

**WOMEN IN CONTEMPORARY SOCIAL REALM:
NEW PREDICAMENT AND EMERGING STRATEGIES**



Edited by

Dr. VANKAYALAPATI VENKATESWARLU

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First Edition 2020

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ISBN : 978-93-83729-20-3

Published by

W_{est} W_{ind}

Bangalore, (India)

Typeset and Design by

Sucharitha Educational and Research Institute, Visakhapatnam

Printed in India at

Visakhapatnam

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HEALTH AND WELL-BEING OF ELDERLY: NEED OF SOCIAL WORK INTERVENTION

***K. Sunectha and **B. Venkata Subbareddy**

**Assistant Professor, Dept. of Social Work,*

Vikrama Simhapuri University, Nellore

***Academic Consultant, Dept. of Social Work,*

Vikrama Simhapuri University, Nellore

Abstract

Health is the most important factor for well-being of the elderly since they are prone to diseases due to degenerative changes. Coronary heart disease, digestive problems, visual and locomotor disabilities are widely reported by the elderly. Healthy life style is necessary to maintain good health status. Geriatric services are yet to develop in India and the available health system is inadequate in meeting the needs of a large group of the elderly. In this context a study has been carried out at a village in Nellore Rural Mandal, Nellore district with certain objectives such as to assess the health status of the elderly, to explore the impact of psycho-social changes on health of the elderly and Identify the significance of social work intervention in improving their health .Interview schedule, focus group discussions were used to elicit information regarding socio-economic and demographic status. Inventory to assess health status (Ramamurti, 1996) was administered on respondents to elicit information regarding their health. Data was processed with the help of SPSS 20 .0 and the result of the study revealed that most of the elderly are possessing poor health status . Spouse and offspring's are taking care of the aged while they are ill. Further study indicated that there is a significant association between psycho-social changes and elderly health status. Eventhough the aging process cannot be stopped, being aware of the changes and adopting a healthy lifestyle can enhance the overall health of the elderly.

Introduction:

Ageing is a natural phenomenon; it refers to a multidimensional process of physical, psychological and social changes. One out of every ten people on the planet is now 60 + years. The population of elderly (especially very old) is increasing rapidly throughout the developed and developing world. The Indian society has experienced far reaching changes in its social, economic and political set up. Changes in social spheres during old age such as retirement, widowhood, loneliness, role change (role reversal) and multiple losses create many problems for elderly. This clearly indicates that the elderly wellbeing is associated with the psycho-social and their physical status.

Physical changes due to aging can occur in almost every organ and can affect elders' health and lifestyle. Psycho-social issues also play a role in physical

and mental health of older adults. Some of the major contributors to social and psychological problems for seniors are as follows: Loneliness from losing a spouse and friends, inability to independently manage regular activities of living, difficulty coping and accepting physical changes of aging, frustration with ongoing medical problems and increasing number of medications, social isolation as adult children are engaged in their own lives, feeling inadequate from inability to continue to work, boredom from retirement and lack of routine activities, financial stresses from the loss of regular income etc.

Geriatrics is a medical subspecialty dedicated to the care of the elderly. Physicians who have specialized training in this field are known as geriatricians. Older people have limited regenerative abilities and are more prone to diseases. Medical problems in the elderly can involve any organ system in the body. Most conditions result from decreased function or degeneration of the involved organ. Most commonly encountered medical conditions in seniors based on organ system are: osteoarthritis, osteoporosis, Diabetes, menopause, thyroid dysfunction, high blood cholesterol, slower overall metabolism, dementia (Alzheimer or other types), Parkinson's disease, strokes, poor vision, hearing impairment, balance problem, muscular degeneration, glaucoma, cataracts, diabetes and hypertension related eye disease, heart attacks, congestive heart failure, hypertension, atherosclerosis, chronic obstructive pulmonary disease, kidney or renal disease, dry skin, itching, infections, cancers: prostate, colon, lung, breast, skin, bladder, ovary, brain, pancreas only to name a few.

There are other problems like bone marrow and immune system: inability to produce sufficient blood cells (anemia). Gastrointestinal: stomach ulcers, diverticulosis (small pockets forming in the wall of colon), colon inflammation, constipation, bowel incontinence, hemorrhoids, urinary problems, oral and dental problem infections, Psychiatric: depression, anxiety, sleep disturbance, insomnia. General problems: fatigue, general deconditioning, forgetfulness, medication side effects, diminished appetite, weight loss, falls etc needs medical attention and family support

Fig 1: Conceptual frame work for wellbeing of the elderly

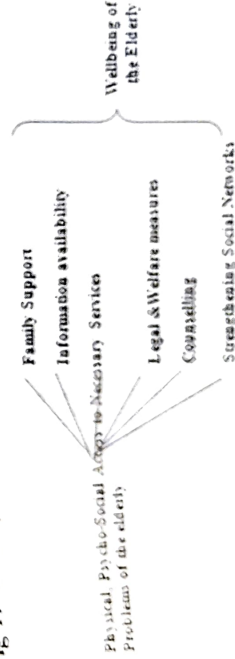
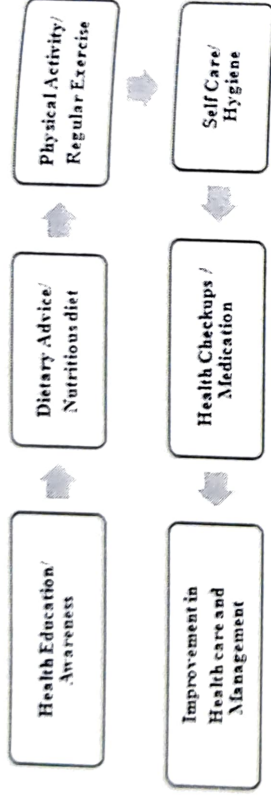


Fig 2 Need of Social Work Intervention for Healthy Ageing :



The complexity of interrelationships and other factors such as physical and psychological status, economic resources and other social factors call for the need of intervention by professional social workers. The aging process cannot be stopped, being aware of the changes and adopting a healthy lifestyle can reduce their impact on overall health. A balanced diet and regular exercise are strongly linked to better health outcomes in senior citizens. A series of routine screening tests and preventive measures are recommended for the elderly. Important preventive measures at home can improve the safety and health of seniors. Social issues can have a significant impact on both physical and mental health of seniors.

Methodology

In this context a study has been carried out in Nellore Rural mandal in Nellore district with some objectives such as to assess the health status of the elderly, to explore the impact of psycho-social changes on health of the elderly.

Objectives

In the light of above facts, a study was carried out with few objectives as follows:

- To know the socio-economic and demographic information of the respondents.
- To assess the health status of the elderly
- To explore the impact of psycho-social changes on health of the elderly .
- To identify the need of social work intervention to minimize health issues and to maintain healthy life style during old age.

Hypothesis

The Health status differs significantly for various social groups among the elders. The wellbeing of the respondents is significantly associated with psycho-social and health status of the elderly.

Sampling

A study was carried out to understand the socio-economic profile and health status of the elderly in Nellore rural Mandal of Nellore District which is well developed and linked with rail and road to the educational, business centre. Most of the younger people have migrated to various places in search of employment and remaining are busy with their work and earning which let them spend little time to their elders. The geographical and sociological status of that Mandal resembles the remaining rural areas of the state which are under transition stage. Descriptive and diagnostic research designs were adopted for conducting the study. The study has been carried out in Nellore district with a sample of 100 elderly who are selected by using simple random sampling method from five villages i. enamey Kottamittapalam ,Chintareddyapalem, Kakupalli, Kanuparthipadu and Allipuram.

Tools Used For the Study

Interview schedule, focus group discussions were used to elicit information regarding socio-economic and demographic status. Inventory to assess health status (Ramamurti, 1996) was administered on respondents to elicit information regarding their health.

Analysis

The collected data was tabulated and percentages were calculated, statistical tests were carried out whenever necessary with the help of SPSS 20.0.

Results and Discussion

Demographic and socio-economic characteristics of the elderly are very important to understand the problems among the elderly. The study revealed that most of the respondents were female and is in the age group of 60-70 years. Nearly three fourths of the respondents are Hindus and belong to schedule community. Nearly three fifths i.e. 62 percent are currently married and staying in joint families with 2-3 children. A little above three fifths of the respondents i.e. 59 percent not had any formal education and are not involved in any gainful job nor with any income at present. Regarding living arrangements many respondents are living in own semi structured houses. Nearly three fifths are in own house and are having separate bathroom and lavatory facility and having Radio and Television for recreation. A little above half i.e. 57 percent are having less nutritive food rice and dal only. The respondents are neither having choice of food nor additional diet required by them. The results revealed that all the respondents experienced abuse in one or another form like harsh words, criticism, threatening, humiliation and intimidation one time or the other. The abuse experienced by elderly comprises emotional abuse (43%), verbal abuse

(53%), economic abuse (49%), showing disrespect (54%) and physical abuse (61%) negligence (46%) property issues (33%).

Table No: 1 Respondents distribution according to the source of Medical Support

	Expenditure is met by	Always	Most of the time	Sometimes	Rarely	Never	Percentage
1	My wife/husband	22	13	17	8	40*	100
2	Sons	04	23	47	09	17	100
3	Daughters	20	37	26	12	05	100
4	Relatives/friends	05	03	18	15	59	100
5	Government/religious homes	-	-	-	14	86	100

Further it is clear from the study that most of the respondents medical expenditure is met by family members, but it varies. The results revealed that nearly three fifths daughters provide care most of the time followed by 'always' and nearly four fifths respondents spouses provide care always . Further the results revealed that the respondents are not receiving any support from relatives/ friends (60%) and Government/ religious homes (86%). This clearly indicate the significance of family support during sickness. In developing countries like India where poverty is massive, widespread and persistent, the social security needs the aim to improve income and standards of living for the poor and reducing their vulnerability (Jamuna , 2003).

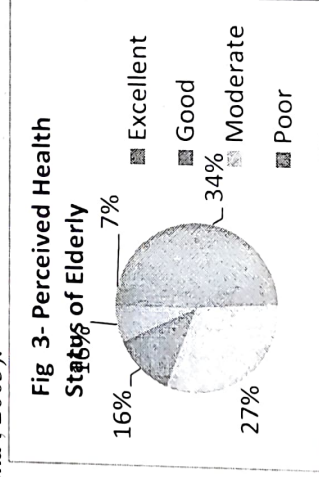


Fig No: 3 Respondents distribution according to their Perceived Health status. It is clear from the results Fig no3, that a little below two fifths i.e. 34 percent of the respondents are having good health status followed by 27 percent moderate health status and 16 percent each are having poor and very poor health status respectively and a less 7 percent are having excellent health. Generally there is a strong association between the nutritional status and health of a person. The study results regarding nutritional intake of the respondents indicates that a little above half i.e. 55percent taking less nutritious food like rice/ragi and dal and remaining 45percent used to take a little nutritious diet

such as rice, dal, vegetables or greens. Regarding additional diet half of the respondents took coffee and tea and nearly three fourths i.e. 71 percent get choice of food occasionally only. This clearly shows that the elderly food requirements were not properly taken care by family members and this has influence on wellbeing also. "More often than not, older persons are viewed as a burden for the family and the state and rarely as a valuable resource for development (Chang, 1996), they depend on others for their daily needs such as food, shelter, clothing, health care and basic requirements for their living". It is presumed that the wellbeing of the elderly will be assured if there is a tripartite co-operative involvement of the government, family and the community.

Table No: 2 Respondents Distribution According to their Health Status and Wellbeing

Variable	Health status	N	Mean	S.D	Score	Df	Mean Score	'F' Value	'p' Value	Result
Health Status & Wellbeing	Excellent	7	2.1429	.37	Between the groups	4	.827	4.789	0.000	Significant at 1% level
	Good	34	2.1765	.38						
	Moderate	27	2.1111	.32	Within the groups					
	poor	16	2.5000	.51						
	Very poor	16	2.5700	.51						

ANOVA test has been performed to find out whether the health status of the respondents differ significantly with regard to their wellbeing. The results from table no 3 indicates there is significant difference among mean scores of respondents wellbeing. The respondents who are having excellent health status are with low mean score (2.1429) which indicates better wellbeing score and high mean score (2.2700) was found in the case of elderly who possess poor and very poor health status. The results revealed that health status of respondents differs significantly with regard to their wellbeing at 1 percent level. It can be concluded that the economic and health status of respondents influence their wellbeing. "In India 50 percent of the elderly are fully dependent on family, while 20 percent are partially. The elderly wellbeing is largely contingent on the economic capacity of the family unit (Vijay Kumar, 2005) particularly in rural areas families suffer from economic crisis as their occupations do not produce income throughout the year. In India, according to the National policy on Older Persons (1999) 1/3rd of the elderly persons live below the poverty line.

Need of Social Work Intervention:

Professional social work intervention with elderly is fairly of recent origin.(Sunetha. 2010) The social worker by using the methods of social work like case work, group work, community organization and social work research and with the skills and techniques of social work can help the elderly to improve the situation. They can play different roles like educator, motivator, mediator, counsellor, etc., to make the elderly solve their problems and to utilize fully the services provided by the Government and non-governmental organisations. The main goals of social work intervention with elderly are three fold i.e. ameliorative, preventive and promotional or developmental. During awareness generation camps at local level i.e., in sample villages social worker has educated the community people about the need for good health and nutritious food, regular exercise, importance of health insurance and also about various health care and welfare services available for the aged. The social workers also worked on removal of the barriers for the development of the elderly such as misconceptions about food habits and also the stereotyped activities attached to the aged which are hindering their participation in some activities and which cause both physical and psychological discomfort, educated them about the importance of healthy practices like Yoga(Chair Yoga Surya Namaskars) , meditation and Dhyanameto maintain good physical and psychological health. Further to engage the leisure time more meaningfully explained some income generative activities etc for productive ageing.

Conclusion:

The result of the study revealed that most of the elderly are possessing poor and moderate health status and spouse; offsprings are taking care of the aged while they are ill. Further, the study indicated that there is a significant association between psycho-social changes and elderly health status, vice-versa on their wellbeing. Even though the ageing process cannot be stopped, being aware of the changes and adopting a healthy lifestyle can reduce its impact on their wellbeing. It is essential to provide social work intervention with regard to dietary counselling, education about welfare services, preventive measures, recreational activities, suggestions about financial support systems, measures to improve family dynamics, create awareness about stress reduction and adjustment.

Recommendations

- Establish more counselling centres to educate family members and elderly on how to cope with the family and old age for graceful ageing.
- In-depth research is needed to assess problem and suggest suitable interventions.
- Implementation of existing laws in toto

- More awareness is to be created through print and electronic media to promote elder well being.
- Sensitizing the community about elder abuse and promote wellbeing.

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