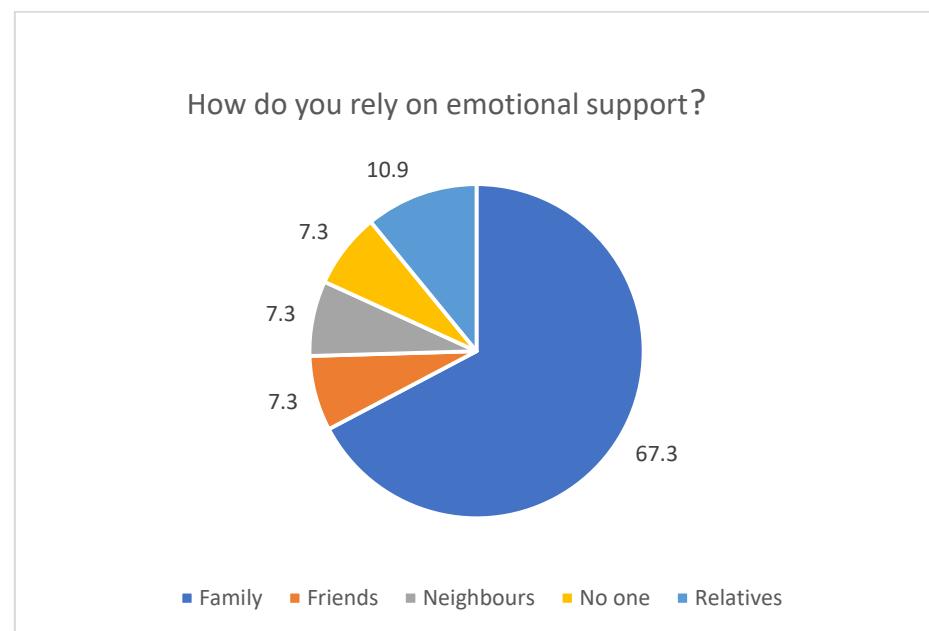
f) Out of the 55 respondents 38.2% of the respondents felt that they have been isolated socially. Majority of them had a lack of sense of belongingness. They interacted rarely with their neighbours and family members. 38.2% of the respondents disagreed with the question. 23.6% of the respondents were neutral when the question was posed.



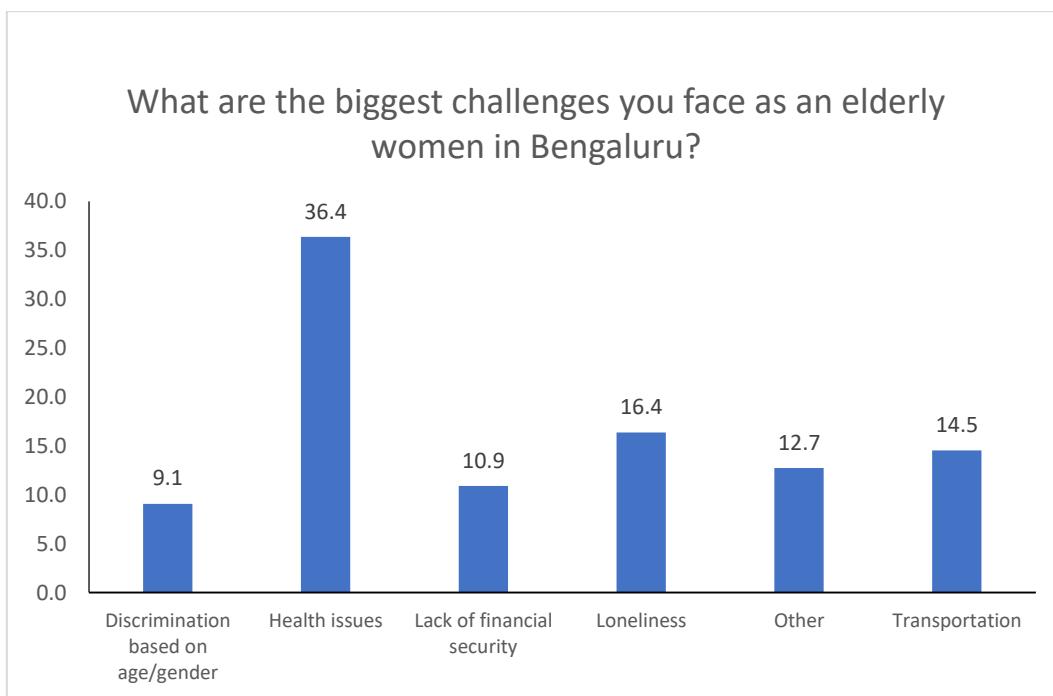
g) Out of 55 respondents 16.4% respondents said that the modern technology like using ATM cards booking for a cab or auto from OLA or Uber etc, has affected a lot. 83.6% of respondents said that they were very convenient in using the modern technology.



h) Out of 55 respondents 47.3% of the respondents said that they get family support to take care of their monthly income. 25.5% respondents said that they would depend on pension for their source of income. 27.3% of the respondents said that their monthly expenses were bared by their personal savings.



i) out of 55 respondents 67.3% of the respondents depend on their family members for their emotional support. 7.3% of them depend on upon their neighbours. 10.9% of them depend upon their relatives. 7.3% of them depend upon their friends. Only 7.3% of them didn't depend for emotional support on none.



j) Out of 55 respondents. 36.4% of the senior women felt that health issues are major issues they are facing. 16.4% felt that they are feeling loneliness and isolated. 14.5% felt that it is very difficult for them to get BMTC Bus in Bengaluru. 12.7% felt that other problems like traffic is very high in Bengaluru and it is very difficult for them to cross the roads. 10.9% felt that they are having insecurity feeling in their minds because they have no personal income and also in the banks the interest they get from the deposited money is very less. 9.1% of them felt that there is huge discrimination made on the basis of age and gender based.

Photos of the respondents:



Limitation of the study:

The sample size is small with a data collected from 55 respondents, need to collect more data for knowing the detailed information.

Discussion and conclusion:

Elderly women are facing triple threats of that of being old, of being women and being dependent on their family members. Women in all the cultures, religion, classes and ethnic groups suffer from discrimination. Patriarchal hierarchy and access to property rights are also discriminatory. Elderly women have no time for leisure and recreational activity. Women experience proportionately higher rate of chronic illness and disabilities in their life than men. Elderly women and their problems need special attention as their numbers are likely to increase in their future and, given the multiple disadvantages they face in their life, they are likely to be grossly unprepared to tackle this issue

Marginalisation, isolation or alienation in old age are the most common issues that are affecting elderly women. Elderly women who live with their sons/ daughters and grandchildren suffer from emotional alienation. At times denial of food, medicines, abusing are various forms of abuse experienced by elderly women especially elderly widows. Elderly

women who live in cities are prone to social alienation in comparison to those in villages. Joint family systems are still alive in rural areas. Older women who live in urban areas find it difficult to cope with old age, particularly after their husband retire or die. With the increased life span of older women, their financial needs are emerging as a major concern in old age however today many older women have property/money but they cannot use the money or take financial decisions on their own.

There are various policies and legal measures that protects elderly. According to the Article 41 the well-being of the senior citizens is mandatory in the constitution of India “The state shall, within the limits of its economic capacity and development, make effective provision for securing the right to public assistance in case of old age”

The right to equality is guaranteed by the constitution as a fundamental right. Social security is the responsible for the state and the central government.

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