# Social Security for the Rural Elderly Women in India

Dr. Jayanta Choudhury\*

Reshmi Ghosh\*\*\*

#### Abstract

Social security is a right to every living human beings of our society. This security can be provided by family, government and different social organizations for protection of individuals especially underprivileged and vulnerable. The study focuses on the group of disadvantaged elderly persons (above 60 years) of our society. After 60 years, peoples are transferred in the group of silvers (a term coined now across the world by organization working for the elderly person) where they are unable to do the work like the younger generation (15-59 years). The elderly women of that group are facing more problems in comparison with elderly man as found in the study area. In most of the families, main bread earner is male members and the females are financially depending on male members. After the death of the husband, again female elderly persons depend on their children. As they are financially dependent on others, so their rights and securities are also ignored. More than half (52%) elderly women are being marginalized from their families and societies and not getting proper respect. Random sampling method was used to confine the data from the country. The data has been collected through structured interview schedule and nonparticipatory observation method. The main objective of the study was to know the overall status of elderly women in the country and to know the facilities that are available for elderly women. This study will also find out the gaps for various insecurities among the elderly person in terms of family, health, financial, physical, legal security and societal security.

**Keyword:** Social Security, Promotion, Protection, Rural, Elderly Women.

#### Introduction

According to 2011 census, total population of India is over one billion (121.0 crore) and among them 83.3 percent are lives in rural areas and 37.7 percent people are lives in urban areas. Total population of elderly persons

\* Assistant Professor, Department of Rural management & Development, Tripura University. Email: jayantard@gmail.com

<sup>\*\*</sup> Research Scholar, Department of Rural Management & Development, Tripura University. Email:

ghoshh.reshmi@gmail.com/reshmighoshruraldevelopment@gmail.com

crossed 100 million. Whereas 20 percent of the total population was above 60 years and that age group period is called old age period. In that period elderly person are facing several problems especially poor rural elderly women in comparison to urban elderly women as because services are not at all adequate in the rural area (Raju, 2011). As because India is based on patriarchal society where a woman is dependent on male and in maximum family male members are the single source of bread earner. In that case, these elderly women are completely depending on their male members and it may be financial dependency or it may be for other reason. After reaching old age period, the main risk period start with rural elderly women for income insecurity. As elderly women were unable to contribute in the family and due to this, they were unable to avail the health services. Side by side, they considered as an unproductive in that period and they were neglected by their family members. Sometimes they were the victims of elder abuse. But in Indian culture elderly women's were closely engaged with the family and society and due to this they were unable to take legal action against the perpetrator (abuser). To eradicate the elderly women from the various problems social security need to introduce which can assist and protect the elderly women from different insecurity.

### Status of Elderly Women in India

India has been classified as an ageing country as per UN criterion<sup>1</sup> (Gupta, 2013). India has a population of approx. 60 million elderly women (60+). According to census (2011) and projection, sex ratio of total population is in favor of male (940:1000) but it is in favor of elderly women in case of population more than 60 years (1022:1000). Agewell foundation reveals that, after 70 years onwards number of elderly women were declining faster decline in number of old women starts only after the age of 80 years. In traditional India, women had the respectable place including elderly women but now women were restricted in every aspect. Women has limited earning possibilities, several medical complications, and emotional isolation, very limited knowledge &awareness of their legal rights and natural reluctance to seek justice. Elderly women have more critical and biological problem than men because of changing family structure. They were bound to face restrictions and marginalized. As women live longer than men, most of them have to live a life of a widow in their silver years. Most of the rural elderly women are illiterate with low income and they confronted with various nutritional, physiological and other problems. The men are more literate, economically independent and face less physiological and nutritional problems as compared to their female counterparts (Raju, 2011). In India, older women are seldom part of the development agenda. Their contributions are slighted and discussions of their situations are usually

-

<sup>&</sup>lt;sup>1</sup>According to UN criteria, any country that has seven percent or above older adult population is classified as ageing country.

afterthoughts. Their work is not considered as economically productive and their contribution throughout their lifespan is not quantified or valued (Alam, 2006).

# According to Agewell Foundation (2011) elderly women facing some problems, like:

- Alienation / Isolation: Elderly women were suffering with emotional alienation because they were living with their children. Due to urbanization and globalization, life style has changed and younger generation hardly able to contact with elderly.
- Social insecurity: Participation of elderly women in different social programmes has declined due social changes.
- **Financial insecurity:** Many of elderly women have the property and money but they cannot properly use and take financial decisions on their own. They may be rich or poor but they always depend on male members of the family.
- Medical problems: Because of lack of awareness, lack of medical services, negligence, financial support and religious mindset of women, elderly women often have to face acute health problems. Family members also ignore the elderly women for the sake of old age diseases are common.
- Emotional insecurity: During old age period, most of the elderly women face family problems like uncomfortable relations with son & daughter-in-law, limited interaction with children, grand-children. Since women have been emotionally attached to their near and dear ones throughout their life, in old age when they are not with them, they miss it a lot. Emotional support is much needed in old age.

# Kulkarni et.al mentioned in their article about different facilities available for elderly persons. The facilities are

- National Old Age Pension Scheme
- Annapurna Scheme: It provides food security (35kg. food grains per month free of cost).
- National Policy for Older Persons: Major initiative taken by the Government of India for the welfare of the elderly
- Maintenance and Welfare of Parents and Senior Citizen's Act: It enables senior citizens, to claim maintenance allowance (up to Rs. 10,000) per month from their children.
- Integrated Programme for Older Persons: Its objective to improve the quality of life of senior citizens by providing basic amenities like food, shelter, medical care and entertainment opportunities by establishment of Old Age Homes, provision of geriatric beds and wards in hospitals, separate queues for senior citizens.
- National Initiative on Care for Elderly: Various courses for providing geriatric services.

- National Programme for the Health Care for the Elderly: Provide preventive, curative and rehabilitative services for research on geriatric diseases.
- Protection of life and property of the senior citizens: Police departments to pay special attention to the senior citizen.
- **Income tax exemption:** Rs. 3 lakh per annum for Senior Citizens & deduction of Rs. 20,000/- under section 80D for individuals paying insurance premium for senior citizen parents.
- Concession in railway ticket rates (40% for 60+ males and 50% for 58+ females) and 50% concession in the airfare for elderly. The first two rows in State Transport buses are reserved for senior citizens.
- Priority must be given to the elderly for Telephone connections& complaints. Higher interest rates in postal schemes for elderly.

#### **Literature Review**

Rajan (2006) stated about the Population Ageing and Health in India. The number of elderly in the developing countries has been growing at a phenomenal rate with the number of proportion of elderly, sex ratio and life expectancy. Marital Status of the Elderly, Living arrangements reasons of social, economic, psychological and health problems. Saha (2008) studied about the condition of elderly women in India especially in Tripura. The study mainly focuses on the gender dimensions of the elderly population and the major purposes are to find out the actual condition of the elderly women in Tripura. It was found that number of elderly female was more compare to male. The financial, physical, social, psychological, educational status of the elderly persons in Tripura was discussed (Chakraborty, 2008). Elderly persons are divided in two parts. One is the service holder retired persons of west Tripura and another one is older persons those who were lived in old age home. Difference between two groups is the socioeconomic status of retired person of west Tripura was good compared to other group. The status and social protection of elderly persons in developed and developing countries face an array of vulnerabilities and these are because of lack of income, health insecurity, and the need for physical care etc. Elderly persons are also vulnerable because they are more likely to have health issues. Health insurance is not available to all and as a result, elderly persons in many countries lack preventive care, faces untreated illnesses but unable to pay for the amount & quality of healthcare they need (Bloom et al, 2011). Choudhury (2008) focuses the some real world problems of the elderly in different place especially in Tripura. He observes that intergenerational gap among grandparents, parents and children. Many of these old people worked hard and scarified their yesterday for that child's tomorrow and these gaps are minimum in the countryside (rural area) and maximum in the city area because countryside life mostly follows the same old patterns. All the joint families become nuclear family and the situation of elders becomes quite precarious or termed as 'Empty Nest Syndrome' but in case of Cookbook speaking people it was not changed that much. Elderly person has the attention and care by their family members. In case of decision-making, their role was important and indispensable and they never sit idle rather they are engaged with different works in that period also (Debbarma, 2008).

# **Objectives of the Study**

The study is guided by the following objectives. Such as:

- To know the status of rural elderly women in India,
- To find out the problems faced by rural elderly women,
- To find out the facilities and services available for elderly women in India.

# **Rational of the Study**

There is no such kind of study related to overall security among the elderly women in India. Some researcher tries to find out the status of elderly women and problems faced by elderly women, but none of the study reveals about the necessary things for developing the elderly women and the available facilities which can help them in every aspect.

# Methodology

**Study Variables:** A structured interview schedule was administered to collect data from the elderly women. Both dependent and independent variable has used for confine the data like age, income, occupation, education, health status, Social relations and interaction, economic support, physical status etc.

# Sampling and data collection

Random sampling method was used to confine the primary data using interview schedules, focus group discussions (FGDs), observation method and other participatory approaches involving GP members, and GP level officials, etc. Secondary data were collected from different research report like Agewell foundation research report, Ageing report and different articles of sage publication. A descriptive study was undertaken among the elderly women in three districts (namely West, Dhalai, and North) during the period from January –July 2017.Information was collected from 180 elderly women from rural area. Questionnaire schedule was used for elderly women from different community (Tribal/ Non-Tribal, Hindu/ Muslim/ Christian, SC /ST /OBC etc).

# **Findings and Discussion**

### Socio Economic status of Elderly Women

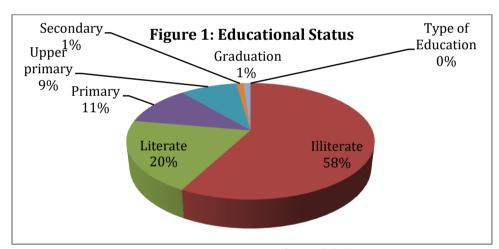
• Out of 100 percent elderly women, 58.9 percent elderly women from the category of 60-70 years of age group and only 3.30 percent women were from above 90 years of age group.

**Table 1:** Age group wise total number of Elderly Women

Sl no	Age group	Number	Percentage
1	60-70 years of age group	106	58.9
2	70-80 years of age group	54	30
3	80-90 years of age group	14	7.8
4	Above 90 years of age group	6	3.30
	Total	180	100

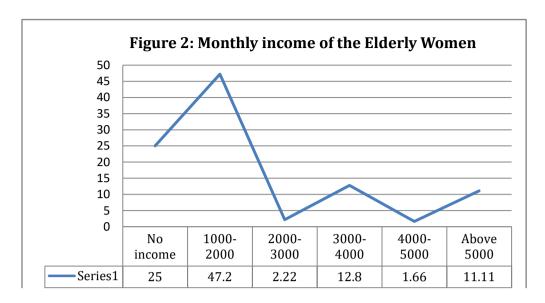
Source: Primary data, 2017

- Among all the elderly women, 47.8 percent elderly women marital status was widow. Incidentally, it has been found that at that age also few elderly women marital status was divorce and separated (2.22%).
- It has been found that maximum elderly women (57.8%) were illiterate and only 11 percent have completed their primary education.



Source: Primary data, 2017

- Out of 180 respondents from different community, 20 percent elderly women were engaged with some work like daily labor, business, rubber plantation, jhum cultivation etc. Among them 25 percent respondent were not engaged with any direct occupation but remaining 55 percent elderly women have the income through wage employment work (MGNREGA) and welfare pensions (Old age & widow pension).
- Among the total respondent, 25 percent elderly women were homemaker and they don't have any income source. But majority of the respondent (47.22%) have income ranges between 1000-2000. However, 11.11 percent tribal elderly women have the income above 5000 and this might be the reason of engagement with rubber plantation.

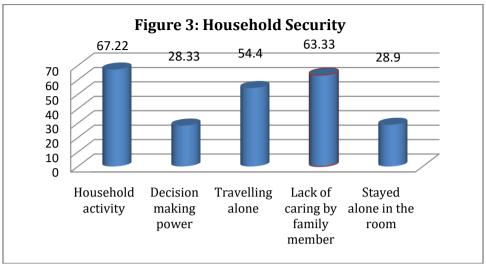


Source: Primary data, 2017

• It has been found that, 6.7 percent women don't have electricity in their house and only 2.22 percent elderly women having a pukka sanitation facility in their house.62.22 percent respondent have a Katch (kutcha) housing facility in their house and only 11.11 percent elderly women having a pukka housing facility.

# Household Status of the Elderly Women

- It has been reveals that only 31.11 percent elderly women belong from joint family. But 64.44 percent elderly women stayed in the separate room which was not attached with the other rooms while it also observed that 28.9 percent elderly women stayed alone in their room. None of the family members accompany with them. In case of household facilities available in the house, 16.66 percent elderly women don't have an electric fan in their room though it was fully required during summer season. 82.87 percent elderly women don't have an entertainment (TV/Radio) facility in their house and according to them it is necessary for them to spend the free time.
- More than 63 percent elderly women agreed that their family members were not fully taken care them.
- 67 percent elderly women were fully engaged with household chores (including agriculture, livestock and babysitting) whereas only 32.87 percent elderly women were agreed that their engagement in household chores was less. But it also mentioned that only 28.33 percent elderly women have the decision making power in their family while 71.66 percent elderly women disclose that they don't have any decision making power as because they became aged and unproductive for the family members.

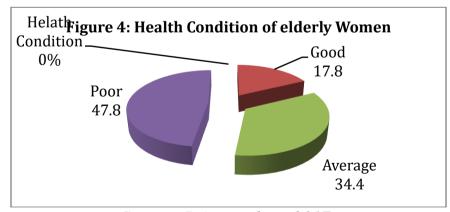


Source: Primary data, 2017

- Maximum elderly women (54.44%) used to go alone in their relatives house and social programmes and few of them (23.33%) informed that their spouse used to go with them when they were travelling far from home.
- In terms of perception about the household security among the elderly women, 78.33 percent elderly women were disagreed that their household security was good whereas 3.67 percent agreed that it was good.

# Health Status of the Elderly Women

• Maximum elderly women health condition was poor (47.8%) and rests were the followers of average and good. Poor health condition was more in tribal community (49.21%) than nontribal community (21.36%).



Source: Primary data, 2017

• 72.22 percent elderly women having regular visual problem and 67 percent elderly women done clinical checkup from private and public hospital. 50 percent elderly women having a problem of loss of appetite and weight problem and it might be the reason of lack of nutrition.

- 54.44 percent elderly women having Insomnia problem and it was more in nontribal elderly community than tribal elderly community. It was informed by the few tribal elderly women that before sleeping they used to consume alcohol and due to this they don't have much problem of insomnia.
- In terms of frequently hospitalized, non-tribal elderly women (37.28%) was more than others because tribal rarely prefer institutional checkup. Major health problem faced by elderly women like Golbludder stone, Kidney problem, heart problem, skin disease, Arthritis, Visual problem etc.
- 33 percent nontribal and 14.34 percent tribal elderly women were using institutional checkup through allopathic and homeopathy. Rests of the tribal elderly person were the followers of Traditional checkup and used to visit healer house.
- 83 percent tribal and 57 percent nontribal elderly women agreed that lack of awareness, lack of health services, lack of money and lack of care taker was the main reason behind the bad health condition.
- Most of the elderly women (61.28%) having a SMART card but they never used in their life. 98.80 percent elderly person women doesn't have the knowledge of Geriatric cavin.
- Maximum elderly women from both communities used to chewing tobacco (Betle leaf) and due to this some elderly person facing a skin disease in their mouth. Some tribal elderly women also agreed that they used to take alcohol.
- 74 percent tribal elderly women having an extreme problem for availing health services as because health institution was far from home and vehicle was not always available.
- Non tribal elderly women having an average level of satisfaction whereas tribal elderly women were dissatisfied about the health system.

# Financial Status of the Elderly Women

- Majority of elderly women (65.55%) were fully dependent on their family members whereas only 34.44 percent elderly women were not depending upon other. Among them tribal elderly women were more because they were engaged with rubber plantation and rubber tapping.
- 13.33 percent elderly women said that they required financial assistance but none of the family members helps them.
- 40 percent elderly women agreed that their children taking the money from them and few of them (12 %) also agreed their children extorting money from them.
- It has been found that, 93.32 percent elderly women having a bank account.

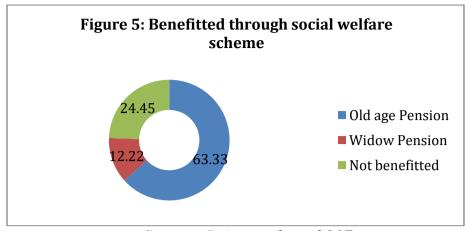
- 37.8 percent elderly women used to go alone and rest of the elderly women has the support of family members, friends and relatives for accompanying.
- Only 6.67 percent elderly women had taken loan from bank and microfinance institute.

# Physical Status of the Elderly Women

- Nowadays physical security was more important for the elderly person and it has been observed that, 15.6 percent elderly women were physically and mentally abused by their family members. Among them 22 percent elderly women agreed that they were biting by family members. Accordingly, it also informed by the elderly women that, 25 percent elderly women were verbally abused, neglected and insulted in front of outsiders by their family members. Only 8.9 percent women disclose that their son and daughter in law abused them but rests of them don't want to disclose any name.
- Only 7.87 percent elderly women agreed that they have complained to local gram panchayat and peer groups but only 4.44 percent elderly women were overcome from the problems. Rest of them said they have not complained as because now they became aged and due to this they unable to contribute in the family and they were bound to enduring. More than 33 percent elderly women mentioned that their physical security worst.

# Societal Status of the Elderly Women

- In terms of societal security among the elderly women, maximum elderly women were agreed they were secured in society as because 92.22 percent elderly regularly meet with their friends, peer groups and society. 76.11 percent elderly women spent their free time by gathering with peer groups. However 14.44 percent elderly women still they were busy with doing some work.
- 65.55 percent elderly women used to visit political party meetings but they also informed that now the frequency of attending the meeting was reduced due to some health problems.
- 65 percent elderly women till date regularly attend their religion related programme.
- 56.7 percent elderly women agreed that they were being consulted by villagers and young generation of society for various matter to take the decision. But 43.33 percent elderly women clearly indicate that they were not consulted by the villagers and young generation of society.
- Out of 100 percent elderly women, 63.33 percent elderly women were benefitted through old age pension and 24.44 percent were not benefitted under this scheme.



Source: Primary data, 2017

• None of them was avail the other facilities as because they were not at all aware about this like separate queue for the elderly person in post office, bank, hospital, Electric office, Gas counter etc.

# **Legal Status of the Elderly Women**

■ Table 2 describes about the perception of legal rights for the elderly person, more than 35 percent elderly women were benefitted for the Maintenance and welfare of parents and senior citizen Act, 2007. However, 34.44 percent elderly women agreed that they did not require this Act as because they were still financially independent.

**Table 2:** Perception about protection (Acts, Rules & Regulation) for the elderly person

Parameter	Aware	Not	Benefitted	No need	Total
		Aware			
Maintenance and welfare of parents and senior citizen Act,2007	39 (21.66)	16 (8.90)	63 (35.00)	62 (34.44)	180 (100)
If any person neglects or refuses to maintain his parents & unable to maintain them, so person should give a monthly allowance of 500 rupees	22 (12.22)	105 (58.33)	2 (1.11)	51 (28.33)	180 (100)
Special Medical care facility: separate cavin, separate queues for special geriatric care	2 (1.11)	178 (98.80)	0	0	180 (100)
Protection of life and property of elderly person	0	131 (72.77)	0	49 (27.22)	180 (100)
All CJ of HC should give the high priority to cases involving elderly person and ensuring for disposal	0	159 (88.33)	0	21 (11.66	180 (100)

Source: Field Survey, 2017

• In case of monthly allowance for the elderly persons, 12.22 percent respondent reveals that they were aware about the facility but this facility is only for them, those children's are the Government employee.

- More than 85 percent respondent opined that they were not aware about the geriatric care.
- 27.22 percent respondent said that Protection of life and property of the elderly person Act is not required for them as because their children's were taken care them.

#### Recommendation

The old age is the golden age to be lived, enjoyed, and respected. Elderly women face several problems of isolation and marginalization at the period old age. Due to this their health status also declining day-by-day and unable to do the own individual work. So many policy, rules & regulation are there to protect the elderly women but these things are available in the paper only. In reality, the status of elderly women need to develop and for developing few changes required in policy level like:

- i. Strengthen the health security of elderly women: Hospital should take necessary initiative to provide a special Geriatric facility to the elderly people and also spread the information about the geriatric facilities. Government should take initiative to open a Community centre and clinic. Each and every hospitals needs to open special OPD services for senior citizens in each hospital.
- **ii. Awareness:** It is important to engagement with the NGOs and arranging several awareness campaigns for free check up
- **iii. Financial problem:** Majority of the elderly women in the study have been foundnon-workers. Feasible income-generating schemes should be introduced for physical less demanding work for the self-employment of the elderly women & organizing a skill development-training programme for the elderly women. So they will be happy and their mental status will not affect their health.
- **iv. Policy level changes**: ICDS programme may take initiative to provide the nutritious food to the poor elderly women. Ministry of Health and Family welfare should take initiative to introduce minimum premium insurance. Preference should be given to elderly women for any kind of welfare schemes.
- v. Changing attitudes and behavior: Behavior of younger generation should be changed towards "silvers" (elderly persons). During old age period, elderly persons need a care, support & attention but when they were staying alone in the separate room then they were feeling loneliness. So if possible their room should attached with the main rooms of the house because maximum wants to stay with their family members.
- vi. Adoption: In every school moral education should be introduced for minimizing the problems of aged elders because modern education cannot make a child a human being, they grow into automatons for earning money not respect the elders.

# **Representative Statements of Elderly Women**

She is a Tribal Elderly Women. Her old age period was too pathetic and painful and she was the victim of physical abasement by her son. Her son forced her to leave the house and now she is staying with her daughter. Her daughter health condition was very weak and also unable to meet month's end. The older woman cannot cook also as her health condition was not supporting. Now she is suffering with both health and physical problem.

# MalirunguReang, 107, Damcherra, Tripura, India

She is having two children and presently she is staying with her younger son but her elder son was staying in separate house along with his family. He is not regular seeing his mother. Now the elderly woman wants to meet with her grandchildren but her daughter in law and son doesn't allow for meeting even doesn't invite her to participate in any family programme. Now she is suffering with various healths minimum twice a week.

# Rita Das, 69, Assam, India

She is staying in the old age home though she is having a daughter. Earlier she used to stay with her daughter and son in law. One day, her son in law biting in her waist using rod stick and some neighbors came and admitted her in the hospital. After that she has decided that she will not stay with her daughter and son in law.

# BhagabatiDebnath, 74, Sandhyaneer Old age Home, Tripura, India

#### Reference

- Agewell Research & Advocacy Centre (2011). Human Rights of Older Women in India. Agewell Foundation.
- Alam, M.(2006). Ageing in India: Socio-Economic and Health Dimensions: New Delhi, Academic Foundation.
- Bloom, E.D., Jimenez, E., & Rosenberg, L. (2011). Social Protection of Older People. Program on the global demography of ageing.
- Census of India(2011). Office of the Registrar General & Census Commissioner, India. Ministry of Home Affairs, Government of India. Available at http://censusindia.gov.in/. Accessed on date: 7/4/2017
- Chakraborty, A. (2008). Elderly Persons of Tripura: An Empirical Study. In Majumder, B.C &Saha, P (Eds.), Ageing in North East India (pp.47-57). Akansha Publishing House.
- Choudhury, G.D. (2008). Old Age Traumas and Attempts for its Alleviation in Tripura. In Majumder.B.C &Saha, P (Eds.), Ageing in North East India (pp.84-96). Akansha Publishing House.

- Debbarma, S. (2008). Elderly People in the Tribal Society of Tripura-a case study of the Kokborok Speaking People. In Majumder.B.C&Saha,P (Eds.), Ageing in North East India (pp.39-46). Akansha Publishing House.
- Gupta, N. (2013). Older Women in India: Issues and concerns. In S. Siva Raju, U. V. Somayajulu, & C. P. Prakasam (Eds.), Ageing, Health and Development (pp.203-222). Delhi: B. R. Publishing Corporation.
- Kulkarni, S., Raju, S., Bammidi, S. Social Security for the Elderly in India. Building Knowledge Base on Ageing in India: Increased Awareness, Access and Quality of Elderly Services.
- Planning Commission, Govt. of India. Study Report on A study of effectiveness of Social Welfare programmes on Senior citizen in rural Rajhasthan, Chatisgarh, Gujrat & Madhya Pradesh.
- Rajan, I.S. (2006). Population Ageing and Health in India. The Centre for Enquiry into Health and Allied Themes (CEHAT), Mumbai.
- Raju, S. (2011). Studies on Ageing in India: A Review. Institute for Social and Economic Change, Bangalore United Nations Population Fund, New Delhi, Institute of Economic Growth, Delhi
- Saha, P. (2008). The Added Years of Life-Elderly Women in Tripura. In Majumder, B.C & Saha, P (Eds.), Ageing in North East India (pp.5-22). Akansha Publishing House.