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Everyday Realities of Elderly Women in Southern India

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Abstract: The research deals with the position of the women in the study area and the status of the aged in stratified societies. The main concern of research is to describe how modernization brought changes about the conception about elderly. The role of the elder in modern political, economic, social, cultural and religious fields is described in this research. The study concludes the social conception of elderly women with light of feminist theories. It explains how the discursive practices of present situation in Southern India.

Keywords: Elderly, Women, South India, Social Practice.

1. INTRODUCTION

Caring for an elderly parent, spouse, domestic partner, or close friend can be challenging, especially when a crisis occurs and you are suddenly faced with elder care obligations. The term elderly is used to refer to those who are elderly, elder, or older. The aging of the population is a global phenomena. The care of the elderly is an important aspect of healthcare. Though elderly care has traditionally been the responsibility of family members, in today's society, old persons are more often left alone at home or cared for in an elderly home. Reduced family size, two-career families, and greater life expectancy are the key reasons behind this. Furthermore, family support and involvement in the lives of elderly people is influenced by geographical mobility, limited economic ability, and a shift in attitude about family obligations (Dannefer & Phillipson 2010).

"The UN considers a country as 'ageing' when the proportion of individuals over 60 reaches 7 percent," according to a WHO research on 'Ageing in India.' By the year 2000, India will have surpassed the 7.7 percent mark, and by 2025, it is predicted to reach 12.6 percent." India qualifies as an 'Aging' country based on that description alone. An aging population places a greater strain on a country's resources. When there are more mouths to feed and fewer hands to earn, a country's production suffers. "Nearly 60-75 percent of all elderly people rely on others for financial support, most often their offspring." Even those with pensions see their financial situation deteriorate after retirement." India faces an unusual difficulty as a result of its vast elderly population.

According to preliminary Census 2011 data, the decade 2001-11 was the first in independent India to see a decrease in both absolute and relative population growth. According to the

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2001 census, India's senior population numbered 77 million, with predictions for 2011 putting the figure at more over 100 million. The proportion of elderly individuals in the overall population has risen from 7.5 percent in 2001 to over 8.5 percent in 2011. In India, a demographic shift is well underway, albeit there are considerable disparities between states. Fertility rates have decreased across the country, with several states, including Kerala, Tamil Nadu, and Punjab, reaching replacement fertility levels. Kerala will, in fact, have to deal with the issue of an ageing population, despite the fact that several other states will continue to see a rise in the proportion of people in the working age categories. Some other states, which are fast moving through a demographic transition to low birth rates and low death rates, will face the dilemma of ageing populations and rising dependants to earner ratios. Demographic ageing is predicted to result in a significant number of elderly people living in poverty or on a subsistence level, and many of them remaining illiterate. The number of elderly women will rise faster than the number of senior males. The current research will focus on two Indian states: Tamil Nadu and Kerala.

STATUS OF ELDERS

The closely knit family structure of Indian has also been transformed by these socio-economic transformations. As a result, the country is citing numerous problems for the aged population. Before, few decades, elderly were the most respectful members in joint family. However, such values are fading in families as other family members, particularly those who work, have less time to devote and provide prompt care to them. When a nuclear family was formed, whether as a result of migration or property separation/division, the senior members of the family were the first to be affected. Such a changed family structure is fighting with its roots, luring the elderly into loneliness and a life of degradation. If they have more than one child, deciding with whom they will spend the rest of their lives becomes a problem as they get older. The presence and lives of elderly people in their own families have been affected by the expanding generation gap, differences in thinking and attitude toward expectations, and living situations or lifestyles of children.

ELDER CARE

Unlike child care, which often entails locating services primarily for healthy children who live with the employee, elder care necessitates a collection of services to address a wide range of frequently unpredictable medical, emotional, physical, and financial issues. Meals, transportation to medical appointments, food shopping, financial aid, housekeeping assistance, and emotional support are all examples of elder care. These requirements frequently induce anxiety about things like the ability to locate and pay for quick care or preventative actions. Employees with elder-care responsibilities are frequently asked to assist in making expensive financial decisions related to long-term care. In many circumstances, individuals lack knowledge and trust in their abilities to obtain thorough information on public and private benefits, service and financial options, and the dangers of requiring considerable care in the future. Adult children typically desire to respect their older adult relatives' autonomy and decision-making abilities. When it comes to elder care, however, most people are not proactive and vital discussions about "what to do if" rarely take place ahead of time.

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REVIEW OF RELATED LITERATURE

According to the United Nations Population Division (UN, 2011), India's senior population will grow substantially over the next four decades, rising from 8% in 2010 to 19% in 2050. This significant increase in the proportion of older Indians, which is occurring in the context of shifting family connections and severely restricted old-age income support, poses a number of social, economic, and health-care policy issues. With 1.2 billion people, India is on track to surpass China as the world's most populated country in approximately a decade. Bloom (2011a) describes the proportion of India's population aged 50 and older as "very small," at 16 percent, but predicts that India's population will expand rapidly in this age range.

According to Husain and Ghosh (2011), intergenerational conflict may also explain why the elderly live in separate houses from their children. Both generations may wish to live apart, yet there is evidence that adult children and elderly parents remain economically and socially reliant even when they live away. Despite India's recent significant economic growth, the majority of older Indians still live in poverty. According to national studies, only about 11 percent of senior Indians have any type of pension (World Bank 2001; Uppal & Sarma 2007).

Bloom (2011a) claims that India's family-based support system will be unable to cope with an aging population, "especially given increased female labor force participation, smaller numbers of more mobile children, widening generation gaps, and increasing burdens of costly-to-treat diseases like diabetes, cancer, and stroke." Even if it is discovered that adult children still receive support from their old parents, such societal changes would have an impact on the status quo because chronic diseases limit the elderly's requirements and ability to work. The availability of kin to offer care is influenced by various circumstances. Bloom believes that acquiring high-quality data on population aging and using it to influence strategies for creating and expanding income support and health insurance programs for elderly Indians will help India. India may also establish the groundwork for higher economic output and "simplify the process of caring for expanding numbers of older Indians in the future" by investing now in the education and training of today's youth (Bloom 2011b).

According to the National Human Development Report (2001), the joint family system not only offered an appropriate canopy to handle personal risks such as premature death and excessive longevity, but also established intergenerational ties and roles for each member. Younger people were entrusted with the obligation of ensuring the well-being of their older parents, while the elderly played a substantial role in household decision-making. However, with today's smaller households, they are becoming increasingly excluded in the decision-making process. As a result, families that previously looked after the old, sick, widows, and orphans have become to rely on society as a whole. The proportion of the elderly who are poor may rise as the population of the elderly grows and the social environment changes.

There are a few significant aspects of India's old population. Two-thirds of the old population, or 7.5 percent of the population, live in villages, and nearly half have low socioeconomic level (Lena et al., 2009). Half of the elderly in India are dependents, frequently due to widowhood, divorce, or separation, while women account for 70 percent of the elderly (Rajan, 2001). Women account for 3.49 percent of the 2.4 percent of the elderly

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who live alone, compared to 1.42 percent for men (Rajan & Kumar, 2003). As a result, the majority of old people live in rural areas, have low socioeconomic status, and are reliant on their relatives. While the southern states (Andhra Pradesh, Karnataka, Kerala, and Tamil Nadu) may be the most significant drivers of aging in India, other Indian states (particularly Haryana, Himachal Pradesh, Maharashtra, Orissa, and Punjab) are also seeing an increase in older populations, primarily in rural areas (Alam & Karan, 2010).

The elderly are the country's senior citizens who are in the midst of a transitional period in their life. The shift from middle to old age is a vital era in the biological and social emotional fabric of society, and the resulting changes in living arrangements have made it more difficult for the elderly to adjust to changing living situations. India's economy is dominated by agriculture, and it is reliant on agricultural and allied occupations. The elderly (those aged 60 and up) make up roughly 7 percent to 8 percent of the population, with the majority of them living in poverty. Family duties and unharmonious relations are the key concerns for the elderly in the unorganized sector, such as agriculture workers, casual employees, and landless laborers. They must work as long as they live to meet their family's demands and personal requirements. Furthermore, when their offspring begin to neglect them, the difficulties grow even more complicated, and older people suffer phycho-social issues in addition to economic and health issues.

STATEMENT OF THE PROBLEM

Ageing is normal, universal and inevitable change even with the best of nutrition and health care. Many industrialized countries are experiencing rapid population ageing, but developing countries with early fertility declines are also seeing rapid increases in the proportion of elderly people. Population ageing has many socio-demographic, lifestyle, health, psychological, financial, and self-confidence consequences, including an increase in the old age dependency ratio. It poses problems for both public health and economic development. All elderly persons suffer from mental health issues. Economic, reliance, loneliness, insecurity, decreased self-concept, and other issues are widespread among elderly women. Although ageing is ubiquitous, old age and ageing are functional rather than chronological ideas. In recent years, the issue of old age has become a major human and social issue. The issue of aging affects practically every country on the planet.

SCOPE OF THE STUDY

In this research programme examine the changing demographics of elders and families; what it means to engage in care work of an elderly parent or relative; how care giving varies by race, gender, and socio-economic status; and institutional responses to the challenges of care giving from employers and the government. We close with reflections on the need for a co-ordinated, cross-sector movement to create an “aging-friendly” society in India - a society that values wellbeing across the life course and seeks multigenerational solutions.

2. METHODOLOGY

The study focuses on two States of India viz. Tamil Nadu and Kerala. According to 2011 Census Tamil Nadu stands third place is having elderly persons next to Goa and Kerala. That is elderly constitute 10.4 percent in Tamil Nadu and 12.6 percent in Kerala of the total population. Hence, it is decided to select these two States in addition Tamil Nadu has

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patriarchy culture, matriarchy is the culture of Kerala. Similarly on the basis of HDI and GDI status it is planned to conduct the study in these Two States. The data will be collected through secondary sources. The sources of data are articles, essays, journals, periodicals, newspapers, research papers and the books published by the earlier researchers. For this study, secondary method was vital, because the historical shift from traditional society to the modern society brings forth the reasons underlying the changed conceptions of old age.

TAMIL NADU

Tamil Nadu has a population of over 72 million as per the 2011 Census, it is estimated that almost 10.4 percent of the population of the state is 60 years or above. As per this estimate, 7.5 million people are in the elderly category and one percent, i.e., over 720,000, are in the 'oldest-old' category (80 years and above). Tamil Nadu is considered to be a demographically advanced state. The fertility level has been falling continuously and the state reached replacement level fertility in the early 1990s. As per sample registration system 2011, the total fertility rate of the state is 1.7. Early attainment of replacement level fertility and the continuous fall in the fertility levels has resulted in a large proportion of older people in the population which will increase rapidly in the forthcoming years due to decline in mortality levels and improvement in general health conditions. In addition, the continuous decline in fertility has meant that there are fewer children available for the elderly to rely on in the older ages.

KERALA

Kerala finds itself facing a huge human development challenge in the form of its elderly population, burgeoning faster than in any other state. At one time, this population was a showcase for Kerala's health facilities and living conditions. Now, more and more elderly people are being abandoned or tortured by their families. Many other elderly people have been abandoned in their houses across the state, uncared for, their presence sometimes undetected till their death. There have also been instances of the elderly being dumped in public places and of going to court against their children. A growing elderly population is a global phenomenon but Kerala's demographic transition - from a state with high mortality and high fertility to one with a low count in both of these, outpaces that of the rest of the country by 25 years, according to the Kerala Development Report published by the Planning Commission in 2008. Its findings highlight the contrast, which is starkest in the index of ageing, nearly twice as much in Kerala as in the rest of the country. Kerala's 60 plus population is 5.1 percent of the total in 1961, was just below the national 5.6 percent. Since 1980 Kerala has overtaken the rest and the 2001 comparison is 10.5 percent to 7.5 percent. At the other end of the spectrum, the proportion of the young has declined faster than elsewhere. Among the reasons cited are heavy migration of the young out of Kerala, and the frequent return of the elderly to spend their sunset years (Lakshmi et al., 2002). People above 60 constitute 13 percent of the state's population of 3.34 crore compared to the national figure of 8.2 percent, according to the 2011 Census. While India's population grew by 17.6 percent during the past decade, Kerala's growth rate was merely 4.6 percent.

FINDINGS OF THE STUDY

The state has some responsibility for the welfare of older people as expressed in the Indian Constitution. Article 41 Stages, The State shall, within the limits of its economic capacity

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and development make effective provision for securing the right to work, to education and to public assistance in case of unemployment, old age, sickness and disablements and other cases if underserved want. "This is not law but what is referred to as Directive Principles of State Policy and are "not enforceable in the Court of Law" (Paddy, 1994) beyond this broad statement of Principle, other Legislation basically places the responsibility for the care of older people in the hands of their children.

The substance of older Indians can come from a variety of places. The family and their finances remain the most important. Individual savings are frequently used to provide for the children's education and dowry payments. People often have to retire before their children have completed their education and married. In the organized sector of the economy, retirement benefits have improved over time, although these provisions only apply to a tiny, primarily male, portion of the population.

The organized sector employed or employs less than 10 percent of the population aged 60 and up. Even those covered by organized sector arrangements, such as pensions, do not make up for the loss of earnings associated with retirement, and those covered by pension schemes do not make up for the loss of earnings associated with retirement. By default, India's ageing policy puts the family in charge of post-employment income. The belief that the traditional Indian Joint family will reign supreme appears to have resurfaced. As previously said, the elderly suffer numerous issues, including social, psychological, economic, and health-related issues.

Social Issues

Despite social issues, the younger generation is often responsible for the care of older relatives. However, the living circumstances and level of care vary greatly amongst communities. Some previous research (Nair, 1972 & 1990; Prasad, 1991) looked into the living arrangements of the elderly and discovered that they were living alone with their children. In the majority of these research, it was discovered that the elderly respondents come from extended or joint households, with up to four generations living together. There was a noteworthy change in their living conditions over time, particularly among retirees. According to Sumangala (2003), they preferred to live alone with their spouse or unmarried children, even if it meant living separated from their married children. According to Nandal, Khatri, and Kadian (1987), the elderly who handed over their property to the younger generation while maintaining no influence over the source of income lost their ability to make decisions. It was discovered that old females lose status more frequently than elderly males.

Psychological Issues

The elderly confront psychological issues as their cognitive and other faculties deteriorate. Reasoning slows down, memory deteriorates, enthusiasm drops, cautiousness rises, and sleep patterns change. Mental illness is also far more prevalent among the elderly. Females who are less aggressive and experience less irritation when coping, according to Dhillon and D'Souza (1992), are more socially adjusted and mature, with a larger need for connection than males.

According to Patel (2003), institutionalized seniors have a lower sense of psychological well-being than non-institutionalized seniors. Non-institutionalised older persons adjusted better

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than institutionalised geriatric patients, according to Chandrika and Anantharaman (1982). Adjustment was influenced by factors such as rigidity of attitude, availability of a part to play and level of involvement, contact with the spouse, marital satisfaction, retirement, attitude toward one's future, bodily and mental health (including death). Depression was the most common psychiatric condition in the elderly population, according to Deshpande, Mathur, Bhatt, and Bohra (1998). The most common mental problem among the elderly patients sampled in Goa was found as affective disorders (Yvonneda, Ajoy, Rajesh & John, 2002). The gender of the patients played a significant role in the differences in mental categories and associated physical diseases. Dementia, according to Patel and Prince (2002), is a natural component of growing older that necessitates medical attention.

Economic Issues

Many of the challenges that the elderly have can be linked back to the loss of income that comes with entire or partial retirement from work, as well as the loss of social prestige that they had while working. The unorganized sector employs over 90% of India's entire labor. A majority of people who retire without any financial stability, such as a pension or other post-retirement benefits (Siva Raju, 2005) are forced to continue working in some capacity to support their family. According to studies undertaken in large cities (Udaipur: Sati, 1988 & Siva Raju, 2000), a significant percentage of retirees re-enter the workforce due to financial limitations.

The majority of the elderly live in poor or very bad economic situations, according to studies (Srivastava, 1983; Nair, 1990; Siva Raju, 1997, 2004), and widows suffer the most. Some studies (Nair, 1980; Mahajan, 1987) looked at the living conditions of old-age pension system recipients in certain states. In evaluating the scheme's efficacy in Uttar Pradesh, Soodan (1982) discovered that the majority of the pensioners were females (65%), widows (65%), and those without sons (82%). Because the pension was so low, the investigation discovered that only around a fifth (18%) of the retirees were working, and a few were even begging and sleeping on the streets. According to a similar survey conducted in Kerala (Nair, 1980), the majority of retirees got cash or kind support from their relatives or neighbors on a regular or irregular basis.

Health Issues

The Indian psyche is firmly established in the belief that old age is a time of diseases and physical infirmities. As people get older, they become more vulnerable to chronic diseases, physical infirmities, and mental incapacity. Health issues and medical care, predictably, become key concerns for the majority of the elderly. Despite this, many people avoid getting medical help owing to a variety of obstacles. Some people decline medical treatment simply because they have never had it before.

In the elderly, a wide range of ailments is common. Chronic bronchitis, anemia, blood pressure, chest discomfort, heart attack, kidney difficulties, digestive disorders, visual changes, diabetes, rheumatism, and depression are common ailments among the general population (Siva Raju, 2000). Walking and standing difficulties, partial or complete blindness, partial deafness, trouble moving some joints, dyspepsia, and mild dyspnea were the most common forms of disability among the elderly. Age, education, economic level, marital status, perspective of living, concerns and worries, addictions, degree of idleness, type of health center visited, and whether the person is on medication all have a substantial

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impact on the elderly's perceived and actual health state. Gender differences in health conditions are also significant (Siva Raju, 2002).
Clearly, these changes in the older population of the United States will provide challenges to family members who can offer elder care. Other national demographic transitions, such as young adults delaying marriage and childbearing, reduced family size, and changes in family makeup and structure, are adding to the difficulty. Increased longevity among the elderly not only prolongs the years of care giving for their adult children, but it may also need the involvement of their grandchildren as caregivers. Married couples may have as many as four elderly parents; in fact, they may have more relatives in need of care than children living at home or alone.

3. CONCLUSION

Elders are an important portion of any country's population. They are a society's knowledge assets in all aspects of life, from personal to economic, political, and social. As with every other part, you owe respect and care. However, when family structures change and modernity occurs, the elderly population will face insurmountable obstacles in living their lives in a respectable manner. Working and caring for the elderly can lead to stress, sadness, and burnout, which can lead to higher absenteeism and turnover. Additionally, working elder caregivers may be struggling with the stress of long-distance care giving as well as financial difficulty. In general, socioeconomic changes may have had a significant impact, such as urbanization, modernization, increased women's participation in economic activities, mobility of the younger generation, and the growth of individualism, but they are also clearly leading to the breakdown of the joint family structure, which used to be the primary support for the elderly in India.

India is undergoing significant technological, social, cultural, and demographic change. As a result, people were more conscious of the importance of health care, which led to an improvement in the quality of health-care facilities. As a result of a rise in life expectancy, the mortality rate has decreased, resulting in an increase in the old population. The conventional family support structure is rapidly disappearing from Indian society as the population of the elderly grows. In today's culture, the elderly are one of the most vulnerable and high-risk populations in terms of health and socioeconomic position.
The challenges faced by elders and their family caregivers are enormous and will continue to increase during the 21st century as the population ages. Families alone cannot offer elder care, old age homes alone cannot supply all of the inmates' needs, and the government cannot fund all of the elder policies and programs. To coordinate efforts at the national, state, and local levels and to help all residents of varied cultures and income levels as they age, a large-scale, cross-sector initiative is required.

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