

CHAPTER: 5

HEALTH CARE AND SUPPORT

Old age is often associated with deteriorating physical and mental health. With the increase in chronological age the health status of an individual starts declining which makes him susceptible to various kinds of health risk and diseases. Needless to say, that the health status of an individual is an important part of his/her well-being. Poor health status not only tends to make an individual dependent on others but also limits his/ her interaction with the outside world. Especially during old age, due to the loss of or reduced income a person becomes more dependent and helpless when she/he falls prey of different diseases and health issues. Moreover, his/her dependent status and the increasing burden of medical expenses often exert a severe economic pressure even on their family members.

The condition often becomes worst for women in such cases. Due to their less participation in work force, they often enjoy less security measures at old age. Biswas (1989) observes that irrespective of culture, and economic situations, it is the elderly women who generally face greater neglect with regard to the 'health care arrangements' and support received by their family members. Less participation in gainful employment also tends to negatively affect their rate of savings throughout their life. Thus at old age, the already dependent women become more dependent due to the declining physical health and increasing economic pressure, often because of the higher rate of medical expenses. Moreover, declining physical health is not only associated with increased medical expenses but it also means increased dependency of the elderly women on their family members for different kinds of physical support, like support for performing daily activities, support for movement etc. A study conducted by Panda (2005) reflects a clear association between physical health and social relationships of an elderly woman. The study points out that physical health tends to influence the roles and relationships of an elderly woman within her family and to a great extent it determines her interaction and active participation with other members of the society. Quite similarly, Nasreen (2009) has pointed out that economic and physical dependence are inversely related to the status of an elderly person and with the quality of their interpersonal relationships.

Due to modernisation and the changing family relations and structure, health care of an elderly person has become a serious concern for the members of the younger generation. Daughter-in-laws of the household who were once responsible for the care-giving of the elderly persons are now gradually moving out for job and career. Moreover, migration of adult children to other cities/ states leaving the elderly parents in their native places has also become a common phenomenon. Thus besides providing for medical expenses, providing physical support to the elderly persons has also become a problem for the family members in such situations. In such cases, economically well to do family often restore to paid help. However, in case of the poor families, the situations of the elderly persons are worse. Gowri, Reddy & Rani (2000) points out that 'feeling of burden' towards the elderly people is most common among the families of lower socio-economic strata". Moreover, Nasreen (2009) points out that the burden of medical expenses leads to the suppression of medical emergencies and denial of treatment especially by the elderly women, which in turn affects her well-being and health status adversely.

Thus in this context attempt has been made here to comparatively study and analyse the nature of health problems that the elderly women of both the classes generally suffers from, perception towards own health status; and the care and support provided to them by their family members.

Present health problems of the elderly women:

Almost 94% of the elderly women covered under the present study are found to suffer from one or more health problems at present. However, a slightly higher number of elderly women (96%) belonging to the middle class report to suffer from health problems as compared to those belonging to the poor families (92%). On the other hand 4% and 6% of the elderly women belonging to both the classes respectively, report absence of any health issues at present.

Data collected with regard to the kind of health problems that the elderly women mostly suffer from, reveals that a higher number of elderly women belonging to the middle class mostly suffer from Arthritis/ Body pain/ Joint pain/ Knee problem (62%) as compared to 52% belonging to the poor families. This is followed by a number of elderly women who report to suffer from High BP/ Low BP. This proportion is found to be 56% in case of middle class as compared to 40% in case of poor elderly women. Besides these, a significant number of elderly women are found to

be suffering from Diabetes, Heart problems and Thyroid problems. However, their proportion is reported to be more among the middle class than the poor elderly women. Cases of Insomnia are found to be significantly higher among the middle class elderly women (27%) as compared to the elderly women of the poor families (4%). Incidences of Osteoporosis are reported by 42% of the middle class elderly women as compared to 28% of those belonging to the poor families. On the other hand, elderly women of the poor families report to suffer most commonly from, Anemia (52%), Weakness (66%), Pulmonary disorders (42%), Urinary infection (45%), Liver/digestive problems (38%) as compared to the elderly women of the middle class. Cases of hearing and eye problems are also reported by a large number of elderly women belonging to the middle and poor families simultaneously.

However, irrespective of social class, suffering from Constipation/ loose motion, digestive problems, Cognitive disorders, Low potassium and sodium, Dementia and Neurological disorders are reported most commonly by the elderly women in the 'middle aged old' group (i.e. 70-80 years) and by the 'oldest old' group (80 years and above) . Besides these, Disability is found to be higher among the elderly women belonging to the age group of 80 years and above.

Self-perception of health status:

Self- perception of health status by the elderly women reflects that higher proportion of elderly women covered under the present study report their health status to be 'Bad'. However this proportion is slightly higher in case of the elderly women belonging to the poor families (46%) than those of the middle class (42%). This is followed by 28% elderly women who report their health status to be 'satisfactory'. This proportion however, is found to be significantly higher in case of the poor elderly women (26%) than those belonging to the middle class (18%). On the other hand, 22% of the elderly women report their health condition to be 'worse', whose proportion is also much higher in case of the middle class as compared to the poor elderly women. However, 6% elderly women, (4% of the middle class and 8% belonging to the poor families) report that they are presently enjoying 'good' health.

Comparative analysis of the data shows that rating of own health status as 'good'/ 'satisfactory' are more commonly among the poor elderly women as compared to their middle class counterparts. However, a higher number of elderly women belonging to the middle class rate

their health status as ‘bad’ / ‘worse’. This is probably due to the wider engagement of the poor elderly women in different socio- economic activities and their engagement in gainful employment even at this age.

Table 5.1: Elderly women’s perception regarding their present health status (in percentage)

<i>Present health status</i>	<i>Middle Class</i>	<i>Poor families</i>	<i>Total%</i>
Good	4	8	6
Satisfactory	18	26	28
Bad	42	46	44
Worse	36	20	22
Total	50	50	100

Medical Expenses:

Old age is often associated with reduced income and increased expenditure on medical and health related needs. In the present era, medical expenses often prove to be a burden not only for the elderly people but also for their family members. In most cases, due to non- participation in any gainful employment, elderly women often tend to depend on their kins and family members for these needs which also put a severe economic pressure on them. The situation is worst in case of families which are economically poor. Studies in this area reflect that many elderly women tend to suppress their health related emergencies, in order to curtail their medical expenses, which severely affect their well-being at this age.

Thus in the present section an attempt is made to enquire whether the economic status of the families to which the elderly women belong, have any association with the monetary help received by the elderly women to meet their medical expenses and whether the support is enough to meet their medical needs. In this context, the relationship of the elderly women with the person providing support for medical expenses is also investigated.

Findings reveal a significant difference between the elderly women of the two classes with regard to the monetary assistance received for medical expenses. Though, a large number of the respondents (73%) of the present study reports that they receive/ get enough money for medical expenses but the comparative analysis shows, that a significantly lower proportion of the elderly women of the poor families (52%) receive enough financial support for medical expenses, than

the elderly women of the middle class (94%). On the other hand 48% elderly women belonging to the poor families against 6% of the middle class report that they do not receive enough money for their medical expenses. This to some extent is definitely due to the differences in the economic condition of both the classes which in turn reflects a significant association between the economic status of the family and the level of health care and medical support received by the elderly women.

In this context attempt is also made to enquire about the relationship of the individual with the elderly women, who provide them the required monetary support for medical expenses. Data shows that in case of the middle class elderly women, a large proportion of them report to receive monetary support mostly from their son/s living with them. In case where the elderly woman is presently married, the support is mostly received from their husband (26%). It is however sometimes known to be jointly received from their son and husband, though in a very few case.

On the contrary, it is quite significant to note that, a much higher proportion of the poor elderly women (30%) report that they meet these expenses on their own. However this percentage is found to be quite low in case of the middle class elderly women (10%). Needless to say, meeting of these expenses on own are found only among the elderly women, who are either working at present or have any source of income. Moreover, jointly meeting of self-medical expenses by own together with husband and children are also reported by 4% of the middle class elderly women as compared to 12% elderly women of the poor families. This is followed by a higher proportion of the elderly women of the poor families who are found to be supported by their son/s co-residing with them. However the proportion of elderly women receiving support from their son/s in this regard is found to be much low in case of the poor elderly women (24%) as compared to those belonging to the middle class (38%). Husband's support in this regard is mostly received by the elderly women who are presently married and have an earning husband/ husband with some source of income (18%). However, this is found to be much lower in case of the elderly women of the poor families.

As compared to the middle class elderly women, daughters / son-in laws are found to play an important role for a higher proportion of poor elderly women, in relation to providing support for medical expenses. This proportion is 8% in case of poor families as compared to 2% for the middle class. However joint assistance by husband, daughter/s and son/s in this regard is reported

to be 14% in case of middle class as compared to those belonging to the poor families (4%). Moreover, unlike the middle class elderly women, the neighbours are also found to play a significant role in the life of the poor elderly women in the context of providing them monetary support at the time of emergency for meeting their medical expenses (4%). However, only 4% of the elderly women belonging to the middle class report the receipt of monetary support for meeting medical expenses, mainly from the relatives with whom they co-reside with.

All these findings suggest that poor elderly women tend to depend less on their family members for health related expenses than the elderly women of the middle class, as in most cases these needs are met by their own resources. Moreover, the significant role of neighbours in meeting the health related needs of the poor elderly women are also reflected from the present analysis.

Monetary support and assistance provided by family members for the treatment of the elderly women.

Visiting Doctors/ health centers for seeking treatment is one among many services sought in meeting health care/ medical needs. Elderly women often tend to depend on their family members, when it comes to visiting doctors. Besides their low confidence, their weak financial condition also in some cases proves to be a hindrance in seeking this service or deciding anything on this issue. Thus in most cases, especially where she is dependent economically, the elderly woman is found to be entirely depending on their family members for seeking these services.

In this section attempts are made to explore the frequency at which the elderly women are taken to the doctor by their family members whenever it is required. Data gathered in this section reveals that majority of the elderly women of the middle class (80%) report that they are 'always' or 'mostly' taken to the doctor whenever any requirement is felt, as compared to 48% elderly women of the poor families. However, the remaining 20% elderly women of the middle class against 24% of the poor families report that they are 'sometimes' taken to the doctor. Besides these, 16% and 12% elderly women of the poor families report that they are 'rarely' and 'never' taken to the doctor by their family members. It is important to note that in such cases, where they get no help from their family members in this regard, the elderly women are mostly are found to depend on their neighbours/ friends to assist or accompany them to the doctor

<i>Table: 5.2: Person who accompanies the elderly women to the doctor (in percentage)</i>			
<i>Person who accompanies the elderly women</i>	<i>Middle class</i>	<i>Poor families</i>	<i>Total%</i>
None/Self	8	2	5
Husband	24	14	19
Son/s	50	30	40
Daughter/s	34	42	38
Daughter-in law	20	8	14
Son-in laws	2	0	1
Relatives	8	0	4
Friends	0	12	6
Neighbours	0	16	8
Grand children	2	2	2
<i>Total</i>	50	50	100

Table 5.2 reflects that daughters play a very important part when it comes to health care and support of the elderly women. This is especially reflected in case of the poor families. While accompanying the elderly women to the doctor, the role of daughters is found to be significantly high among the poor elderly women (42%) than the elderly women of the middle class (34%). This is followed by 30% of the elderly women who are accompanied by their sons. However the proportions of elderly women who are often accompanied by their sons to the doctor are higher in case of middle class elderly women (50%) than those belonging to the poor families.

Husband's assistance in this regard is enjoyed by a higher proportion of the elderly women belonging to the middle class (24%) than the poor elderly women (14%). Company of daughter-in law/s in this regard is received by a higher proportion of the elderly women 20% belonging to the middle class than those belonging to the poor families (8%).

Assistance provided by son-in law/s and relatives in this regard is reported by only 2% and 8% elderly women belonging to the middle class. Moreover, friend's company in this regard is sought by almost 12% of the poor elderly women. However such cases are not reported by the elderly women belonging to the middle class families. Besides these, almost 16 % of elderly women belonging to the poor families as compared to none of the middle class elderly women report to receive assistance from their neighbours in this regard. Assistance of grandchildren in

this regard is sought by 2% elderly women belonging to each class. However, going to the doctor alone is reported more among the middle class elderly women i.e. 8% as compared to 2% of the poor families.

Findings reveal that in case of visiting the doctor, the elderly women of the middle class tend to depend more on their kins than those belonging to the poor families, a significant proportion of whom depends on their neighbours and friends for this. Moreover, this also reflects greater acceptance and wider involvement of the poor elderly women in their wider social network than their middle class counterparts. However, self-dependency in this respect is reported to be more among the middle class elderly women than those belonging to the poor families. Self-reliance in this respect is found to be linked to the educational status of the elderly women as most of these elderly women (belonging to the middle class) who are self-dependent in these matters are found to be educated above High school. Moreover, the role of daughters is found to be significantly high in case of the poor elderly women in providing them assistance in this respect.

Paying of doctor's fees is also a part of the medical expenses that the elderly people are faced with. Failure to arrange sufficient money to provide the doctor's fees often restrict them from going to the doctor/ health center for treatment and thus compel them to compromise with their health. In this context it is to be noted that in case of a much higher proportion of elderly women, belonging to the middle class, it is the son who pays the doctor's visit(48%) , followed by the husband(32%). This is followed by very small proportion who report that the fees are paid mostly by their daughters (6%), son-in laws (4%). However, 6% elderly women report to receive assistance from their relatives in this regard. In most cases these are the relatives that they co-reside with. Moreover, 10% of the elderly women of the same class report that they pay the fees themselves with their own money. In contrast to this, a greater number of elderly women belonging to the poor families (30%) are found to be self-reliant in this issue. This is naturally due to their higher rate of participation in the work force. However, monetary support received from daughter/s in paying doctor's fees is found in case of a higher number of elderly women belonging to the poor families than the middle class elderly women. On the other hand, support received by son (36%) and husband (18%) in this regard is found to be much less among the poor elderly women than their middle class counterparts.

Health care and support provided by family members:

In this section the health care and support provided to the elderly women by their family members during illness are studied and analysed comparatively. The matters that the present study tries to explore are whether they are looked after by their family members at the time of illness, whether any assistance is provided by the family members during illness in performing daily activities, whether they are given medicines on time, diet provided to them etc. Moreover, their relationships with the person providing support in all these activities are simultaneously enquired into.

Table 5.3 reflects that a higher number of elderly women covered under the present study report that their family members look after them during illness. However, the percentage is much higher in case of the poor families (92%) than the middle class elderly women (88%). Most the elderly women belonging to the middle class, who deny to this fact report that they are looked after by maids during illness, while one elderly woman states that she has no one to take care of her and thus she has to help herself in this regard. However the poor elderly women, who are not looked after by their family members during illness report that they often stay at the mercy of their neighbours for assistance.

<i>Care and support during illness</i>	<i>Middle Class</i>			<i>Poor families</i>		
	<i>Yes</i>	<i>No</i>	<i>Indifferent</i>	<i>Yes</i>	<i>No</i>	<i>Indifferent</i>
Whether looked after by family members at the time of illness.	88%	12%	0	92%	8%	0
Whether any assistance provided by family members during illness in performing daily activities.	88%	12%	0	92%	8%	0
Whether satisfied with the diet being provided by family members.	98%	2%	0	56%	10%	34%
Whether given reminder for medicines by the family members during illness.	82%	18%	0	54%	46%	0
Whether the family members come and sit beside to enquire about health, during illness.	96%	4%	0	80%	18%	2%
<i>Total</i>	50			50		

In this context the study finds that irrespective of the social class, a higher number of elderly women are looked after by their daughters during illness. This proportion however, is much more in case of the elderly women belonging to the poor families than the middle class elderly women. Another significant proportion is found to receive assistance from their daughter-in laws in this regard, which shows slightly higher proportion for the elderly women belonging to middle class than the poor elderly. Some elderly women report that they receive assistance both from their daughters and daughter-in laws during illness. Besides this, assistance from husband/sons/relatives/grandchildren is found to be received by quite a smaller proportion of elderly women. Husband's assistance is provided mainly in case where the elderly woman is staying with her husband alone.

Similarly, table 5.3 shows that majority of the elderly women under the study report that during illness, their family members do provide them all the necessary assistance in performing their daily activities. However, their number is more in case of the poor elderly women than their

counterparts. In middle class families, during illness the daily activities of most of these elderly women are usually performed by maids whereas elderly women belonging to the poor families who are not assisted by their family members report that during illness they are supported by their neighbours, who not only help them to perform their daily activities like washing their clothes, cooking food for them, bathing them but even feed them when needed.

The findings that are revealed in this section are quite similar to the previous analysis. The findings show that daughters are the main provider of assistance for a majority of elderly women, when it comes to health care and support. However, their percentage is more in case of poor elderly women than those belonging to the middle class. This is followed by a significant number of elderly women, who are assisted by their daughter-in laws during illness in performing their daily activities. However, a smaller proportion of elderly women belonging only to the poor families report that they are helped by their husband in performing these activities. Besides these a few elderly women reveal that the relatives co-residing with them assist them in performing these activities.

In case of their satisfaction with regard to the diet provided to them in the family, a very large proportion (98%) of the elderly women belonging to the middle class express their satisfaction with regard to the same, in contrast to a much lower proportion (56%) belonging to the poor families. 34% of the elderly women belonging to the poor families are however indifferent to the question and hence proper answer could not be fetched from these respondents.

Quite a significant number of elderly women belonging to the middle class report that they are mostly reminded by their family members for taking medicines and the family members generally keep an eye on, whether they are taking their medicines properly on time. But this proportion is significantly less among those belonging to the poor families. Quite a significant proportion of the poor elderly women, as compared to their middle class counterparts report that they have to take their medicines by themselves. This is due to the fact that they do not get any support from their family members in this regard. The findings however, reveal that irrespective of the social class of the elderly women, the role of their daughters is found to be much significant in this issue. However, much like previous findings their percentage is found to be

more in case of the elderly women belonging to the poor families than those belonging to the middle class. Besides these, in this respect a significant number of elderly women belonging to the middle class are also known to receive support from their husband and sons, however the proportion of these elderly women is comparatively less in case of the poor elderly women. Assistance received from daughter-in laws in this respect is found to be very less in case of both the classes. However, very few elderly women are known to receive assistance from their relatives and grandchildren in this regard.

Irrespective of class a higher proportion of elderly women report that during illness their family members, come and sit beside them to enquire about their health which is again higher in case of the middle class elderly women(96%) than those belonging to the poor families(80%). Besides these, 2% of the poor elderly women are indifferent to the question.

Thus, from the comparative analysis of the present section it can be concluded that the elderly women of the middle class are found to enjoy greater support from their family members than their poor counterparts in case of health care and medical support. Though in few cases, mostly due to the nature of work of the family members and also due to better economic condition, paid help is appointed to look after them but a much higher proportion of these elderly women as compared to their poor counterparts report to get emotional support from their family members during illness like give them reminder for medicines and keeping an eye on it, sitting beside them to enquire about their health etc. Satisfactory diet, company of their family members while visiting doctor, sufficient monetary support from family members for medical expenses are also reported by a higher proportion of the elderly women belonging to this class. Moreover, the poor elderly women generally depend on their neighbours and friends in case of absence of health care and support from family members. In this context it is also to be mentioned that in case of physical disability, the health care and support received from the family members depends to a large extent on the earning status of the elderly women. This is however found to be true in case of the elderly women belonging to the poor families, while in middle class families, in case of disability, the elderly women are found to receive satisfactory care and support from their family members, even when they are non- earning. Working and earning status of husband are also found to have an impact on the extent and nature of health care and support received by them

from their family members. Irrespective of class, an earning or a working husband goes a long way in ensuring care and support from the family members, whether in the form of monetary support for medical expenses, taking to the doctor/health centers for treatment, or in case of the care and assistance provided to them during illness. However, it is found to be true and is mostly visible in case of poor families.

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