

A STUDY OF PROBLEM OF OLD AGE WOMEN IN HATHRAS DISTRICT, U.P.

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ABSTRACT

In present study dealing the problem of old age women in urban and rural areas in the district of Hathras of western u.p. 50 elderly women from each urban, rural areas were taken up for recording observations in each elderly women in three categories of old age groups. Studies of elderly women were mainly planned in social, economic, educational and health problem. In Social aspects of living life style in relation to family care system was studied and important findings were observed 55 percent elderly women were found to have free life style without any hindrance in group of 60-70 years. Under urban area. Diet of old age women was found to be of a great consideration. In old age women have their digestive system slowly goes weak in proportion to increasing a span of life. 10 percent in urban women were found satisfied in their diet pattern in the family.

INTRODUCTION

The phenomenon of women population ageing is a major social and health problems in urban and rural India. The elderly women have their problem of disease and disability nature due to their increasing age and changing social circumstances and the need for social support forms are important aspects of geriatric healthcare. In the 21st century health is influenced by different factors that are outside health and service jurisdiction. These elements include environment, transport, education and poverty. In many other sectors including community, the voluntary sector, health sector, nongovernmental agencies, and national and local government have roles to play to ensure equitable health to society. But it depends on communities and other sector such as government and voluntary sectors.

In fact old age has become a complex phenomenon, the transition into old age which creates many problems for these individuals who have not prepared themselves for what best may be called as “later maturity”. Old age is considered the final period of life. It is an obvious fact that every individual has to pass through this stage. Physiologically, old age may be said to have arrived to an individual when general decline or delimitating diseases have resulted in extreme frailty displacement psychologically, the mental process have slowed down and the individual turns to self contemplation, retrospection and concern over the meaning of life.

Oldest women have to depend on their spouses. In fact many of them face insufficient food intake and there are many reports on economic abuse by their family members. Recent reports indicated that 80+ years old women population segment is the fastest growing of the ageing population. The increasing trend in women's age will be going on in future (Achir,

1998).

The increase in life-span results in a need to enhance all aspects care for the women socio-economic, financial, health and shelter. Increasing life-span results in chronic functional disabilities because of which the old women need assistance to manage even simple choices, 80+ women generally face a large number of problems of challenges of health, care, management. They usually suffer non-communicable diseases like hypertension, coronary heart disease, osteo-arthritis, stroke, dementia, enlarged prostate, depression, cataract, related blindness (Paul, 2002, Barua and Dordoli, 2010).

In modern age western part of Uttar Pradesh is well developed to some extent in terms of agriculture and education sector (Parande, 2010). Due to the education, women are more concern to their right and health issues. But there is not an information on systematic study in this aspect in these areas of the districts. Therefore, keeping the view in mind, this studies for comparative knowledge of problems of old age women in western Uttar Pradesh With the following objectives:

To know the social and health problem of rural and urban elderly women.

METHODOLOGY

The method of schedule was applied in face to face interview and asking the questions on the related aspects. There were questions put up to them their answers were recorded in form of the data.

A schedule was prepared for required research work as per the questionnaire concerning the objectives and aspects within the objectives. In the interviews data were collected on the answers of elderly old age women so that information would be completed according to the needful status in social life style.

Women of all three categories old age group were interviewed in the individual member and in group sampling elderly women in urban and rural areas were studied regarding health problems. They answered about physical health as well as problems related with internal organs. In first second category old age group, women answered from different questions related to their health. They informed through different questions put up to them in different ways.

They replied the normal health, no any illness problem but the elderly women in group with in 70-80 and 80-90 years were found to answer in irritating habit because they were suffering with chronic illness of hypertension and arthritic which caused them unable to walk. On the other hand women of first age group i.e. 60-70 years of age showed percentage of good health.

RESULT

Table-1. Diet of old age women in the family.

S. N.	Diet of old age women	URBAN				RURAL			
		Age group	Age group	Age group	Total %	Age group	Age group	Age group	Total %
		80-90 Years	70-80 Years	60-70 Years		80-90 Years	70-80 Years	60-70 Years	
1	They feel Satisfied	10%	28%	62%	100	15%	18%	67%	100
2	They feel unsatisfied	0	50	50	100	0	50.00	50.00	100
3	They expressed nothing	15	35	50	100	20%	30%	50%	100

Data of the table-1 represent about diet pattern of old aged women in urban and rural areas were recorded for their finding. It was found that in age group 80-90 years-10% in urban, 15% percent in rural areas women were satisfied in their diet pattern in regular way in family with their diet pattern

Table-2. Old age women adjustment with family members.

S. N.	Adjustment with family members	URBAN				RURAL			
		Age group	Age group	Age group	Total %	Age group	Age group	Age group	Total %
		80-90 Years	70-80 Years	60-70 Years		80-90 Years	70-80 Years	60-70 Years	
1	Better adjustment with son and grandson	22	28	50	100	10	40	50	100
2	Better adjustment with daughter and grand-daughter	25	25	50	100	28	28	44	100
3	Equally adjustment with both	12	18	70	100	10	17	73	100
4	Not Satisfied with any one	25	25	50	100	25	25	50	100

Table-2 have been observed total 50% women were found in adjustment in 60-70 years in urban areas while 25 percent women of high and middle age groups which were not satisfied with anybody and 25 percent have been adjustment with daughter and granddaughter.

Table No. 3. Personal Care of old age women by the family members.

S. N.	Personal Care in the family	URBAN				RURAL			
		Age group	Age group	Age group	Total	Age group	Age group	Age group	Total
		80-90 Years	70-80 Years	60-70 Years	%	80-90 Years	70-80 Years	60-70 Years	%
1	Normally good	3.00	17.00	80	100	17	22	61	100
2	Good only during sickness	0	25	75	100	17	33	50	100
3	Never get better care	0	0	100	100	0	33	67	100
4	Better care in the presence of sons and daughter	0	0	100	100	10	40	50	100
5	Not good care due to isolation	25	16	59	100	50	0	50	100
6	Personal care is not required	15	15	70	100	33	17	50	100

Table-3. Old age women need personal attention and personal care from their children. How much they are getting attention it was apparent in severely aged women. Data have been given table -3 among 80 % women age group of 60-70 years got normally good. Personal care is not required 70% and 50% urban and rural areas respectively.

Table-4. Problems related to old age women.

S. N.	Health Problem	URBAN				RURAL			
		Age group	Age group	Age group	Total	Age group	Age group	Age group	Total
		80-90 Years	70-80 Years	60-70 Years	%	80-90 Years	70-80 Years	60-70 Years	%
1	No. Problem	16.50	16.50	67	100	25	25	500	100

2	Sometimes problems	8	18	74	100	28	30	42	100
3	Incurable disease	58	16	26	100	22	15	63	100

Table-4. that women in all categories in urban and rural areas had no problems in them in 80-90, 70-80, 60-70, age group as 16.50, 16.50 and 67 percent in urban areas respectively similarly in rural areas they were 25.00, 25.00 and 50.00 percent in high, middle and low age group of age categories respectively. In second aspect of same problems these were 8,18 and 74 percent women in high, middle and low age groups in urban areas respectively, similarly, in rural areas they were 28,30 and 42 percent women were with some problem of health in high middle and low age group respectively. In rural areas the incurable problems were in the 22, 15 and 63 percent women high middle and low age groups respectively.

Table No. 5. Causes of old age women problems.

S. N.	Causes of Problems	URBAN				Total %	RURAL			Total %
		Age group	Age group	Age group	Age group		Age group	Age group	Age group	
		80-90 Years	70-80 Years	60-70 Years	80-90 Years		70-80 Years	60-70 Years		
1	Food habit	17	25	58	100	27	18	55	100	
2	Life style	6	20	74	100	20	29	51	100	
3	Chronic illness	16	50	34	100	20	28	52	100	
4	Economic condition	20	20	60	100	22	34	44	100	
5	Accident etc.	14	28	48	100	25	25	50	100	

Table-5:- revealed the causes of old age women problems which were observed in different factors related to daily life style. Secondary there were certain diseases caused by infections and economical conditions due to which they could not get proper treatment in time. It is clearly apparent that main cause became normally their food habit which showed 58 and 55% women were affected maximum in 60-70 years age group in urban and rural areas respectively similarly life style has maximum 74 and 52 percent in 60-70 year age group in urban and rural women respectively. It is also clear that the factors were observed in respect of chronic illness and money less life i.e. poverty in case old age women were not leader or members, their life become helpless and certain feeling develop in mind which ultimately

create health problem in old age. Sometimes due to weakness in health, accidents happening and under such circumstances they informed the worst situation in villages in poor families.

DISCUSSION

In present investigations of three groups have somewhat different life style in different situations urban and rural areas. In life style of living 55 percent women of 60-70 years age group feel free to sleep and rising in the morning. In rural location 12,15 and 73 percent elderly women 80-90, 70-80 years age group have not any problem. They wake up at easy way in the morning.

Feeling of old age women about the certain hindrances were found in all categories. There were considerable variations in the type and kind of hindrances prevailing in a particular area undertaken in present investigations. The nature of dealing of an old age women matters a lot. It was also found that education and living standard sense also showed its effect on the gravity of the hindrances. In certain families of rural areas. Some abusing dirty talks come at the interviews. Such things were taken as an otherwise point so these were not mentioned anywhere, though these found in several times in rural areas. Similar reports have also been observed by, Blazer (2003) and Khan and Raikwar (2009).

Health problem area in old age women were found in general in all categories of elderly women. All these women were observed to have health problems in variable range of infestation of illness. In three categories of age group women had problem, some special problems and serious problem which were incurable. In rural area they had 25.00, 25.00 and 50.00 percent in High, middle and low age groups, respectively. It reflected the casual illness for some time being which cured with the treatments. Such conditions under treatment health problems have also been cured with the treatment. Such conditions under treatment health problems have also been observed by Anantharaman (1979), Asha and Subrahmaniam (1990) Kalam and Khan (2006), Rahman (2009) and Tripathi (2014) in their findings of researches. Old age women faced incurable diseases whose number was found as 58, 16, 26, percent in high, middle and low age groups in urban respectively. Similar incurable diseases were found in rural areas in all age groups. The variable number of women differ due to the different situations and local conditions intensities, like present finding on incurable diseases some other have also reported by the previous scientists in their research work Adler and Mathews, 1994; Reddy, 1996; Rao et al. 2003; Dhillan and Singh, 2005.

Women in the urban and rural areas in general showed joint pain problem in old age women in all along with the different categories. Similarly the problem of nervous system was found mostly in old age women because old age itself a curse for the elderly women. It was found to range from 35.00 to 50.00 and 25.00 to 50.00 percent in urban and rural areas in nervous system problems, respectively. Weakness in health were found the maximum 53.00 and 40.00 percent in urban and rural areas, respectively. The problem of heart have been found in all categories, similarly such problems were found the maximum 43, 55, percent in urban and rural areas respectively. Health problems in old age women have also been reported by Desai and Naik (1971), Asha (1991), Reddy (1996), Adlor and Mathew (1994), Rao et al, (2003)

and Khan and Raikwar (2010) in their research findings.

CONCLUSION

Old age women in first and second age group were found to be not affected with different health problems. But in third group of high age group they were found 28 and 30 percent women who had some problem in urban and rural areas respectively. Top problems were weakness, joint pain, urinary problems, mental problem and disease like tuberculosis were found in all three categories. Main causes of problem were found infections of diseases, weakness, un proper treatment in time in old age women.

It is concluded that age factor in three age groups was found an important aspect of life span expectancy longevity. All three categories of elderly females were found separately important for increasing their age, increasing weakness according to age and developing considerable health problems for prolonging Journey of life under happy conditions in joint of nuclear family life. Results achieved from this study exhibited the real picture of urban and rural areas in Hathras, u.p.

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