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HEALTH PROBLEMS AND CARE OF ELDERLY WOMEN IN SILIGURI, WEST BENGAL

Sourajit Roy[1]

[1]Assistant Professor, Department of Sociology, St. Joseph College, Darjeeling, West Bengal

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ABSTRACT

In the line of word wide trend the elderly population in India is also increasing very rapidly. Moreover, unlike the other age group, women population among the older adults supersedes the male population. Majority of these elderly women are widowed, economically dependents on others, suffer from lower social status and less powerful than their male counterpart. In other words, they remain socio-economically in more vulnerable state than elderly male population. In this backdrop, the present proceeds for investigate the health problems, treatment seeking behavior, and the problems involved therein of elderly women. It is found that, majority of the elderly women suffer from multiple health disorders like blood pressure, arthritis, heart diseases, dental problems, etc. Such ailments of the aged women become more severe and recurrent with augmentation of age. Further, the treatment seeking behavior of the elderly women depicts that for major ailments they always prefer allopathic medicine because it is more effective and reliable, though, a substantial section of them also avail homeopathic medicine for minor ailments because it is cheap, has no side effect and effective for some particular diseases. However, majority of the elderly females economically depend on others for treatment as they do not have their own source of income. Such dependency some time leads to negligence of their health by the other family members. Finally, the caring system of the elderly women in present research reveals that though still majority of the respondents get care from traditional care-givers like daughters or daughter-in-laws but a substantial section of them have to depend on husbands or sons for such care

Keywords: Elderly Women, Multiple Disorders, Old-old, Social Discrimination, Chronic Disease.

1. INTRODUCTION

Man is a social animal. Like any other aspect of human existence, his health is also not purely a biological matter but is intensely connected with socio-economic structure and culture of society. Human health or ill-health, if on the one hand, largely depends upon man's beliefs, attitudes and practices associated with health and diseases, it is also, on the other hand, influenced by the position of the individuals in socio-economic structure of society. In other words, human health is largely shaped by such community perception as what constitute health and hygiene, what are the factors responsible for ill-health or diseases, how the diseases can be prevented, controlled or cured, moreover, it also depends upon the availability of health care facilities and nutrition, and the access of individuals to such facilities etc.

Aging and health are very much intertwined with each other. In old age, bones loss its density, muscles loss strength and body becomes more susceptible to diseases. The physical and mental abilities of the elderly people gradually decline with the passage of time. Sometimes, they suffer from physical and mental infirmity due to prolonged illness,. However, this does not mean that old age is synonymous to illness. It would be totally wrong to conceptualize the entire elderly population as infirmed or sick. As Steiglitz (1950) says, "Any illness may occur at any stage. But certain disorders increase in frequency after the peak of maturity. These disorders, while not limited to senescent, are nevertheless characteristically geriatric". Like any other stage of life-cycle, the health status in old age also varies from one individual to another depending on various internal and external factors. Therefore, instead of considering the entire population as sick, it would be more rational to locate those factors which influence health condition and the general well-being of the aged.

The present article has primarily focused on the health condition, treatment and care of elderly women because they require special attention from several respects. Firstly, most part of the world women population outnumbers men in old age. Even in India, according to 2001 census, female (38.85 million) population among the elderly has surpassed males (37.76 million) and this trend has continued in 2011 census (Census of India, 2001 and 2011). Secondly, socio-economically elderly women remain in more vulnerable states then aged men. In India, most of them are economically dependents on others and are widows (NSSO 60th Round, 2004). They enjoy poor social status and are less powerful in respect of men (Dak; 1997). In fact, the aged women suffer from double form of social discrimination, as woman and also as aged (Panda; 2005). As the status of women in Indian society largely depends on their husbands' status, the loss of spouses or widowhood, which is very common among the elderly women in India, further aggravates their condition (Vermani and Darshan, 2003). The discriminations of elderly women in general and widows in particular do not remain confined only in economic and social spheres but also penetrate in other dimension including health. They are often deprived of proper diet, their health get less priority in family and are often discriminated in terms of allocation of family resources and manpower for health care services and family care, etc. Such discriminations of elderly women in family and society have wider implication for their health and well being.

2. OBJECTIVES OF THE STUDY

In the light of above discussion, the present research has been carried out with two-fold objectives:

(i) To find out the health condition of the aged women,

(ii) To explore treatment and care received by them and the problems involved therein.

3. RESEARCH METHODOLOGY

The present study is descriptive in nature. It has been conducted in some middle class localities in Siliguri namely Vivekananda Pally, Sukanta Nagar and Pal Para which come under the jurisdiction of ward No. 38 of Siliguri Municipal Corporation. Out of total 370 total aged females (60 years and above) of the study area a sample of 121 respondents have been selected randomly with help of electoral roll. Quantitative data have been collected with the help of interview schedule. Simultaneously, case study method and non-participant observation method have been used to collect qualitative data. The quantitative data has been analyzed through tabulation while the qualitative facts have been analyzed on the basis of systematic description of the facts.

4. RESULTS AND DISCUSSION

This section is divided into two parts. In the first part, in order to delineate the background of the respondents, some socio-economic and demographic characteristics of the sample have been highlighted. In the second part the health status of the sample, the treatment availed by them and the care received by them during illness have been discussed.

I. SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS:

1. AGE-GROUP: The respondents have been divided into three age-groups young-old (60-69 years of age), middle-old (70-79 years of age) and old-old (80 years and above), respectively. The rationale behind such categorization is only to understand the varied situation of the elderly population according to their age as because it is found that the vulnerability of the elderly population usually increases with the augmentation of age. In present investigation, it is found that majority (58%) of the elderly female respondents belongs to young-old category and a very marginal section (8%) belongs to old-old category. Till date, this is an identical feature of aged population all over the world where the young-old population dominates the scenario. However, in future, such trend will change significantly as the population of old-old is increasing in faster rate than elderly of other age-group.

2. MARITAL STATUS: In respect of marital status, majority (56%) of the female aged are found as widows. This is also a significant feature of female elderly population in India where majority of them become widow in their old age because Indian woman usually marries a person older then her. Therefore, husbands usually die earlier than their wives.

3. EDUCATIONAL STATUS: It has been already mentioned that the present study has been conducted among the middle class families; therefore, educationally they are found relatively better off than rest of the population. Though most of them are literate but majority of them have education upto primary (34%) or secondary (43%) level and few of them have education beyond secondary level.

4. ECONOMIC STATUS: Most (64%) of the respondents do not have any personal source of income. They are economically dependent on others. Another small section (19%) has their own source of income but that is not enough

for them to maintain themselves. One of the important dimensions of their economic status is that even those elderly women who have their own source of income, in most of the cases they earn money not from their current employment or past employment but they get pension as widows of their husbands who in most of the cases were ex-government servants.

5. SOCIAL CATEGORY: The caste categories of the respondents reveal that three-fourth of them belongs to general category and 16 percent belong to OBC category. The proportion of SC women among the respondents is one-tenth.

6. MODE OF LIVING: The living arrangement of the elderly women shows that though about two-third of them live with their married children and in most of the cases they are the sons but simultaneously 8 percent of they live alone and another 14 percent with their spouses only. Such, living arrangements have significant implication for their health care because in case of exigency three is no one or either husband is only available for immediate care.

The socio-economic and demographic characteristics have been presented in table no. 1.

Table- 1

Distribution of Respondents according to Socio-Economic and Demographic Characteristics

Sample Characteristics	Frequency (N=121)	Percentage (%)
1.Age Group		
60-69 Years	70	58
70-79 Years	41	34
80 Years and Above	10	8
2. Marital Status		
Unmarried	2	2
Married	51	42
Widow	68	56
3. Educational Status		
Illiterate	6	5
Primary	41	34
Secondary	52	43
HS. And Above	22	18
4. Economic Status		
Independent	21	17
Partially Dependent	23	19
Total Dependent	77	64
5. Social Category		
General	89	74
OBC	20	16
SC	12	10
6. Mode of Living		
Single	10	8
With Spouse Only	17	14
With Unmarried Children	14	12
With Married Children	74	61
Other Modes of Living	6	5

II. HEALTH PROBLEMS, TREATMENT AND CARE:

1. HEALTH PROBLEMS: The health problems of geriatric people are very different from those of young population. The diseases in old age are often chronic rather than acute in nature that is they can be controlled by treatment but cannot be cured forever. In the present investigation, it is found that the majority of elderly women suffer from multiple health problems. Out of total 121 (100%) respondents only 17 (14.04%) do not mention any health problems but rest suffers from one or more health ailments. Blood pressure appears as the most important health complain of the elderly women as two-third (76.86%) respondents are found suffer from this problem. The other health problems from which the female respondents suffer most are arthritis (42.98%), dental problems (25.62%), heart diseases (19.83%), diabetes (16.53%), hearing impairment, etc. One of the important aspects of the health problems of the aged female respondents is that such health problems among the aged increases in frequency and severity with the augmentation of age. Thus, it is found that while about one-fifth of the females belong to young-old age group (60-69 years) have replied that they do not have any heath complain, the corresponding figure for middle-old (70-79 years) is only one-tenth (9.79%) and among the old-old category (80 years and above) none of female found who does not suffer from any health problems. The detail of health problems of the elderly females has been shown in table no. 2.

Table- 2
Nature of Health Problems of the Elderly Women*

Health Complains	60-69 Years (N=70)	70-79 Years (N= 41)	80 Years and Above (N=10)	Total (N= 121)
No Complain	13 (18.57%)	4 (9.76%)	0 (0%)	17 (14.04%)
Blood Pressure	52 (74.29%)	31 (75.61%)	10 (100%)	93 (76.86%)
Heart Diseases	11 (15.71%)	9 (21.95%)	4 (40%)	24 (19.83%)
Diabetes	9 (12.86%)	8 (19.51%)	3 (30%)	20 (16.53%)
Birthing Problems	2 (2.86%)	4 (9.76%)	2 (20%)	8 (6.61%)
Arthritis	28 (40%)	18 (43.90%)	6 (60%)	52 (42.98%)
Hearing Impairment	7 (10%)	7 (17.07%)	3 (30%)	17 14.05%)
Speech Defect	0 (0%)	2 (4.88%)	3 (30%)	5 (4.13%)
Dental Problems	16 (22.86%)	13 (31.71%)	2 (20%)	31 (25.62%)
Kidney Troubles	0 (0%)	3 (7.31%)	1 (10%)	4 (3.31%)
Paralysis	0 (0%)	2 (4.88%)	1 (10%)	3 (2.48%)
Uric Acid	3 (4.29%)	3 (7.32%)	0 (90%)	6 (4.96%)
Spondylitis	3 (4.29%)	3 (7.32%)	2 (20%)	8 (6.61%)
Cataract	1 (1.43%)	2 (4.88%)	0 (0%)	3 (2.48%)
Other Complaints	3 (4.29%)	4 (9.76%)	2 (20%)	9 (7.44%)

***Multiple Responses**

In order to ascertain the extent of health problems of the aged females, the researcher, further, has tried to find out the number of health ailments from which the respondents suffer simultaneously. It can be depicted form table no. 3 that 14.04 percent respondents do not have any health problems, another 14.88 percent has informed that they suffer from one health problems and the rest (71.18%) suffer from two or more ailments. The phenomenon of suffering from different health problems simultaneously escalates with the advancement of age. Thus, the incidence of suffering from three or more health disorders is found more among old-old female population rather than middle-old or young-old. In fact, among the old-old females 90 percent suffer from three and more ailments concurrently. But, among the young-old women, in one-third cases such trend has been observed.

Table- 3
Number of Health Complain of the Elderly Women

Number of Complain	60-69 Years	70-79 Years	80 Years and Above	Total
No Complain	13 (18.57%)	4 (9.76%)	0 (0%)	17 (14.04%)
One Complain	13 (18.57%)	5 (12.20%)	0 (0%)	18 (14.88%)
Two Complains	22 (31.43%)	8 (19.51%)	1 (10%)	31 (25.62%)
Three Complains	13 (18.57%	14 (34.15%	3 (30%)	30 (24.79%)
Four Complains	7 (10%)	6 (14.63%)	3 (30%)	16 (13.22%)
Five &Above Complains	2 (2.86%)	4 (9.76%)	3 (30%)	9 (7.44%)

TOTAL	70 (100%)	41 (100%)	10 (100%)	121 (100%)

2. TREATMENT: The treatment choices and strategies for the ailing elderly do not follow a uniform pattern. They are largely conditioned by the factors like perceptions of illness of both the elderly themselves and their family members, economic ability of the sick persons' and their accessibility to medical facilities (Chakraborti: 1997 : 128). In the present research work, it has been found that overwhelming majority (88.43%) of the elderly females avail and have shown preference towards allopathic treatment, but a considerable number of these respondents (46.28%) simultaneously also avail homeopathic treatment and only 4.96% show their inclination towards ayurvadic medicine. It has been found that in case of minor health problems like cold, cough, minor stomach problems and particularly in case of arthritis and uric acid they prefer homeopath. But, in case of serious illness, they do not do any experiment and always have visited a good allopathic doctor.

The respondents have also been asked to give the reasons for which they avail or prefer a particular type of medicine. In case of homeopathy, the reasons mentioned by the elderly women are, homeopathy is more effective for some particular types of ailments like arthritis and other kid of joint pains, piles, abdomen pain, etc. by 30.58%; it is cheap by 8.26%, it has no side effect by 3.31% and it is reliable by 10.74%. The two reasons that have been cited by the aged respondents for the use of allopathic treatment are, it is more effective by 72.73% respondents and it is more reliable by 47.11%. In case of ayurvadic 4.96% elderly females have said that it is more effective for some kind of health problems. Thus, it is found that allopathic medicine is preferred for its reliability and effectiveness while homeopathic medicine is preferred because it is cheap, effective for some minor illness and has no side effect. In table no. 4 type of treatment avail or prefer by the aged women have been shown. The reasons for such preferences have been portrayed in table no. 5.

Table- 4

Distribution of Respondents According to Type of Treatment Availed or Preferred by them*

(N= 121)

Treatment Type	Frequency (N=121)	Percentage (%)
Allopathic	107	88.43
Homeopathic	56	46.28
Ayurvedic	6	4.96

***Multiple Responses**

In regard to the treatment of aged females, another point could be raised that sometimes the elderly women do experiment with different types of treatment and switch over from one type of treatment to another, if they do not get relief from the previous one. Some examples of such cases have been mention below. However, the names of such respondents have been changed to keep their privacy. Anima Karmakar, 74 years old leady with arthritis has said that she is advised by her neighbor to visit a homeopath doctor. But, after taking medicine for a while, she does not get any kind of relief. Then she has consulted an allopath and followed his prescription for few days but it is also proved ineffective. Then in consultation with her doctor she has visited a physiotherapist which gives her a great relief.

Table- 5

Distribution of Respondents According to the Reasons for Preference of Particular Type of Treatment*

(N= 121)

Reasons	Allopathic	Homeopathic	Ayurvedic
More Effective	88 (72.73%)	3 (2.48%)	0 (0%)
Reliable	57 (47.11%)	13 (10.74%)	0 (0%)
Effective for Some Particular Diseases	0 (0%)	37 (30.58%)	6 (4.96%)
No Side Effect	0 (0%)	4 (3.31%)	0 (0%)
Cheap	0 (0%)	10 (8.26%)	0 (0%)

***Multiple Responses**

Another 63 years old diabetic patient of a relatively poor family, Chandana Ghosh, two years ago had suffered from chronic sciatica pain. Initially, she did not go to visit any specialized doctor due to the fear that they would extract huge

amount of money and consulted a local M.B.B.S doctor who was known for his relatively low cost treatment. But, his prescribe medicine proved ineffective. Then, she visited an orthopedic who advised her to take physiotherapy treatment. However, the physiotherapy treatment further aggravated her problem and led to hospitalization. She was admitted in a private nursing home where she came under the treatment of a Neurologist whose prescribed medicine ultimately brought her problem under control.

Kalpana Basu, 70 years old widow has been suffering from skin disease for long back. She has tried with different kind of treatment like homeopathy, allopathic skin specialist, ayurvedic but nothing has given her relief from the trouble. Now, she is under the treatment of a famous homeopathy doctor in Kolkata. She goes to Kolkata in every three months. Her problem has reduced to some extent.

Thus, it is found that the choice of management of treatment is largely determined by a host of external opportunities and constraints. The principles of them are perception of sickness, economic conditions, access to health infrastructures, availability of man power, etc.

3. COST OF TREATMENT: In the present research, it has been found that overwhelming majority of the elderly females suffer from different kinds of chronic ailments for which, throughout the year, lots of money has to spend for purchasing medicines, consulting doctors, medical testing, etc. Therefore, the aged respondents are asked about who bears the cost of the treatment and at the time of treatment whether they have encountered any financial burden or not. The findings have been discussed bellow.

It is found that about one-forth (25.26%) of the aged women bear the day to day expenses of treatment by themselves only but the rest depend on their husbands or sons for their treatment. It has been seen that, if the elderly women have their own source of income then they try to manage the cost of treatment by themselves only and for this they do not want to depend on others. But, as majority of the elderly females in the present investigation are economically dependent on others, therefore, one-third (36.36%) of them have to depend on their husbands and another one-third (35.54%) on sons for such expenses. The participation of daughters in case of financial support to their elderly mothers for treatment is found very insignificant. The financial support of the aged women for their treatment has been shown in table no. 6.

Table- 6

Distribution of Respondents According to Financial Support of Treatment

Person Provide Support	Frequency	Percentage (%)
Self	31	25.62
Spouse	44	36.36
Son	43	35.54
others	3	2.48
Total	121	100

In respect of financial burden of treatment, about thirty percent of the aged women and their family members have shown their concern about increasing cost of treatment nowadays. Some of the respondents and their family members face extreme difficulties to meet the medical expenses. Some cases could be sighted here.

Hemarani Saha, 70 years old paralysis patient not getting proper treatment due to her poor economic condition. She is totally bed redden and cannot do anything. Her husband was an account in a tea garden in his working age. Whatever money he saved in his life time, a substantial portion of this he spent for marriages of their three daughters and to construct the house. Since, the respondent has been suffering from the problem of paralysis last ten years, her husband spent lots of money at the beginning. But, now her husband is unable to spend further money for treatment. They have a tinny bank deposit from which they receive rupees tree thousand per month as interest. They cannot spend this money for treatment otherwise there would not leave any money for daily living. Their elder son cannot provide any monitory help because his economic condition is also not good and he has also his own family. The younger son is very affluent but he says that why he would only spend money for parents why other children would not take responsibility. Their daughters wish to help them but they do not have independent income. If they want to give money, they have to ask their husbands' for this. Sometimes they give some monetary help but are unable to do so in large quantity. Hemarani's husband thinks that she might be cured if she would be taken in the places like Chennai or Bangalore for treatment. But due to his adverse economic condition he cannot effort this.

Latika Mandal, another 72 years old widow had a brain stoke two years ago. Initially, she was admitted in a local private hospital and afterward was taken to Vellore Christian Medical College of Karnataka State for treatment. At that time they had to spend more than rupees two lakhs for treatment. Her total savings of rupees one lakh went for treatment side by

side her only son also spent money from his own account and took loan from some of his friends. Later on, they repaid the loan by selling one of their landed properties.

Thus, it is found that as majority of the aged females do not have their own source of income, they have to depend on their husbands or, in absence of husband or his income, on sons for medical expenses. Dependency on husbands does not create any problem but dependency on sons for medical expenses, in some cases, leads to negligence towards health of elderly women as their sons are reluctant to spend huge money for the treatment of their mothers. Further, the growing cost of treatment has become a major concern for elderly women and their family members, particularly, for those who run their family with meager income. Under such condition, some respondents and their family members think that government should come forward to provide some form of concession or subsidy when the elderly people have to bear a huge amount of medical expenses.

4. CARE DURING ILLNESS: Traditionally in India, the women members of the family like daughters or daughter-in-laws used to provide care to the elderly members of the family. But, with the changes of family structure, new form of living arrangements are emerging in society like elderly couple living separately from children or with unmarried son or aged person living alone, etc. Under such circumstances, the elderly persons are seeking for care from other family members spouse, son or sometimes from distant relatives or neighbours in absence of traditional care-givers like daughter or daughter-in-law. In the present investigation, seven (5.79%) aged women complained that there is no one to take care of them during illness. Out of these seven respondents, five live with their sons and daughter-in-laws but still they have said that there is no one to take care of them. This shows that they are neglected by their family members. Another one-forth (23.97%) elderly women depend on their husbands who themselves are also aged persons and, therefore, face difficulties to provide care to their wives. It is worth mentioning that these women, who are taken care of by their husbands, in most cases live separately with their husbands and, in some cases, though they live with their sons but their son or daughter-in-laws are unwilling to provide care. As a result, they have to depend on their husbands for care during illness.

The study, further, reveals that about one-tenth (8.26%) of the aged females receive care from their sons during illness and another three-fifth (59.49%) get care from conventional care-givers like daughter-in-laws or daughters during sickness. Thus, the care-giving mechanism of the aged women explores both its traditional character, as well as, potentiality of change in future. Till date, majority of the elderly women depend on conventional care-givers like daughter-in-laws or daughters. However, a substantive section of these aged females depends on their husbands and sons for care due to the emergence of new form of living arrangements or due to the change of attitudes of daughter-in-laws in respect of elderly care. Such changes are endangering the conventional family care mechanism for the aged in society. The details of care-givers of elderly women have been given in table no. 7.

Table- 7

Distribution of the Respondents According to Care Taken by Persons in Illness

Persons	Frequency	Percentage (%)
None	7	5.79
Spouse	29	23.97
Son	10	8.26
Daughter-in-law	55	45.45
Daughter	17	14.04
Any Other	3	2.48
Total	121	100

5. CONCLUSION

The present study of health status, treatment and care of middle class aged females reveals that majority of the elderly women suffer from multiple health disorders like blood pressure, arthritis, heart diseases, dental problems, diabetes, hearing impairment, etc. Such ailments of the aged women become more severe and recurrent with augmentation of age. Further, the treatment seeking behavior of the elderly women depicts that for major ailments they always prefer allopathic medicine because it is more effective and reliable, though, a substantial section of them also avail homeopathic medicine for minor ailments because it is cheap, has no side effect and effective for some particular diseases. However, majority of the elderly females economically depend on others for treatment as they do not have their own source of income. Such dependency some time leads to negligence of their health by the other family members. Finally, the caring

system of the elderly women in present research reveals that though still majority of the respondents get care from traditional care-givers like daughters or daughter-in-laws but a substantial section of them have to depend on husbands or sons for such care. The emerging form of living arrangements of the aged women like living alone or living with spouse only due to downsizing of family and large scale geographical mobility of younger generations is putting the care-giving system for the aged in family in danger. Moreover, the changing attitudes of younger generation in general and daughter-in-laws in particular towards elderly is further aggravating the situation.

CONFLICT OF INTERESTS

None

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None

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