

SOCIAL AND HEALTH PROBLEMS OF RURAL AND URBAN AGED

WOMEN

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Abstract

In primitive, ancient and medieval period the old aged person had the most important role in the society. They were of great assists as they could impart knowledge's and skills to young people on the basis of their age long experiences. They were considered carriers of culture and rituals of the society. So the responsibility of looking after old people, widow and other dependent was taken for granted. So to investigate these problems in the society this study was conducted in rural and urban areas of jind district of Haryana state.100 respondents were selected for rural and 100 for urban areas. Questionnaire-cum interview schedule was prepared and in information regarding personal profile and social and health problems of rural and urban aged women was collected from the respondents. Data was collected and analyzed using appropriate statistical tools. Present study concludes that the majority of respondents belong to 60to70 age group and literacy was found to be low. Majority of the urban women (93%) belongs to nuclear family whereas only 58% rural women belong to nuclear family. Both of the respondents still living in large family and belonged to lower caste. A majority of them had social problems such as adjustment problems in family and society, breaking of joint family and the attitude of family members towards the elderly was that of neglect. The present study was conducted to achieve the following objectives to study the socio-personal profile of aged women and social and health problems of aged women.

Keywords: Aged, socio-economic, health, problems, attitude

Introduction

In primitive, ancient and medieval period the old aged person had the most important role in the society. They were of great assists as they could impart knowledge's and skills to young people on the basis of their age long experiences. They were considered carriers of culture and rituals of the society. So the responsibility of looking after old people, widow and other dependent was taken for granted.

Aging and aged represent a curious phenomenon in human life. Human being desires to live long without the consequences of aging. The problems of the old people are steadily increasing in magnitude which has to face a lot of physical social and economic problems. Some facilities are such as good housing, medical care etc. are available for the people at this age in developing countries and not in under developed countries. In some families, old people are considered burden and are not treated properly. Although the problem of aging is more serious in urban areas, where the life is becoming complex and busy, it is not confined to the boundaries of urban cities; gradually more and more rural people are coming into the grip of this problem. The gradually break down of the joint family and consequent separation and migration of earning members to distant urban areas has added to fuel to the fire.

Given the trend of population aging in the country, the older population faces a number of problems and adjusts to them in varying degrees. These problems range from absence of ensured and sufficient income to support themselves and their dependent to ill, health , absence of social security , loss of social roles and recognition and to the non-availability of opportunities for creative use of free timing. The needs and problems of the elderly vary significantly according to their age, socio – economic status, health living status and other such they need more intensive and long term care .Which in turn may increase financial stress on the family.

Objectives

To study the socio-personal profile of aged women

To study the social and health problems of aged women

Methodology

The study was conducted in rural and urban areas of jind, district of Haryana state.100 respondents were selected for rural and 100 for urban areas. Questionnaire-cum interview

schedule was prepared and information regarding personal profile, social and health problems of rural and urban aged women was collected from the respondents. Data was collected and analyzed using appropriate statistical tools.

Result and discussion

Table 1

Socio- personal characteristics of rural and urban aged women

N=100

Socio-personal characteristics	Rural (%)	Urban (%)
Age:		
60 to 70 years	55.0	50.0
70 to 80 years	32.0	45.0
Above 80 years	13.0	5.0
Education:		
Illiterate	95.0	89.0
Literate	5.0	11.0
Type of family:		
Nuclear	58.0	93.0
Joint	42.0	7.0
Size of family:		
Small (3 or less than 3)	4.0	4.0
Medium (3 to 5 members)	41.0	54.0
Large (more than 5 members)	55.0	42.0
Caste:		
Lower	45.0	50.0
Middle	33.0	35.0
Higher	22.0	15.0

Table 1 show that the majority of the respondents had their age between 60 to70 Years and literacy was found to be low among respondents. Majority of the urban women (93%) belongs to nuclear family whereas only 58% rural women belong to nuclear family. Both type of the respondents having large size of family, and belonged to lower caste.

Table: 2 Social problems of rural and urban aged women

Social problems	Rural women	Social problems	Urban women
Family adjustments	I	Adjustment with the member in the society	I
Adjustment with the member in the society	II	Old people are considered burden on the family	II
Differences in ideas, social and cultural values	III	Conflicts and decreasing participation in family function and ceremonies	III
Breaking up of joint families	IV	Breaking up of joint families	IV
Old people are considered burden on the family	V	Differences in ideas, social and cultural values	V

From the above data depicted in table 2 it is clear that rural and urban aged women reported family adjustment and adjustment with the members in the society as major social problems. Attitude of youngsters was changing with change in the society and they had different ideas and thinking towards their elders which make family problem. Higher education was another factor which plays part in the family adjustment. Similarly in urban area, adjustment with the members in the society was major social problem. It was concluded that youngsters did not participate along with their elders in the social activities and social gathering.

Breaking of the joint family, differences in ideas and social and cultural values, behavior of sons and daughters-in-laws and old people are considered burden on the family, the association was found to be significant in both rural and urban areas. These problems may be due to migration of rural youngsters to urban areas, higher education, their exposure to modern technologies and generation gap.

Table: 3 Health problems of rural and urban women

Health problems	Rural woman	Health problems	Urban woman
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Permanent cough	I	Pain in joints	I
Pain in joints	II	Weak eye-sight	II
Teeth problems	III	Permanent cough	III
Asthma	IV	Iron deficiency anemia	IV
Weak eye-sight	V	Teeth problems	V

It is evident that except little variation in the health problems, the major problems of old aged women were similar i.e. permanent cough was ranked “I” in rural areas, while in urban area, this problem was ranked number “II”. In rural area pain in joint was ranked at second order but in urban area it was ranked at number one. The rural respondents reported that teeth problem at III rank whereas urban women ranked at V number. The main reason of these problems was habitual of smoking i.e. Hookah and Biddies, lived in unhygienic conditions and lack of awareness about nutritious food.

Conclusion

This study was conducted on rural and urban women of Jind District of Haryana. Objective of the study was to study the socio-personal profile and health problems of aged women. Questionnaire-cum interview schedule was prepared and information was collected from the respondents. The results of this study showed that majority of both rural and urban respondents were in the age group 60-70 years, illiterate, having nuclear family, belonging to lower caste. The rural aged women living with large family but urban aged women living with medium family. Both aged women reported family adjustment and adjustment with the members in the society, breaking of the joint family, differences in ideas and social and cultural values, behavior of sons. Sons and daughters-in-laws and old people are considered burden on the family, the association was found to be significant in rural and urban areas. the health problems, the major problems of old aged women were similar i.e. permanent cough was ranked one in rural areas, while in urban area, this problem was ranked number two. In rural area pain in joint was ranked at second order but in urban area it was ranked at number one. The rural respondent’s respondents reported teeth problem at third order whereas urban ranked it at fifth order. The main reason of these problems is habitual of smoking i.e. Hookah and Biddies, lived in unhygienic condition.

Suggestion

- Retraining rural un-qualified doctors, who have been accepted by the rural socio-economic system, in elderly care and assigning them with the responsibility of elderly care.
- Policies of the governments should also be in accordance to the social problems.
- Encouraging the family members in the first place to take care of their aged parents and incentive scheme wherever feasible and possible.
- Value education, advocacy on the rights of the aged has got to be given priority in all the programmes.
- Government should give free medicine to the aged and give awareness about the nutritious food.

References

1. Anantharaman, R.N. (1979). A study of self-assessment of health status among the elderly. *Indian Journal of applied Psy.* Pp. 11-14.
2. Atwal Anita (1995), Role of Pension scheme in Home Development. M.Sc. Thesis Deptt. Of Extension Education, CCS HAU, Hisar.
3. Bagga, A. (1991). A study of women in old age homes of Pune. *Aging and Society. The Indian Journal of Gerontology.* Vol.III (2). April-June,
4. Bhogle et al. (1989). The problems of aging among women. *Research Bulletin, Deptt. Of Psychology, Osmania.*
5. Dahiya, K. (1984). A study of socio-economic and psychological problems of old women in a village community of Haryana. M.Sc. Thesis, Deptt. Of Sociology, CCS HAU, Hisar.
6. Dey and Oberoi (1991). Socio-economic problems of aged. *Indian Journal of Extension Education.* Vol. XXVII (4): 128-133.
7. Gupta, K. (1978). Health problems and promotive programme in a rural community- A case study in Haryana. *H.A.U. Journal of Research,* Vol. XI (1): 93-99.
8. Health Dialogue. 2002. Apr-Jun. p. pg 3. Issue No.29.

