Final Report of
Minor Research Project funded by
UGC (WRO), Pune
In the subject 'Sociology' entitled,

# 'ELDERLY WOMEN'S HEALTH CONDITIONS : A NEED TO ENHANCE THEIR WELL-BEING'

## (with special reference to Latur District)

*Submitted to*

**The Joint Secretary,**
University Grants Commission
Western Regional Office,
Ganeshkhind, Pune -411007

***By***


**Dr. Deshmukh Ulka Sitaram**
(M.A. B.Ed. Ph.D.)
Associate Professor, Dept. of Sociology
Smt.Sushiladevi Deshmukh Mahila Mahavidyalaya,
LATUR – 413532 (Maharashtra)


**January, 2017**

University College Code : 306

ESTD : 29-05-1990

Manjara Charitable Trust, Latur

# Smt. Sushiladevi Deshmukh Mahila Mahavidyalaya, Latur

Khadgaon Road, Latur (Maharashtra) - 413531
**Tel. No. (Office)** 02382-222480
**Ph. (R)** - 02382-223179, **Mob :** 9420036480 **Email :** sdm.college123@yahoo.co.in
(Permanently Affiliated : Swami Ramananad Teertn Marathwada University, Nanded)

**Hon. Dilipraoji Deshmukh**
President

**Dr. Asha Munde**
I/C Principal

Ref. No. SSDMML /

Date :

To,

**The Joint Secretary,**
**University Grants Commission**
**Western Regional Office (WRO)**
**Pune University, Ganeshkhind, Pune – 411 007.**

**Through**
The Director,
Board of College and University Development
Swami Ramanand Teerth Marathwada University,
Nanded.

**Sub :- Submission of Final progress report, Utilization Certificate of Minor Research Project and release of final installment.**

**Ref :-** UGC–WRO, Pune File No.23-2329/10 WRO dt.6th March 2011.

Respected Sir,

With reference to the subject cited above UGC-WRO, Pune approved minor research project entitled **"Elderly Women's Health Conditions : A Need Enhance Their Well-Being"** in the subject of Sociology has been completed by **Dr.Deshmukh U.S. Associate Professor, Sociology, Smt. Sushiladevi Deshmukh Mahila Mahavidyalaya, Latur.** The project work is complted within stipulated period. For the project the sum of **Rs.89,289/- (Rs. Eighty Nine Thousand Two Hundred Eighty Nine only)** is totally utilized. The utilization certificate and other documents one enclosed herewith for your perusal.

Kindly accept the same and favour me, by arranging the release of final installment and oblige.

Thanking You.

**Sincerely yours**

**Encl :**

1. Final progress report.
2. Audited utilization certificate.
3. Audited statement of expenditure with item wise details.
4. The statement of expenditure incurred on field work.
5. Other prerequisite certificates and duly filled in prescribed proforma of annexure III, IV, V, VI, VII & VIII.
6. Brief report of MRP work done.

University Grants Commission
Western Regional Office
Ganeshkhind, Pune – 411007

File No: 23-2329/10 (WRO)

Phones: (020) 25691477,
25691178, 25696897
Fax: (020) 25691477
Web site: www.ugc.ac.in

The Accounts Officer
University Grants Commission
Ganeshkhind, Pune-411007.

16 MAR 2011

**Subject: Financial assistance to college teachers for undertaking Minor Research Projects – Release of first installment.**

Sir,

The UGC on the recommendations of the Expert Committee has approved the Minor Research Project entitled "Elderly Women's Health Conditions: A Need to Enhance Their Wall- Being" in the subject- Sociology to be undertaken by Dr. Deshmukh U. S., **Smt. Sushiladevi Deshmukh Mahila Mahavidyalaya, Khadgaon Road, Latur- 413532.** The financial assistance of the UGC would be limited to Rs. 80000/- (Rupees Only) for a period of two years. An amount of Rs. 70000/- (Rupees Seventy thousand Only) is presently being sanctioned as the first installment.

| Non-Recurring Grant for Two years | Amount (Rs) | Recurring grant | 1st Year Amount | 2nd Year Amount |
|---|---|---|---|---|
| Books & Journals | 30000 | Contingency | 5000 | 5000 |
| Equipment | 30000 | Special Needs | 0 | 0 |
| | | Travel/Field work | 5000 | 5000 |
| | | Chemicals & Glassware | 0 | 0 |
| | | Others | 0 | 0 |
| Total (Rs.) | 60000 | | 10000 | 10000 |

**Total amount for the project: Rs. 80000/-**

The grant is subject to the terms and conditions as mentioned below.

1. A Certificate of Acceptance of the conditions governing the research project should be sent immediately to this office.
2. The amount of the grant shall be drawn by the Accounts Officer (D.D.O), University Grants Commission on the grant-in-aid bill and shall be disbursed to and credited to the above-mentioned institute through Cheque/D.D.
3. The sanctioned amount is debatable to the major Head 5.3.3. and is valid for payment during the financial year 2010 -2011 only.
4. The grant is subject to adjustment on the basis of Utilization Certificate in prescribed proforma submitted by University/College/Institute.

NOTE:

1. **The grant shall not be used self-financial/ non-grant/unaided courses & teachers.**
2. **Date of implementation will be the date of sanction of first installment.**
3. **The researcher is required to submit an Acceptance Certificate of the project in the enclosed format to the affiliating university, which would then be sent to UGC (WRO) in a bunch by the University.**
4. **Please send one copy of the project completion report to Director, INFLIBNET, Gujarat University Campus, Navrangpura. Ahmedabad for record.**

5. The statement of expenditure incurred and brief academic progress report relating to the above project is to be sent in the prescribed format to this office after completion of one year. Audited utilization certificate of full-allocated amount, audited statement of expenditure and final project report be submitted immediately after completion of the project.
6. The assets acquired wholly or substantially out of UGC grant shall not be disposed off or encumbered on utilized for purposes other that those for which the grant was given, without proper sanction of the UGC, Western Regional Office, Pune- 7 and should at any time the college cease to function, such assets shall revert to U.G.C.
7. A register of the assets acquired wholly or substantially out of the grant shall be maintained by the University/College in the prescribed form.
8. The University/College shall strictly follow all the instructions issued by the Govt. of India from time to time with regard to reservation of posts for SC/ST/OBC.
9. The interest earned by the University/College/Institute will be treated as additional grant and it is required to be incorporated in the U.C./Statement of Expenditure submitted to UGC, (WRO).
10. The University/College shall fully implement the office Language Policy of the Union Govt. and comply with the official Language Act, 1963 and Official language (use for official purposes of the Union) Rules, 1976 etc.
11. The sanction issues in exercise of the delegation of powers vide Commission office order No.5/92 dated may 01, 1992.
12. The funds to the extent are available under the scheme.
13. The grantee institution shall ensure the Utilization of grants-in-aid for which it is being sanction /paid. In case non-utilization/ part utilization, simple interest @ 10% per annum amended from time to time on unutilized amount from the date draw/to date of refund as per provisions contained in general financial Rules of Govt. of India will be charged.

Yours faithfully,

(Dr. G. Srinivas)
Joint Secretary

10/3/4

Copy to:
1. The Principal
   Smt. Sushiladevi Deshmukh Mahila Mahavidyalaya,
   Khadgaon Road, Latur -413532.
2. Dr. Deshmukh U. S., Smt. Sushiladevi Deshmukh Mahila Mahavidyalaya, Khadgaon Road, Latur -413532.
3. Director, BCUD/CDC, SRTM University
4. Director, Higher Education, Central Bldg, Pune
5. Accountant General, Maharashtra State, Mumbai
6. Guard File.

(Dr. G. Srinivas)
Joint Secretary

S. No.: -
P. T.: -

Shri Waghmare for N.A.
13/04/2011

UNIVERSITY GRANTS COMMISSION
Western Regional Office
Ganeshkhind, Pune - 411 007.

Phones: (020) 25691477,
25691178, 25696897
Fax: (020) 25691477
Web site: www.ugc.ac.in

**By Registered Post**

F. No. 23-2329/10(WRO)

**March 31, 2011**

**The Principal**
**Smt. Sushiladevi Deshmukh Mahila**
**Mahavidyalaya,**
**Khadgaon Road,**
**Latur - 413532.**

Subject: Release of grants in aid.

Sir/Madam,

Please find enclosed D.D./ Cheque pertaining to release of grant-in-aid to your college as per following details:

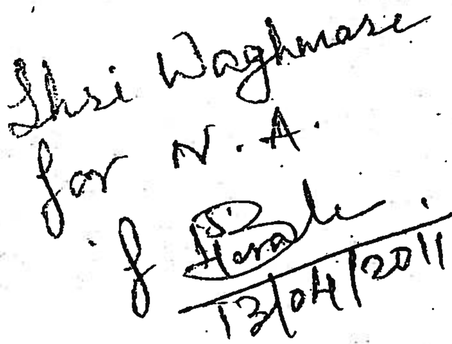
- **P.I.**: - Dr. Deshmukh U. S.
- **Sanction letter reference:** - 23-2329/10(WRO), Dated 16.03.11
- **Name of the Scheme:** - MRP (Humanities)
- **D. D. / Cheque details:** **Bank Name:** - Canara Bank
- **D. D. No:** - 752589 **Dated:** - 31.03.11
- **Amount:** - **Rs.** 70000/-

Kindly acknowledge of this letter.

Yours faithfully,

Sd/
(Accounts Officer)

(Since it is a computer-generated letter, signature is not necessary)
Copy to F. No. 23-2329/10 (WRO)



Annexure – VII

**UNIVERSITY GRANTS COMMISSION**
**BAHADUR SHAH ZAFAR MARG**
**NEW DELHI – 110 002**

## ACCEPTANCE CERTIFICATE FOR RESEARCH PROJECT

| | | |
|---|---|---|
| **Name** | : | **Dr. Deshmukh Ulka Sitaram** |
| **No.F.** | : | **23/2329/10(WRO) Pune dt.06/03/2011.** |
| **Title of the Project :** | | **Elderly Women's Health Conditions : A Need to Enhance Their Well- Being** |

1.The research project is not being supported by any other funding agency.

2.The terms and conditions related to the grant are acceptable to the Principal Investigator and University/College/Institution.

3.At present, I have no research project approved by UGC and the accounts for the previous project, if any have been settled.

4.The College/University is fit to receive financial assistance from UGC and is included in the list prepared by the UGC.

5.The Principal Investigator is a retired teacher and eligible to receive honorarium as he/she is neither getting any honorarium from any agency nor is he/she gainfully employed anywhere.

6.His/her date of birth is **01$^{st}$ Feb. 1958.**

7.The date of implementation of the project is **01$^{st}$ May. 2011.**

**(Dr. Deshmukh U.S.)**
**Principal Investigator**

**Principal**

**Minor Research Projects - On Elderly Women's Health Conditions:**

**A Need to Enhance Their Well - Being**

**Arranged By**

**Smt. Sushiladevi Deshmukh Mahila Mahavidyalaya, Latur**

**Receipts & Payments Statement For The Year Ending on 01.04.2011 To 31.03.2017**

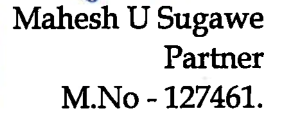
| RECEIPTS | AMOUNT | PAYMENTS | AMOUNT |
|---|---|---|---|
| **To Opening Balances**<br>Cash On Hand | - | By Contingencies Exp. | 10375 |
| | | By Travelling Exp. | 16500 |
| **To Grant-in-Aid**<br>Received from University Grant Commission Western Regional Office, Pune-411007<br>Dt. 14/03/2011 No. 23-2329/10 (WRO) | 70000 | By Books and Journals | 31164 |
| | | By Equipment | 31250 |
| **To Hand Loan from**<br>Principal Smt. Sushiladevi Deshmukh Mahila Mahavidyalay, Latur | 19289 | | |
| | | **By Closing Balances**<br>Cash on Hand | - |
| Total | 89289 | Total | 89289 |

Verified with the books of accounts and vouchares produced & explanations offered in support thereto and found to be in confirmity there with.

Date - 30.12.2017

Place - Latur

For M P G V & Co. LLP
Chartered Accountants



Mahesh U Sugawe
Partner
M.No - 127461.

Principal

(Dr. Deshmukh U.S.)
Principal Investigator

**GFR 19-A**

**[See Rule 212(1)]**

**UTILIZATION CERTIFICATE**

| Sr. No. | Letter No and Date | Amount | |
|---|---|---|---|
| 1 | File No. 23-2329/10(WRO) Dt. 06.03.2011 | 70000 /- | Certified that out of Rs. 70000 /- (Rs. Seventy Thousand Only ) Grant-in-Aid sanctioned for the financial year 2010-11 to 2016-17 in favor of **Principal, Smt. Sushiladevi Deshmukh Mahila Mahavidyalaya, Latur under this University Grants Commission, Western Regional Office, Ganeshkhind, Pune 411007, Letter F. No. 23-2329/10 (WRO) Dt. 06/03/2011.** given in the margin and Rs. Nil unspent balance of the previous year, a sum of Rs. 89,289/- (Rs. Eighty nine thousant Two hundred eithy nine only) has been utilized for the purpose of implementation i.e. **Minor Research Projects on "Elderly Women's Health Conditions: A Need to Enhance Their Well - Being"** for which it was sanctioned and that the balance of Rs. Nil. Remaining unutilized at the end of the year has been surrendered to Government (vide Nil) will be adjusted towards the grants-in-aid payable during the next year. |
| | Total Rs. | 70000 /- | |

Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled / are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

**Kinds of checks exercised. - 1) Cash Book 2) Ledger Book 3) Bills and Vouchar Book 4) Copy of Grant Order.**

Date - 30.12.2017

Place - Latur

For M P G V & Co. LLP

Chartered Accountants

Mahesh U Sugawe

Partner

M.No - 127461.

(Deshmukh U.S.)

Principal | Principal Investigator

# DECLARATION

I hereby declare that the Minor Research Project (MRP) entitled **'ELDERLY WOMEN'S HEALTH CONDITIONS : A NEED TO ENHANCE THEIR WELL-BEING' (with special reference to Latur District)** sanctioned by UGC is original work carried out by me in the Dept. of Sociology, Smt.Sushiladevi Deshmukh Mahila Mahavidyalaya, LATUR – 413532 (Maharashtra) during 1st May 2011 to 30th April 2013.

**Dr. Deshmukh U.S.**
Dept. of Sociology
Smt.Sushiladevi Deshmukh Mahila Mahavidyalaya,
LATUR

# CERTIFICATE

This is to certify that, The Minor Research Project of Principal Investigator (PI) **Dr. Deshmukh Ulka Sitaram** has uploaded with the executive summary of the project on the college website.

The URL link is ____________________________________

This certificate is as per the requirement under Minor Research Project (MRP) guidelines.

**Principal**

Annexure-IV

**UNIVERCITY GRANTS COMMISSION**
**BAHADUR SHAH ZAFAR MARG**
**NEW DELHI-110002**

## Utilization certificate

Certified that the grant of **Rs. 70,000 (Rs. seventy thousand only)** received from the University Grants Commission under the scheme of support for **Minor Research Project entitled "Elderly Women's Health conditions; A Need to Enhance Their Well Beings"** vide UGC letter No. File No:23-2329/10(WRO) Pune dated 6th March 2011 has been fully utilized for the purpose for which it was sanctioned and in accordance with the terms and conditions laid down by the University Grants Commission.

For M P G V & Co. LLP
Chartered Accountants

Date - 30.12.2017

Place - Latur

Mahesh U Sugawe
Partner
M.No - 127461.

(Dr. Deshmukh U.S.)

Principal | Principal Investigator

## 2. STATEMENT OF EXPENDITURE

**Name of Principal Investigator : Dr. Deshmukh Ulka Sitaram**
**Name of College : Smt. Sushiladevi Deshmukh Mahila Mahavidyalaya, Latur**

Date of Starting Of Project : 01.05.2011
Date of Completion of Project : 31.10.2016

(For One / **Two Years**)

| **Heads** | **Sanctioned Amou** | **Received Amount** | **Actual Expenditure** |
|---|---|---|---|
| Contingencies | 10000 | 5000 | 10375 |
| Travelling / Field Work | 10000 | 5000 | 16500 |
| Books and Journals | 30000 | 30000 | 31164 |
| Equipment | 30000 | 30000 | 31250 |
| Special Needs | - | - | - |
| Other | - | - | - |
| **Total** | 80000 | 70000 | 89289 |

Date - 30.12.2017
Place - Latur

For M P G V & Co. LLP
Chartered Accountants

Mahesh U Sugawe
Partner
M.No - 127461.

Principal

(Dr. Deshmukh U.S.)
Principal Investigator

## 3. PROJECT COMPLETION REPORT (PCR)

This is to certify that the Minor Research Project entitled **'ELDERLY WOMEN'S HEALTH CONDITIONS : A NEED TO ENHANCE THEIR WELL-BEING' (with special reference to Latur District)** sanctioned to **Dr. Deshmukh Ulka Sitaram,** Dept. of Sociology, **Smt.Sushiladevi Deshmukh Mahila Mahavidyalaya, LATUR (Maharashtra)** is completed within the stipulated period of May 2011 to April 2013.

Hence certified.

**Principal**

# UNIVERSITY GRANT COMMISSION

## Minor Research Project

## ASSESTS CERTIFICATE

Name of Investigator : **Dr.Deshmukh Ulka Sitaram**

Name of College : **Smt.Sushiladevi Deshmukh Mahila Mahavidyalaya, LATUR (Maharashtra).**

Date of starting of project : **01st May 2011.**

It is certified that the following equipment has been handed over to the college:

1) One Computer set.

(Dr. Deshmukh U. S.)
**Principal Investigator** **Principal**

# UNIVERSITY GRANT COMMISSION

## Minor Research Project

## ACCESSION CERTIFICATE

Name of Investigator : **Dr.Deshmukh Ulka Sitaram**

Name of College : **Smt.Sushiladevi Deshmukh Mahila Mahavidyalaya, Latur (Maharashtra).**

Date of starting of project : **01st May 2011.**

It is certified that the Books purchased from MRP grant are handed over to the college central / departmental library.

Their Accession Number is from 16080 to 16184.

(Dr.Deshmukh U.S.)

**Principal Investigator** **Librarian** **Principal**

Annexure VI

# University Grant Commission

Bahadur Shah Zafar Marg New Delhi – 110 002

STATEMENT OF EXPENDITURE INCURRED ON FIELD WORK.

Name of Principal Investigator : Dr. Deshmukh Ulka Sitaram.

| Sr. No. | Name of Place visited | Duration of visit | | Mode of Journey | Expenditure incurred |
|---|---|---|---|---|---|
| | | From | To | | |
| 1 | Ausa, Killari | 01.01.12 | 01.01.12 | By Car | 1650/- |
| 2 | Renapur, Pangaon | 08.01.12 | 08.01.12 | By Car | 1650/- |
| 3 | Murud | 15.01.12 | 15.01.12 | By Car | 1650/- |
| 4 | Nilanga,Panchincholi | 22.01.12 | 22.01.12 | By Car | 1650/- |
| 5 | Shirur Anantpal, Yerol | 29.01.12 | 29.01.12 | By Car | 1650/- |
| | **Total (1st Phase)** | | | | **8250/-** |

**Second Phase**

| Sr. No. | Name of Place visited | From | To | Mode of Journey | Expenditure incurred |
|---|---|---|---|---|---|
| 1 | Deoni, Walandi | 02.12.12 | 02.12.12 | By Car | 1650/- |
| 2 | Udgir-Wadhwana | 09.12.12 | 09.12.12 | By Car | 1650/- |
| 3 | Jalkot-Patoda | 16.12.12 | 16.12.12 | By Car | 1650/- |
| 4 | Chakur-Nalegaon | 23.12.12 | 23.12.12 | By Car | 1650/- |
| 5 | Ahmedpur, Shirur Taj. | 30.12.12 | 30.12.12 | By Car | 1650/- |
| | **Total (2nd Phase)** | | | | **8250/-** |
| | **Grant Total (1st + 2nd Phase)** | | | | **16500/-** |

Certified that the above expenditure is in accordance with the UGC norms for minor research project.

**Dr. Deshmukh U.S.**
**Principal Investigator**

**Principal**

Annexure - V

**UNIVERSITY GRANTS COMMISSION**
**BAHADUR SHAH ZAFAR MARG**
**NEW DELHI – 110 002**

**STATEMENT OF EXPENDITURE IN RESPECT OF MAJOR/MINOR RESEARCH PROJECT**

1. Name of Principal Investigator : Dr. Deshmukh Ulka Sitaram.

2. Deptt. of University/College : Smt. Sushiladevi Deshmukh Mahila Mahavidyalay, Latur.

3. UGC approval No. and Date : File No. 23/2329/10 (WRO) Pune dt.06/03/2011.

4. Title of the Research Project : Elderly Women's Health Conditions : A Need to Enhance Their Well- Being

5. Effective date of starting the project : 01st May 2011.

6. a. Period of Expenditure: From : 01st May 2011 to 31st Oct. 2016.

   b. Details of Expenditure

| S.No. | Item | Amount Approved Rs. | Expenditure Incurred Rs. |
|---|---|---|---|
| i. | Books & Journals | 30000 | 31164 |
| ii. | Equipment *(please enclose the quotation)* | 30000 | 31250 |
| iii. | Contingency | 5000 | 10375 |
| iv. | Field Work/Travel (Give details in the proforma at Annexure- VI). | 5000 | 16500 |
| v. | Hiring Services | - | - |
| vi. | Chemicals & Glassware | - | - |
| vii. | Overhead | - | - |
| viii. | Any other items (Please specify) | - | - |
| | **Total** | **70000** | **89289** |

c . Staff : Nil.

Date of Appointment : Not applicable

| S.No. | Expenditure Incurred | From to | Amount Approved (Rs.) | Expenditure Incurred(Rs.) |
|---|---|---|---|---|
| 1. | Honorarium to PI (Retired Teachers) Rs.12,000/- p.m. | - | | |
| 2. | Post-Doctoral Fellow Fellowship @ Rs. 12,000/- p.m. | - | | |
| 3. | Project Associate salary @ Rs.10,000/- p.m. | - | | |
| 4. | Project Fellow salary @ Rs.8000/- p.m. | - | | |

1. It is certified that the appointment(s) have been made in accordance with the terms and conditions laid down by the Commission.

2. It as a result of check or audit objective, some irregularly is noticed, later date, action will be taken to refund, adjust or regularize the objected amounts.

3. Payment @ revised rates shall be made with arrears on the availability of additional funds.

4. It is certified that the grant of **Rs. 70,000/- (Rs. Seventy Thousand only)** received from the University Grants Commission under the scheme of support for Major Research Project entitled **Elderly Women's Health Conditions : A Need to Enhance Their Well- Being vide UGC letter No. F. 23/2329/10 (WRO) Pune dated 06/03/2011** has been fully utilized for the purpose for which it was sanctioned and in accordance with the terms and conditions laid down by the University Grants Commission.

(Dr. Deshmukh U.S.)

**PRINCIPAL INVESTIGATOR** **PRINCIPAL**

Annexure -III

# UNIVERSITY GRANTS COMMISSION
# BAHADUR SHAH ZAFAR MARG
# NEW DELHI – 110 002.

**Annual/Final Report of the work done on the Major/Minor Research Project. (Report to be submitted within 6 weeks after completion of each year)**

1.Project report No. 1st /2nd /3rd /Final : **01st.**

2.UGC Reference No. : **23/2329/10(WRO) Pune dt.06/03/2011.**

3.Period of report: from : **2011 to 2013.**

4.Title of research project : **Elderly Women's Health Conditions : A Need to Enhance Their Well- Being**

5.(a) Name of the Principal Investigator: **Dr. Deshmukh Ulka Sitaram.**

(b)Deptt. and University/College where work has progressed Dept.of Sociology

**Smt. Sushiladevi Deshmukh Mahila Mahavidyalay, Latur.**

6.Effective date of starting of the project : **01 st May. 2011.**

7.Grant approved and expenditure incurred during the period of the report:

a.Total amount approved **Rs. 70000/-**

b.Total expenditure **Rs. 89289/-**

c.Report of the work done:

i.Brief objective of the project **Attached Separate Sheet.**

ii.Work done so far and results achieved and publications, if any, resulting from the work (Give details of the papers and names of the journals in which it has been published or accepted for publication : **No.**

iii. Has the progress been according to original plan of work and towards achieving the objective. if not, state reasons. : **Yes.**

iv. Please indicate the difficulties, if any, experienced in implementing the project : **No.**

v. If project has not been completed, please indicate the approximate time by which it is likely to be completed. A summary of the work done for the period (Annual basis) may please be sent to the Commission on a separate sheet -

vi. If the project has been completed, please enclose a summary of the findings of the study. Two bound copies of the final report of work done may also be sent to the Commission : **Work is in progress for which separate sheet is attached.**

vii. Any other information which would help in evaluation of work done on the project. At the completion of the project, the first report should indicate the output, such as (a) Manpower trained (b) Ph. D. awarded (c) Publication of results (d) other impact, if any : **No.**

**(Dr. Deshmukh U.S.)**
**Principal Investigator**

**Principal**

Pertaining to : **Annexure – III**

**Item C Report work done :**

**i) Brief Objectives of Project :**

1) To know the socio-economic condition of the elderly women.
2) To understand the psychological and health problems faced by the elderly women.
3) To bring out the physical and moral support rendered by the family members to the elderly women.
4) To mobilize the people, social workers voluntary organization in request to awareness about the problem of elderly women.
5) To draw conclusions and suggest recommendations.

**vi) Work done :**

1) Collected the references.
2) Action plan regarding data collection by respondent was framed out.
3) Finalized the questionnaire schedule by following pilot study by taking interviews of respondent.
4) Nearly 50% work of data collection by interviewing and fill the in questionnaire schedule was completed.

Annexure -III

# UNIVERSITY GRANTS COMMISSION
# BAHADUR SHAH ZAFAR MARG
# NEW DELHI – 110 002.

**Annual/Final Report of the work done on the Major/Minor Research Project. (Report to be submitted within 6 weeks after completion of each year)**

1.Project report No. 1st /2nd /3rd /Final : **Final Report**

2.UGC Reference No. : **23/2329/10(WRO) Pune dt.06/03/2011.**

3.Period of report: from : **2011 to 2013.**

4.Title of research project : **Elderly Women's Health Conditions : A Need to Enhance Their Well- Being**

5.(a) Name of the Principal Investigator: **Dr. Deshmukh Ulka Sitaram.**

(b)Deptt. and University/College where work has progressed Dept.of Sociology

**Smt. Sushiladevi Deshmukh Mahila Mahavidyalay, Latur.**

6.Effective date of starting of the project : **01st May. 2011.**

7.Grant approved and expenditure incurred during the period of the report:

a.Total amount approved **Rs. 70000/-**

b.Total expenditure **Rs. 89289/-**

c.Report of the work done :

i.Brief objective of the project **Attached Separate Sheet.**

ii.Work done so far and results achieved and publications, if any, resulting from the work (Give details of the papers and names of the journals in which it has been published or accepted for publication : No.

iii. Has the progress been according to original plan of work and towards achieving the objective. if not, state reasons. : **Yes.**

iv. Please indicate the difficulties, if any, experienced in implementing the project : **No.**

v. If project has not been completed, please indicate the approximate time by which it is likely to be completed. A summary of the work done for the period (Annual basis) may please be sent to the Commission on a separate sheet -

vi. If the project has been completed, please enclose a summary of the findings of the study. Two bound copies of the final report of work done may also be sent to the Commission : **Enclosed two bound copies.**

vii. Any other information which would help in evaluation of work done on the project. At the completion of the project, the first report should indicate the output, such as (a) Manpower trained (b) Ph. D. awarded (c) Publication of results (d) other impact, if any : **No.**

**(Dr. Deshmukh U.S.)**
**Principal Investigator**

**Principal**

Annexure – VIII

**UNIVERSITY GRANTS COMMISSION**
**BAHADUR SHAH ZAFAR MARG**
**NEW DELHI – 110 002**

**PROFORMA FOR SUBMISSION OF INFORMATION AT THE TIME OF SENDING THE FINAL REPORT OF THE WORK DONE ON THE PROJECT**

1.NAME AND ADDRESS OF THE PRINCIPAL INVESTIGATOR : **Dr. Deshmukh Ulka Sitaram, Associate Professor, Smt.Sushiladevi Deshmukh Mahila Mahavidyalaya, Latur.**

2.NAME AND ADDRESS OF THEINSTITUTION : **Smt. Sushiladevi Deshmukh Mahila Mahavidyalaya, Latur.**

3.UGC APPROVAL NO. AND DATE : **File No. 23/2329/10(WRO) Pune Dt. 06/03/2011.**

4.DATE OF IMPLEMENTATION : 01st May 2011.

5.TENURE OF THE PROJECT : 31st Oct. 2016.

6.TOTAL GRANT ALLOCATED : 80,000/-.

7.TOTAL GRANT RECEIVED : 70,000/-

8.FINAL EXPENDITURE : 89,289/-

9.TITLE OF THE PROJECT : **Elderly Women's Health Conditions : A Need to Enhance Their Well- Being**

10.OBJECTIVES OF THE PROJECT : **Separate sheet attached.**

11.WHETHER OBJECTIVES WERE ACHIEVED (GIVE DETAILS) : **Yes, Separate sheet attached.**

12.ACHIEVEMENTS FROM THE PROJECT : **Separate sheet attached.**

13.SUMMARY OF THE FINDINGS ( IN 500 WORDS) : **Separate sheet attached.**

| | |
|---|---|
| 14.CONTRIBUTION TO THE SOCIETY ( GIVE DETAILS ) | : **Separate sheet attached.** |
| 15.WHETHER ANY PH.D. ENROLLED/PRODUCED OUT OF THE PROJECT. | : No. |
| 16.NO. OF PUBLICATIONS OUT OF THE PROJECT .................. ( PLEASE ATTACH RE-PRINTS) | : Communicated. |

**(Dr. Deshmukh U.S.)**
**Principal Investigator**

**Principal**

**Pertaining to Annexure – VIII**

**Item 10 :**

**Objectives of Project :**

1) To know the socio-economic condition of the elderly women.
2) To understand the psychological and health problems faced by the elderly women.
3) To bring out the physical and moral support rendered by the family members to the elderly women.
4) To mobilize the people, social workers voluntary organization in request to awareness about the problem of elderly women.
5) To draw conclusions and suggest recommendations.

**Item 11 :**

**Whether objectives were achieved : Yes.**

After analyzing the collected data, fruitful conclusions regarding psychological and health problems faced, physical and moral support rendered by family members, necessity of health awareness program for Elderly women to be organized by NGOs, people, Social Worker were achieve and some important suggestions were made to society, NGOs and Govt. agencies catering health services.

**Item 12 :**

**Achievements from the project :**

Day by day population is increasing, likewise, elder group of society particularly women are facing many types of health problems. Research project has outlined data based information of elderly women residing both in rural and urban locations. Researcher has not only studied the socioeconomic profile of elderly women but also understood the gravity of psychological and other health problems facing now a days. Whether they are getting physical and moral support by family members and that to at how much tune, whether at proper time or not. Researcher has drawn some conclusions and suggested recommendations to be executed by society, NGO and Govt. agencies concerned for giving better heath provisions to elderly women group of society.

**Pertaining to Annexure VIII**

## 13. Summary of Findings :

Elderly women are the growing population in our country. It is estimated that by the year 2050 elderly population will out reach the youth population and India will be in the first position all over the world. Due to the change in the social outlook the elderly population are unconsidered in most of the circumstances both in rural and urban areas. Thus they have become the most vulnerable suffers in the society especially the older women. The living conditions of the elderly women are dynamic. They change over the life course, adopting changing life circumstances. Their conditions are mainly influenced by variety of factors like marital status, financial well being, health status and family size and structure as well as cultural traditions. Moreover as age grows they suffer from lack of physical and mental well being mainly due to the improper support received from their family members.

Health problem is the most serious thing that has to be concerned by the society on the whole. It was observed that almost all the women suffer from one or the other disabilities like visual (58.0%), hearing (11.1%), speech (1.6%) and physical (0.9%), The other physical problems they suffer from are chronic diseases like cough, diabetics, joint pain, ulcer, heart problem, blood pressure, paralysis, viral fever etc. In order to receive the medical treatment most of them prefer allopathic treatment and they visit government hospitals followed by private hospitals. Very few respondents also took the treatments like naturopathy and homeopathy. Care giving is essential for the elderly women during their illness. Nearly half of them receive care from their sons next from their daughters. Half of the elderly women have psychological problems like depression, isolation, loneliness and irritation.

The result on allopathic treatment by age does not show any significant result. The 'young old' group visits government hospitals whereas the 'old old' groups prefer to go to private hospitals due to the natural tendency that private hospitals are well equipped than the government hospitals. The educational status and the preference to go to the hospitals shows no significant difference. During their ill health they prefer to be cared by their sons and daughters. Thus elderly women suffer from ill health without the proper attention and care.

**Recommendations**

- The elderly women have more chronic diseases than elderly men, because they do not think about their health care. The family members and voluntary organization should aware them.
- The elderly women's who are living alone should be cared by Govt. and other non-government organizations. They need proper care and support.
- There should be proper co-ordination between health care and welfare measures for more cost effective and efficient programmes.
- Simple to remember hospital emergency numbers and ambulance call numbers should be made popular through wide publicity.
- NGOs and Governmental agencies related to health department should be conducted awareness camps on nutrition in general and nutritional requirements of elderly and old age related health problems.
- Rural government facilities lacked essential geriatric care facilities. As a result, the elderly had to be satisfied with the mobile care units. Therefore, geriatric at the rural areas should be strengthened.
- Health care delivery staff must be equipped to give proper health care counseling to the elderly.
- Volunteers must be encouraged to accompany the elderly in seeking health care.

**14. Contribution to Society :**

Research work gives better guidelines about illness profile observed in elderly women component of society, type of hospitals which are catering health services in rural as well as urban sector, health problems faced by elderly women due to their age factor, nature of treatment which they get to recover the health problem, likewise basic information is essential to planner to execute and plan more appropriate and feasible action against health issues for elderly women.

## ACKNOWLEDGEMENT

Aging is a multi-dimensional phenomenon involving changes in physical, mental and social aspects of a person's life. It is also a natural and universal phenomenon duals world over but its magnitude and manifestations are not the same everywhere.

India is the home of second largest number of elderly population in the world with about 77 million elderly and more than 80% of its elderly population resides in rural areas. However very scant information is available about the health status of elderly in our country, which are services to them.

First of all, I would like to extend my heartfelt gratitude to UGC, New Delhi for giving an opportunity to conduct research by providing financial support.

My sincere thank to Hon'ble President Mr.Diliprao Deshmukh to give me opportunity of research. I thank Dr.Babasaheb Gore, Principal of Smt.Sushiladevi Mahila Mahavidyalaya; he motivated me time to time for completing this work. I also thank to librarian Mr.Namdev Kate and all my colleagues.

**Dr.Deshmukh U.S.**

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# 'ELDERLY WOMEN'S HEALTH CONDITIONS : A NEED TO ENHANCE THEIR WELL-BEING'

(with special reference to Latur District)

## 1.1 Introduction

Ageing is a biological process and experienced by the mankind in all times. It refers to a sequence of changes across a life span of an individual. Though ageing is a multidimensional process, old age is the closing period of the life of individual. It is a period when people move away from their more desirable period or times of 'usefulness'. (Kumar, 1992) have stated that ageing is a toil some treadmill grinding to a tragic halt as the years pile up. It is a life spanning process of growth and development running from birth to death. It is generally associated with decline in the functional capacity of the organs of the body due to physiographical transformation.

Though old age is the universal phenomenon with varying degrees of probability, it is overlooked as fundamental aspects of social structure and social dynamics. A person's activities, attitude towards life, a relationship to the family and the work, biological capacities and physical fitness are all conditioned by the position in the age structure of the particular society in which he lives. The term 'old age' conjures up images of frustration and pity, sickness and poverty, despair and senility, warmth and responsibility. The relationship between ageing and the society's response are complex in the industrial society. Aging is more difficult in the rapidly changing materialistic society. The modernization plays a vital role in the aging process of an individual. The aged feel a sense of social isolation because of the disjunction from various bonds viz., work relationships and diminish of relatives and friends, mobility of children to far off places for jobs. The situation of the elderly still worsens when there is physical incapacity and financial stringency.

The general characteristics of old age are physical and physiological changes. It is common to associate old age with disability. Older people are heterogeneous i.e. extreme losses of physical, mental and social functions are often seen in old people. Yet many people continue to maintain high level of function. However, as "young-old" move in to the "old-old" category, they

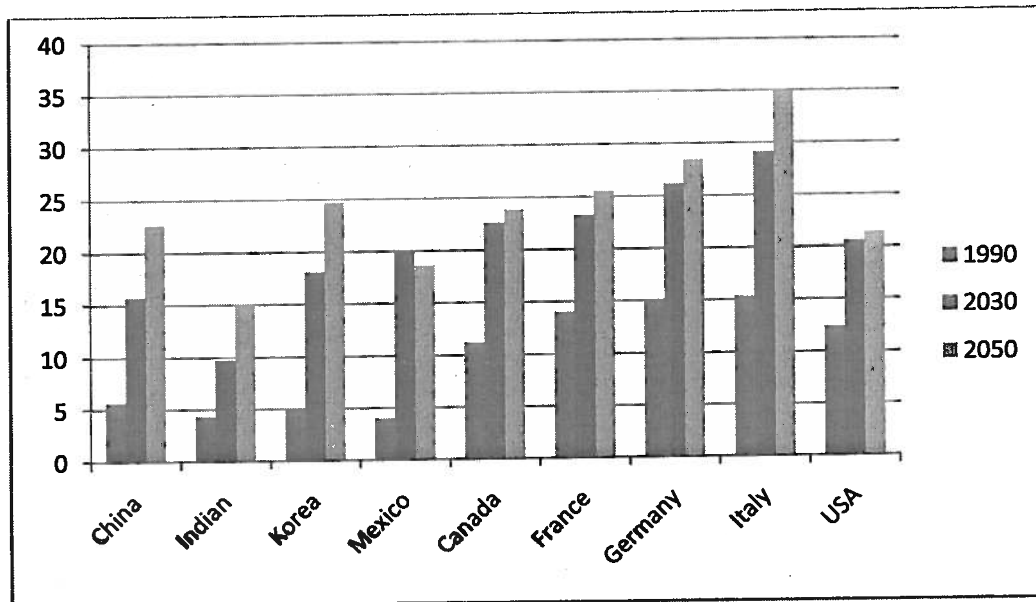
tend to have more health complaints and diagnosed illness. The presence and duration of the chronic diseases account for a portion of variation in the functional disability of the aged (Camacho et. Al., 1993). The elderly people face number of number of problems and adjust to them in varying degrees in their old age. These problems range from absence of ensured and their dependents, to ill-health, absence of social security, loss of social role and recognition and the non-availability of opportunities for creative use of free time.

Today aging is a concern world over. Inadequate support from the care givers leads to lack of moral, emotional and physical support for elderly. The living condition of elderly differs in both developed and developing countries. When comparing the world scenario of elderly population, China is not alone with respect to extremely rapid populating aging among developing countries. The proportion of elderly in Korea will climb to higher level with a large annual increase rate than in China. Mexico and India, two developing countries with large population sizes also will undergo very rapid population aging at annual increase rates of 2.6 and 2.1 per cent, although the proportion of elderly in 2050 will be substantially lower than in China. The annual increases in the proportion of the elderly between 1990 and 2050 in China, India, Korea and Mexico are all much higher in European and north American countries. This fact deserves serious attention not only in those developing countries, but also from international organizations and developed countries (Kelvin et. Al., 1992, Linda et. Al., 1994).

**International Comparison of Indicators of Population Aging**

| Countries | Percentage of elderly aged 65+ | | |
|---|---|---|---|
| | 1990 | 2030 | 2050 |
| China | 5.6 | 15.7 | 22.6 |
| Indian | 4.3 | 9.7 | 15.1 |
| Korea | 5.0 | 18.1 | 24.7 |
| Mexico | 4.0 | 19.9 | 18.6 |
| Canada | 11.2 | 22.6 | 23.8 |
| France | 14.0 | 23.2 | 25.5 |
| Germany | 15.0 | 26.1 | 28.4 |
| Italy | 15.3 | 29.1 | 34.9 |
| USA | 12.4 | 20.6 | 21.4 |

Source : UN Population Division (1999)



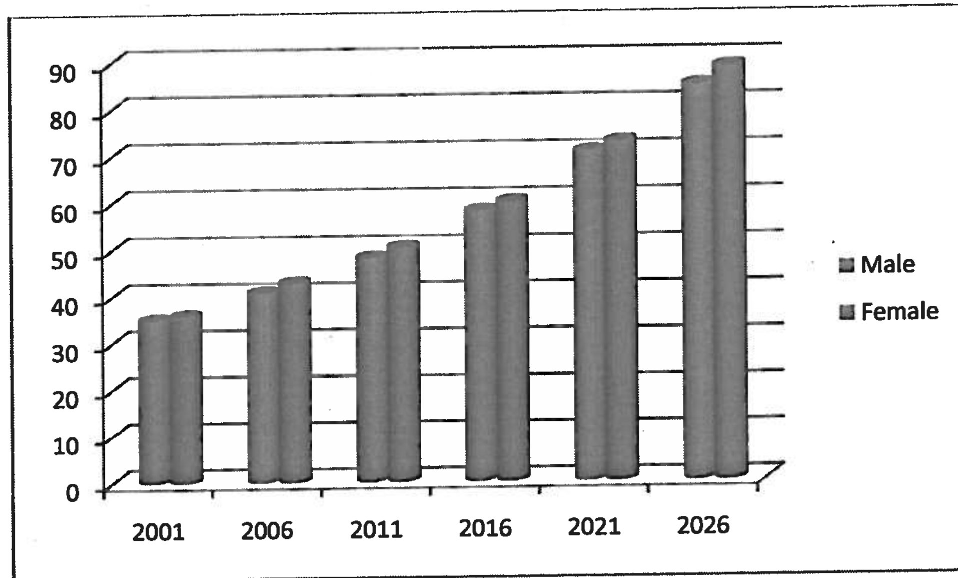

In India according to 2001 census estimates the elderly constitute about 7.45 percent of the total population. India is one of the few countries where the elderly sex ratio favours males. Dependency ratio for the old has been rising from 10.5 in 1961 to 11.8 in 1991 and is projected to be 16.1 by 2021. (Rajan et al., 1999)

India's elderly population has already crossed 100 million mark during 2011. As per analysis of census data and projections, elderly population sex ratio is in favour of female elderly. As per the census 2011, whereas for total Indian population sex ratio is in favour of female elderly. As per the census 2011, whereas for the total Indian population sex ratio is in favour of male population in ratio 940:1000, for elderly at (60+) population it's in favour of elderly women by 1022:1000.

**Elderly Population of India (In Millions)**

| Year | Male | Female |
|---|---|---|
| 2001 | 34.94 | 35.75 |
| 2006 | 40.75 | 42.83 |
| 2011 | 48.14 | 50.33 |
| 2016 | 58.11 | 59.99 |
| 2021 | 70.6 | 72.65 |
| 2026 | 84.62 | 88.56 |

Source : Census of India, 2011




Elderly population analysis shows that in upper that in upper age groups, population of older women is increasing remarkably. At the age of 65, 70, 75 and 80 are 1310, 1590, 1758 and 1980 elderly women respectively per 1000 elderly men.

For a developing country like India, rapid growth in the number of older population creates issues that hardly perceived yet, this must be addressed for social and economic development. (Gore, 1993) opined that in developed countries, population ageing has resulted in a substantial shift it emphasis a significant change in the share of social programmes going to older age groups. But in developing society these transfers will take place informally and will be accompanied by high social and psychological costs by way of intra-familial misunderstanding and strife. In the Indian scenario, as such found in many developing countries health problems and medical care are the major concern among a large majority of the elderly.

Elders suffer from desires, psychological problems of usefulness and abundant. Women react in different ways in this diminishing role. Those who have not occupied positions previously with little authority or influence perhaps feel it the least those who have occupied of authority have considerably difficulty in coping. It should be noted that problems of the old age are highly individualistic in nature. In order to provide better living condition of the elderly women the government of India decided in the year 1983-84 for the first time to give grants to voluntary organization for services

to the aged, for health care, income generation subsistence, training and old age homes.

Thus the growing concern with the problem of ageing and constant development of services have brought about demands for professionalization of care of older people through man power development and training. Yet old women face the miserable conditions in their life, as they are family bonded and not ready to live in old age homes; they suffer aloof until their life ends. This is the condition that prevails in the present scenario in most of the rural as well as in urban areas in our country.

## 1.2 Objectives

1) To know the socio-economic condition of the elderly women.

2) To understand the psychological and health problems faced by the elderly women.

3) To bring out the physical and moral support rendered by the family members to the elderly women.

4) To mobilize the people, social workers voluntary organization in request to awareness about the problem of elderly women.

5) To draw conclusions and suggest recommendations.

## 1.3 Review of Literature

Rao et. Al. (2003) in a study of health status of the rural aged in Andhra Pradesh, found that health problems find to increase with advancing age and very often, the problems aggravate due to neglect, poor economic status, social deprivation and inappropriate dietary intake. A high proportion of the total respondents status they were suffering from illness seriously. Lack of medical facilities in the village and poor economic conditions might be responsible for the low health status of the villagers (Rao et. al. 2003). This is corroborate by the find of Singh et.al (2005) in his study in rural Haryana. Hence, majority of landless rural aged were suffering from one or the other health problems and physical disabilities. Achir (1998), in the paper 'Strategies to formulate Family Support System and Community based services for the care of the old' showed although, changes are good indicators of development, dilemma for support capacity of the family towards the elderly is inevitable. With many women entering the work force, available support for the elderly has significantly reduced. As a sequence, the International Year of the Family has appealed to the world of maintain, strengthen and protect the family to ensure continuity of its vital role in preserving dignity, status and security of its ageing members. Pappathi et. al. (2005) In the year, "Psycho-social characteristics and problems of Rural Aged" showed that the psycho-social perspectives and problems and strategies to welfare of the rural female aged found that a majority suffer from joint pain, blood pressure and chest pain. A few complaint of asthma, piles, lose of weight, diabetes and skin diseases. Only 30 per cent among the rural aged where in good health. Vasantha (1998), In the paper "Nutrition and Health Problems" found that the rural aged suffered from nutritional, psychological and other problems, when compare to urban aged. The aged employed privately and those self employed had more of health problems then not gainfully employed person. In general, the male members were found to be literate, economically independent and had less physiological and nutritional problem when compare to the female counter parts, when literacy level, income level and employment status improve, they seem to have better health. Nair (1989), a study on, "The Aged in Rural India : A study of the Socio-Economic and Health Profile", revealed that the incident and prevalence of chronic as well as

non-chronic disease are more in rural elderly that is i) respiratory diseases ii) loco-motor illness iii) blood pressure. The majority of the aged comparatively longer among males. J. Balamurugan and G.Ramathirtham (2012) observed that the number and types of variable and their extent of influence on the health status (both perceived and actual) of the elderly vary. Further, these are certain common specific factors that influence the health status among the elderly belonging to gender wise distribution. Hence, these findings raise a number of issues for formulating appropriate health policies for the elderly. Similarly, the pattern of various inputs for developing the appropriate social policy for the welfare of the elderly may also have to be suitably modified in view of the living conditions of the elderly. Relatively few study has focused on the epidemiology and health situation of elderly in Bangladesh. Perhaps the oldest study conducted by Ibrahim (1981) in his unpublished paper entitled, "Problems of the Aged in Bangladesh" presented at the "Symposium on Population Development and Social Security : Ageing in Developing Countries, Hamburg, Federal Republic of Germany" documented the health and socio-economic problems of older persons. Mostafa and Streafield (2002) in their study found that poor elderly largely attribute their health problems, on the basis of easily indefinable symptoms, like chest pain, shortness of breath, prolonged cough, breathlessness, asthma and so on. Mental health is also found to be another important health issue among rural elderly. A study was conducted by Kalam and Khan (2006). This paper attempts to explore the types illness among older people in Bangladesh using data collected from a national survey. It also describes the factors associated with health situation of the elderly in Bangladesh. Wrosch C. et.al (2007) in their paper suggest that adaptive levels of Health Engagement Control Strategies (HECS) represent a psychological mechanism that can protect older adults from experiencing the adverse emotional and biological consequences of physical health problems.

## 1.4 Material and Method

### Study Area

Latur district was selected mainly due to the increase in the number of old age homes. Latur is the 16th largest city in the state of Maharashtra. The district is primarily agricultural. Latur has an ancient annals, which probably dates to the Rashtrakuta period. After independence, in 1960, with the creation of Mahrashtra, Osmanabad was one of the districts. On August 15, 1982 a spate Latur district was carved out of Osmanabad district.

Latur district is located in the Indian state of Maharashtra with total population of 2454196 of this 51.9% is male population and 48% is female population. Out of total population 74.5 percent people live in rural areas out of which 949707 is in male population. On the other hand, 25.5 percent people stays in urban area out of which male population is 323433 and female population is 301547.

In total population of Latur that is 2454196. Out of total population 1.58 laks population of elderly womens and 1.46 laks population of elderly males.

### Methodology

The study has covered both quantitative and qualitative information. Necessary data were collected through interview schedule technique.

### Sampling

For the purpose of this study a rural village and an urban were purposively used. The Latur District consists 10 Taluka's. All 10 Taluka places and one village from each Taluka were select. To get reliable and representative data, 33 respondents from 09 Talukas and 36 respondent from Latur Taluka to make 333 respondents were selected randomly. The details of number of respondent from Taluka places and villages is given here below. In the area totally 333 samples were selected by using the purposive random sampling method.

| Sr. No. | Name of Taluka & Village | No. Sample / respondents |
|---|---|---|
| 1 | Latur, Murud | 20 + 16 = 36 |
| 2 | Ahmedpur, Shirur Tajband | 20 + 13 = 33 |
| 3 | Ausa, Killari | 20 + 13 = 33 |
| 4 | Chakur, Nalegaon | 20 + 13 = 33 |
| 5 | Nilanga, Panchincholi | 20 + 13 = 33 |
| 6 | Udgir, Wadhwana | 20 + 13 = 33 |
| 7 | Deoni, Walandi | 20 + 13 = 33 |
| 8 | Jalkot, Patoda | 20 + 13 = 33 |
| 9 | Renapur, Pangaon | 20 + 13 = 33 |
| 10 | Shirur Anantpal, Yerol | 20 + 13 = 33 |
| | Total | 200+133 = 333 |

## Data Collection and Analysis

The schedule consists of questions about elderly women's economic condition, family background, health problems societal responsibilities, their hobbies, daily activities and caregivers of elderly. All the information was selected from the elderly women in the age group of 60 years and above. Data collection carried out in two phases i.e. Jan. 2012 & Dec. 2012 distribution and cross tabulations are the statistical tools used for the analysis of the data.

## Limitation of Study :-

For the study researcher has selected 333 respondents from 10 urban and 10 rural locations of Latur District. Findings of research could be applicable to similar situation of respondents only and can't be used to generalize for other.

## 1.5 Results and Discussion

Age is an important criterion, which shows the physical and mental ability of a person. The sample includes 333 women, who are in the age group of 60 to 85 years old. Table 1 highlights that among the elderly women, 52 percent of them are in the age group of below 65 years, followed by 22.8 and 14.4 percent of them are in the age group of 66-70 and 71-75 years. The remaining 10.8 percent of the elderly women fall in the age category of 76 years and above. The mean age of the elderly women is 67 years. India, the land of spirituality and philosophy considers religion as an integral part of its entire tradition. Worship of various religions and its ritual plays a significant role in every aspect of human life it also has a great impact on the personal lives for every individual. The population in Indian society is diversified in religious practices it is obvious from the study too Table 3 that as high as 95.5 percent of the elderly women belong to Hindu religion whereas meager percentage of 2.4 and 2.1 of them belong to Christian and Muslim religion respectively.

Caste is the most distinguishing cultural stratification in Indian society. It influences the socio-cultural relationships of each and every individual. In the study caste classification is of three types names backward caste, most backward caste and scheduled castes/tribes. The analysis on percentage distribution of the elderly women by caste indicates that Table 1, more than half of them (58.6%) belong to backward community and nearly one-fourth (24.9%) of them belong to SC/ST and only 16.5 percent of the elderly women belong to most backward caste.

Among the cultural variables, type of family and marital status are the two important factors that plays the pivotal role in identifying the living arrangement/condition of the elderly persons. The results based on the type of family. Table 1 shows that 52.9 percent of them live nuclear family and the remaining 47.1 percent of them live in joint family. The analysis on the marital status of elderly women. Table 1 indicate that three-fourths of the respondents (76.0%) are married, while 21.3 percent of the respondents are widowed and only very few i.e., 2.7 percent of them are separated from their husband. Education is a crucial ingredient for a person's professional development. Data related to educational status of the elderly women given in Table 1

highlighted that as high as 83.3 percent of the elderly women are illiterates and the remaining percentages of them are literates.

Financial problems add to the misery of the aged. Having spent all their hard earned money on children's education and marriage, they are generally demoralized when their off spring refuse to give them shelter. No doubt, economic security is vital for the elderly However very often this gets undue attention at the expense of psychological, social, occupational and cultural needs. Income is generated to fulfill the economic needs of the family. Occupation occupies or engages the time and attention of the elderly person and it also act as bridge for the family and elders. The occupation of the elderly women. Table 1 infers that majority of women (83.8%) are homemakers and 16.2 percent of them are working as coolie, servant maids, clerks and those involved in petty business. Based on the occupation 9.6 percent of the elderly women received Rs.1000 and below as their monthly income, whereas 5.4 percent and 1.2 percent of them each receive Rs.1001-2000 and Rs.2001 and above as their monthly income.

### 1.5.1 Illness of the Elderly Women

For an individual, measures of disability and independence are directly influenced by the number and severity of chronic diseases present and are central components of quality of life. At the population level, disability measures are key indicators of overall health stats and whether women can generally expect to spend more years of their lives with some functional limitations. Healthy life expectancy as normally used refers to life expectancy without limitation of functions that may be the consequences of one or more chronic conditions.

There are powerful economic, social, political and cultural determinants which influence how women age with far reaching consequences for health and quality of life, as well as costs to the health care systems. Poor economic status earlier in life and is a determinant of health at all stages of life. The older women often reflect the cumulative impact of poor diets. Another determinant of health is education. Increased literacy for older women will bring health benefits for them and their families. Lack of good food and safe drinking water, a gender based division of domestic chores; environment

hazards etc. also have a cumulative negative impact on the health of women as they age. Table 2 explains the illness of elderly women suffering for the past six months due to various chronic diseases like cough, diabetics, joint pain, ulcer, heart problem, blood pressure, paralysis, viral fever asthma etc. It is inferred that nearly half (46.8%) of the women are suffering from joint pain for the past six months, 33.0 percent of them are suffering from blood pressure, and 17.1 percent of them have diabetics. Remaining 6.6 percent, 4.8 percent, 4.5 percent, 2.7 percent, 2.4 percent, 1.2 percent and 0.6 percent of them suffer from diseases like heart problem, back pain, cough, nerve disorder, skin problem, ulcer, brain tumour, kidney trouble respectively.

### 1.5.2 Care of the Elderly Women

Physical incapacity is common for the elderly people. Medical treatment is vital for their effective function. Results from Table 3 infer that 200 elderly women visit government hospital for their treatment, another 126 elderly women visit private hospitals and the remaining 7 elderly women visit naturopathy and homeopathy hospitals. Different types of treatment taken by the elderly women are allopathic (97.9%), homoeopathic (0.9%) and ayurvedic (1.2%).

Indian social system exhorts the individual to look after the old, infirm and the elderly. The aged parents live in their own roof with their grown up children who take care of their well being especially during illness. Table 3 explains the care giver to the elderly women. It is obvious that nearly half of the respondents i.e., 42.3 percent of them are taken care by their sons during their ill health. Another 27.6 percent of the elderly women are taken care by their daughters. For 10.5 percent of the elderly women both sons and daughters are the care givers during the illness of their mother, whereas 11.4 percent of the elderly women happened to be alone without the care of anybody even during their ill health. The lack of physical or emotional support even during the ill health of the elderly women by their offspring is due to the migration of them to various places with regard to their education, occupation, marriage etc. Only 8.5 percent of the elderly women are taken care by their close relatives. Thus the elderly women seek the support of their son, daughter and relatives during their ill health and some remains alone due to

radical changes, not only in occupational pattern, but also in population dynamics. Migration breaks the bond of traditional family structures and functions.

Women are economically, physically weaker as they age. They are support seekers for their living in most of the condition especially when they are ill. Though some women may have savings as their economic security, their son, husband, daughters and relatives who are bonded with them meet their medical expenses. Table 3 gives the clear picture about the person who meet medical expenses for the elderly women. It is inferred that 42.6 percent of the women's medical expenses are met by their son, another 27.9 percent of the aged women's medical expenses are met by their daughter and for 7.8 percent of the elderly women, their husbands met the medical expenses, but 19.8 percent of the elderly women met their medical expenses through their savings and there is no one to share the medical expenses for 1.8 percent of the aged women.

In addition to physical changes, elderly individuals also experience psychological and social changes. Some individual cope with these changes effectively but others experiences extreme frustration and mental distress. It is important for the family members to be aware of the psychological changes and stresses experienced by the elderly.

Physical disability in the aged often gives rise to profound anxiety and a sense of apathy and helplessness. This situation is indeed very difficult, since the aged in such conditions invariably tend to be withdrawn, negative and inflexible. In such cases, the role of the family is crucial and calls for greater sensitivity and tolerance. It is also observed that women resist more than the men, in receiving and accepting any kind of correctional help or support. The tends to alienate and push the elderly, especially women into a cycle of depression and social isolation. Table 3 explains the problems like depression, loneliness, irritation and isolation faced by the elderly women due to their inability and lack of proper support. It is observed that 42.9 percent of the women have no problem whereas another 23.7 percent of the women suffer from both depression and isolation; another 20.4 percent of the women have depression alone and the remaining 10.8 and 2.1 percent each of the

women have loneliness and irritation due their physical and psychological inability.

### 1.5.3 Nature of Treatment by Background Characterizes

Use of non-allopathic treatment practices has been a long tradition in India. Even after the emergence of the fast growing allopathic treatment in recent years, many people resort to alternative treatment such as ayurvedic, homeopathic, naturopathy, indigenous herbs etc. Particularly the elderly people adopt the non-allopathic therapy because this may represent a trend towards mysticism in the modern world. These so called alternative therapies act as placebo or the ingredients may specially treat the diseases. An attempt is made here to examine the type of treatment undergone by the women by their age. The results showed that Table 4 shows that 98.3 percent of the elderly women who are in the age group of below 65 years take allopathic treatment. Similarly the other age group women too take allopathic treatment in large number. In all age group only few of them take homeopathic (5.5%) and ayurvedic (4.6%) treatment. Conspicuously The difference in the age and the nature of treatment taken by the elderly women turned out to be statistically insignificant ($x^2$=3.822; p<.701). Type of hospitals adopted for the treatments by the elderly women are show in Table 4. It is exhibited that the elderly women who take allopathic treatment visit both government and private hospitals. In case of homeopathic and ayurvedic treatment elderly women visit private hospitals and other type of informal places. The Chi square result do support the fact at highest level ($x^2$=193.47;p<000).

### 1.5.4 Type of Hospitals by Background Characteristics

The hospitals are committed to ensure that, it provides quality health care and social welfare services to all leading to a healthy production and prosperous nation. It is important that elderly persons get medical checkups regularly to prevent the onset of any of the health conditions. The aging population will likely have a major impact on hospital utilization. This research allowed comparisons on usage of type of hospitals among different age groups and educational categories of elderly women. Details about the age group of the elderly women Table 5, by the type of hospitals visited when they

are sick exhibited that out of 333 elderly women 173 of them in the age group of below 65 years visit government hospitals (65.9%), private hospitals (32.4%) and other (1.7%). In the age group 66-70 years there are totally 76 elderly women. Among them 60 percent of them visit government hospital and 36.8 percent visit private hospitals. Similar pattern is observed in the age group of 71-75 years. Contradictory to this elderly women who are in the age group of 76 years and above visit private hospitals (58.3%). This is mainly because the old-old category elderly women have the high risk of survival. The family members have a notion that private hospitals are well equipped than the government hospitals. So the preference of private hospitals during the sickness of old-old women shows at large number. The differences in age vs type of hospital they visit is statistically significant at lower level (x2=11.290;p<080). Difference in visiting the type of hospital based on their educational category is described in Table 5. It is obvious that 279 elderly women are illiterates and majority of them (62.0%) visit government hospitals. In case of elderly women who attained primary school of education, half of them visit private hospitals, 13 elderly women have completed middle school education and among them the primary preference is government hospital when they are sick. The similar pattern is observed for those elderly women who have completed high school and above too. As a result the differences in educational category and the hospitals they visit is insignificant.

### 1.5.5. Health Problem by Age

It is evident that Table 6 in the age of below 65 years, out of 173 elderly women 42.2 percent of them have no health problem. Depression and the combination of depression and isolation are the health problems faced by 21.4 percent and 20.8 percent of the elderly women. Similar results were observed in the other age groups of the elderly women too, though all the age groups have one or the other health problems due to various circumstances and physical conditions, this becomes more serve women suffer from depression due to their physical and mental inability. Such suffering causes helpless condition for them to survive. Moreover they suffer from isolation as their younger ones leave them alone for their work without giving proper care to their elderly parents.

## 1.6 Conclusion

Elderly women are the growing population in our country. It is estimated that by the year 2050 elderly population will out reach the youth population and India will be in the first position all over the world. Due to the change in the social outlook the elderly population are unconsidered in most of the circumstances both in rural and urban areas. Thus they have become the most vulnerable suffers in the society especially the older women. The living conditions of the elderly women are dynamic. They change over the life course, adopting changing life circumstances. Their conditions are mainly influenced by variety of factors like marital status, financial well being, health status and family size and structure as well as cultural traditions. Moreover as age grows they suffer from lack of physical and mental well being mainly due to the improper support received from their family members.

Health problem is the most serious thing that has to be concerned by the society on the whole. It was observed that almost all the women suffer from one or the other disabilities like visual (58.0%), hearing (11.1%), speech (1.6%) and physical (0.9%), The other physical problems they suffer from are chronic diseases like cough, diabetics, joint pain, ulcer, heart problem, blood pressure, paralysis, viral fever etc. In order to receive the medical treatment most of them prefer allopathic treatment and they visit government hospitals followed by private hospitals. Very few respondents also took the treatments like naturopathy and homeopathy. Care giving is essential for the elderly women during their illness. Nearly half of them receive care from their sons next from their daughters. Half of the elderly women have psychological problems like depression, isolation, loneliness and irritation.

The result on allopathic treatment by age does not show any significant result. The 'young old' group visits government hospitals whereas the 'old old' groups prefer to go to private hospitals due to the natural tendency that private hospitals are well equipped than the government hospitals. The educational status and the preference to go to the hospitals shows no significant difference. During their ill health they prefer to be cared by their sons and daughters. Thus elderly women suffer from ill health without the proper attention and care.

**Recommendations**

- The elderly women have more chronic diseases than elderly men, because they do not think about their health care. The family members and voluntary organization should aware them.
- The elderly women's who are living alone should be cared by Govt. and other non-government organizations. They need proper care and support.
- There should be proper co-ordination between health care and welfare measures for more cost effective and efficient programmes.
- Simple to remember hospital emergency numbers and ambulance call numbers should be made popular through wide publicity.
- NGOs and Governmental agencies related to health department should be conducted awareness camps on nutrition in general and nutritional requirements of elderly and old age related health problems.
- Rural government facilities lacked essential geriatric care facilities. As a result, the elderly had to be satisfied with the mobile care units. Therefore, geriatric at the rural areas should be strengthened.
- Health care delivery staff must be equipped to give proper health care counseling to the elderly.
- Volunteers must be encouraged to accompany the elderly in seeking health care.

**Table 1**

**Percentage Distribution of Elderly Women by Their Socio-economic Characteristics**

| Characteristics | No. of Respondents | Percent |
|---|---|---|
| **1. Age** | | |
| ≤65 | 173 | 52.0 |
| 66-70 | 76 | 22.8 |
| 71-75 | 48 | 14.4 |
| 76-80 | 24 | 7.2 |
| 81+ | 12 | 3.6 |
| **2. Religion** | | |
| Hindu | 318 | 95.5 |
| Christian | 8 | 2.4 |
| Muslim | 7 | 2.1 |
| **3. Caste** | | |
| SC/ST | 83 | 24.9 |
| MBC | 55 | 16.5 |
| BC | 195 | 58.6 |
| **4. Type of Family** | | |
| Nuclear | 176 | 52.9 |
| Joint | 157 | 47.1 |
| **5. Marital Status** | | |
| Married | 253 | 76.0 |
| Widowed | 71 | 21.3 |
| Separated | 9 | 2.7 |
| **6. Educational Status** | | |
| Illiterate | 279 | 83.8 |
| Primary | 34 | 10.2 |
| Middle School | 13 | 3.9 |
| High School & above | 7 | 2.1 |
| **7. Occupational Status (Current)** | | |
| Not working | 279 | 83.8 |
| Collie | 11 | 3.3 |
| Petty Business | 16 | 4.8 |
| Clerical Work | 10 | 3.0 |
| Servant Maid | 17 | 5.1 |
| **8. Income** | | |
| No Income | 279 | 83.8 |
| ≥ 1000 Rupees | 32 | 9.6 |
| 1001-2000 | 18 | 5.4 |
| 2001+ | 4 | 1.2 |
| **Total** | **333** | **100.0** |

*Source : Primary data, 2012*

**Table 2**

**Percentage Distribution of Elderly Women by their Illness**

| Diseases | Yes | | No | |
|---|---|---|---|---|
| | No. | % | No. | % |
| Cough | 15 | 4.5 | 318 | 95.5 |
| Diabetics | 57 | 17.1 | 276 | 82.9 |
| Joint Pain | 156 | 46.8 | 177 | 53.2 |
| Ulcer | 4 | 1.2 | 329 | 98.8 |
| Heart Disease | 22 | 6.6 | 311 | 93.4 |
| Blood Pressure | 110 | 33.0 | 223 | 67.0 |
| Paralysis | 6 | 1.8 | 327 | 98.2 |
| Fever | 2 | 0.6 | 331 | 99.4 |
| Asthma | 15 | 4.5 | 318 | 95.5 |
| Nervous Disorder | 9 | 2.7 | 324 | 97.3 |
| Skin Problem | 8 | 2.4 | 325 | 97.6 |
| Brain Tumour | 2 | 0.6 | 331 | 99.4 |
| Kidney Problem | 2 | 0.6 | 331 | 99.4 |
| Back Pain | 16 | 4.8 | 317 | 95.2 |

*Source : Primary data, 2012*

## Table 3

## Percentage Distribution of Elderly Women by Their Health Related Characteristics

| Characteristics | No. of Respondents | Percent |
|---|---|---|
| **1 . Type of Hospital** | | |
| Government | 200 | 60.1 |
| Private | 126 | 37.8 |
| Others | 7 | 2.1 |
| **2. Nature of Treatment** | | |
| Allopathic | 326 | 97.9 |
| Homeopathy | 3 | 0.9 |
| Ayurvedic | 4 | 1.2 |
| **3. Care Giver** | | |
| No one | 38 | 11.4 |
| Son | 141 | 42.3 |
| Daughter | 92 | 27.6 |
| Son and Daughter | 35 | 10.5 |
| Other Relatives | 27 | 8.5 |
| **4. Persons Meet Medical Expenses** | | |
| No Expenses | 6 | 1.8 |
| Husband | 26 | 7.8 |
| Son | 142 | 42.6 |
| Daughter | 93 | 27.9 |
| Savings | 66 | 19.8 |
| **5. Psychological Problems** | | |
| No Problem | 143 | 42.9 |
| Depression | 68 | 20.4 |
| Loneliness | 36 | 10.8 |
| Irritation | 7 | 2.1 |
| Depression & Isolation | | 23.7 |
| **Total** | **333** | **100.0** |

*Source : Primary data, 2012*

**Table 4**

**Elderly Women's Nature of Treatment Undergone by Selected Characteristics**

| Characteristics | Nature of Treatment | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Allopathic | | Homeopathy | | Ayurvedic | | Total | |
| | No. | % | No. | % | No. | % | No. | % |
| **1. Age** | | | | | | | | |
| ≥65 | 170 | 98.3 | 1 | 0.6 | 2 | 1.2 | 173 | 100.0 |
| 66-70 | 75 | 98.7 | - | - | 1 | 1.3 | 76 | 100.0 |
| 71-75 | 46 | 95.8 | 1 | 2.1 | 1 | 2.1 | 48 | 100.0 |
| 46+ | 35 | 97.2 | 1 | 2.8 | - | - | 36 | 100.0 |
| **2. Type of Hospital** | | | | | | | | |
| Government | 200 | 100.0 | - | - | - | - | 200 | 100.0 |
| Private | 123 | 97.6 | 3 | 2.4 | - | - | 126 | 100.0 |
| Others | 3 | 42.9 | - | - | 4 | 57.1 | 7 | 100.0 |
| **Total** | **326** | **97.9** | **3** | **0.9** | **4** | **1.2** | **333** | **100.0** |

*Source : Primary data, 2012*

## Table 5

### Type of Hospital by background Characteristics of the Elderly Women

| Characteristics | Type of Hospital When Sick | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Government | | Private | | Others | | Total | |
| | No. | % | No. | % | No. | % | No. | % |
| **1. Age** | | | | | | | | |
| ≥65 | 114 | 65.9 | 56 | 32.4 | 3 | 1.7 | 173 | 100.0 |
| 66-70 | 46 | 60.5 | 28 | 36.8 | 2 | 2.6 | 76 | 100.0 |
| 71-75 | 25 | 52.1 | 21 | 43.8 | 2 | 4.2 | 48 | 100.0 |
| 76+ | 15 | 41.7 | 21 | 58.3 | - | - | 36 | 100.0 |
| **2. Educational Status** | | | | | | | | |
| I literature | 173 | 62.0 | 102 | 36.6 | 4 | 1.4 | 279 | 100.0 |
| Primary School | 15 | 44.1 | 17 | 50.0 | 2 | 5.9 | 34 | 100.0 |
| Middle | 8 | 61.5 | 4 | 30.8 | 1 | 7.7 | 13 | 100.0 |
| High Scholl & above | 4 | 57.1 | 3 | 42.9 | - | - | 7 | 100.0 |
| **Total** | **200** | **60.1** | **126** | **37.8** | **7** | **2.1** | **333** | **100.0** |

*Source : Primary data, 2012*

**Table 6**

**Elderly Women's Health Problem by their Age**

| Age | No Problem | | Depression | | Isolation | | Irritation | | Depression & Isolation | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No | % | No | % | No | % | No | % | No | % | No | % |
| ≥65 | 73 | 42.2 | 37 | 21.4 | 23 | 13.3 | 4 | 2.3 | 36 | 20.8 | 173 | 100.0 |
| 66-70 | 32 | 42.1 | 18 | 23.7 | 7 | 9.2 | 1 | 1.3 | 18 | 23.7 | 76 | 100.0 |
| 71-75 | 20 | 41.7 | 7 | 14.6 | 3 | 6.3 | 2 | 4.2 | 16 | 33.3 | 48 | 100.0 |
| 76+ | 18 | 50.0 | 6 | 16.7 | 3 | 8.3 | - | - | 9 | 25.0 | 36 | 100.0 |
| **Total** | **143** | **42.9** | **68** | **20.4** | **36** | **10.8** | **7** | **2.1** | **79** | **23.7** | **333** | **100.0** |

*Source : Primary data, 2012*

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