

## **ACTIVE AGEING STATUS OF RURAL ELDERLY WOMEN IN TAMIL NADU**

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### **Abstract**

Ageing is an inevitable change in the lifespan of an individual. India's ageing population has risen from 19 million in 1947 to 100 million in the 21<sup>st</sup> century. According to the United Nations World Population Ageing report (2015), the world's grey population has increased rapidly from 9.2% in 1990 to 11.7 % in 2013, and is expected to triple by 2050, growing from 737 million to over 2 billion persons 60 years of age and older. Certain regions of the world will experience more rapid population ageing than others. Ageing is a period of physical, mental and social decline which brings a host of challenges to the individual and the family, requiring special attention at all levels micro, meso, and macro of society. The concept of ageing as healthy, positive and successful is being used to help people renew their generally negative attitude to ageing. The new terminology is crucial to sensitize people and effect a change in the minds of senior citizens and of society as a whole. This study aims to understand the level of active ageing among elderly rural women and its impact on the quality of life. Over 330 elderly women from 12 villages of Sriperumbudur, associated with the Mobile Medical Care of HelpAge India, were interviewed using the census method. The study revealed the following findings: 73.6% of the respondents were between 60 and 70 years of age and 26.4% between 70 and 75 years. A majority of the respondents, at 73.3%, had no formal education. It was interesting to learn that a vast majority of the respondents (83.94%) were self-reliant and 82.73% took care of themselves, especially in terms of their daily routine, without family

support. 76.9% of the senior women continued to work, based on their particular competencies, while 75.5% were involved in plenty of physical activity every day, including their individual occupations and household chores, enabling them to be physically active. The chi-square values indicate that there is a significant association between the overall active ageing score, religion, and number of members in the family. Other demographic variables like age, occupation, income, marital status, age at marriage, number of children in the family and socio-economic status were not significantly associated with the overall active ageing score.

The p-value of 0.032 shows a significant association between social networks and self-reliance. The research shows, surprisingly, that most of the women studied enjoyed freedom in their families, a positive indicator of active ageing.

**Key words:** Active ageing, rural elderly women, quality of life

## **Introduction**

An ageing population is one of the most significant global trends of the 21<sup>st</sup> century, with grey populations becoming a major concern the world over. Increased life expectancy at birth, alongside decreased fertility rates, have caused demographic shifts all over the world. What is most remarkable is that lesser and least-developed nations are, inexplicably, ageing the fastest. While most developed countries in the world have had the luxury of first accomplishing economic development and thereafter dealing with the consequences of population ageing, lesser and least-developed countries will have to simultaneously face the dual social transformation challenges of accommodating a rapidly ageing population as well as dealing with issues of large-scale economic development. Presently, 11% of the world's population is 60-plus years of age.

The latest Census of India 2011 report estimates that the total population of India is 1.21 billion and people in the age group 60 plus constitute 98 million. The number is expected to swell to 143 million by 2021, with 51% being women of whom 10% live in Tamil Nadu alone.

It is also estimated that 75% of the elderly live in rural areas, of which 48.2% are women and 55% of that percentage widows. The dependency ratio in rural areas is 12.5% and 10.3 % in urban areas. In rural areas, 67% are dependent on others, with 6.7% bedridden or confined to the home. The number of elders living alone was 6% and 8% in urban and rural areas respectively.

Old age in life is characterized by certain physical and psychological changes, and the effects of these changes determine to a large extent how elderly men and women will make good or poor social adjustments. Ageing has to do with a decline in the functional capacity of the organs of the human body, occurring mostly as a result of physiological transformations, bringing about a host of challenges for the elderly. Traditional Indian society and the age-old joint family system have been playing an authoritarian and significant role in safeguarding the social and economic security of the elderly in the country. They have played a major role in the working of conservative villages, with caste-based panchayats settling most disputes among the inhabitants therein. These circumstances changed with the advent of industrialization, urbanization, modernization and patterns of employment of both men and women. However, with rapid changes in the social scenario and the emerging prevalence of the nuclear family set-up in India in recent years, the elderly are likely to be exposed to emotional, physical and financial insecurity in the years to come. This has drawn the attention of governments and voluntary organizations to evolve policies that protect the grey population and, in addition, cater to their needs. An interest in the quality of life of the elderly, and ageing and maintaining independence among older people, has been fuelled by policy concerns to reduce public expenditure on pensions, health and social welfare provisions. The assumed future compression of morbidity and disability into a shorter period of life with greater, healthier or disability-free life expectancy is leading to more positive perspectives of healthy ageing as being the new norm.

It is found that though women live longer than men, they age differently in terms of physical, social, emotional and physiological processes. Ageing females are expected to have different problems from ageing

males worldwide. Women, being a disadvantaged and vulnerable group of society, face assorted challenges as they grow old in a patriarchal society like ours in India.

### **Conceptual Framework**

Active ageing focuses on optimizing opportunities for health, participation and security in order to enhance the quality of life as people age. Active ageing helps people realize their potential for physical, social, and mental well-being throughout the course of their lives and participate in society while being provided with the adequate protection, care and security they need. The word “active” refers to continuing participation in social, economic, cultural and civic affairs. Active ageing also increases life expectancy and diminishes the rate of disability in old age, a concept based on the activity theory put forward by Havighurst (1961), which contends that there is a positive correlation between activity and mental and social adjustments.

Older people who retire from work, are ill or live with disabilities can, notwithstanding, remain active contributors to their families, peers, community and nations. Active aging extends health expectancy and quality of life for all people as they age, taking place within the context of friends, work associates, neighbors and family members. Interdependence and intergenerational solidarity are fundamental tenets of active aging. Autonomy and being able to manage their lives on their own, in tandem with having meaningful activities in daily life that keep them busy, make the elderly proud that they are independent and not a burden to others. Being active enhances their self-confidence, self-esteem and independence which, in turn, help prevent progressive cognitive decline.

Studies have identified these seven factors as indicators of active ageing:

1. Being self-reliant,
2. Being actively engaged in society,
3. Developing spiritual wisdom,
4. Building financial security,
5. Maintaining a healthy lifestyle,

6. Engaging in active learning, and
7. Strengthening family ties.

### **The Rationale and Significance of the Study**

In the past, ageing was not reckoned a serious issue and society did not accord it priority but it was dealt with as a natural phenomenon. Family (immediate and extended) members were available for the care and management of the old. Unfortunately, today the traditional system of holistic care for elderly members in the family has been replaced by the desire to assert individual freedom, the gratification of one's needs, and wealth accumulation. This transition is observed even in villages, where elders experience the Empty Nest Syndrome when children leave their parents behind in their native villages and re-settle in cities.

Many older people end up neither living alone nor living with their friends. Most elderly women in villages enjoy a poor quality of life in terms of food, shelter and health. Economic insecurity is one of the most threatening issues, found to be the highest among elderly women, followed by those who live in nuclear families. Being self-reliant and financially independent enhances the confidence of elders, specially women, and is indentified as a factor of active aging.

Studies show that staying active promotes well-being in elders and there is an association between life satisfaction in the old, in not only health-related issues but also in terms of psychological and socio-economic factors. Successful ageing equals active ageing.

Activity can be physical or intellectual in nature, but primarily refers to maintaining active roles in society. To maintain a positive self-image, the older person must develop new interests, hobbies, roles, and relationships to replace those that have diminished or lost in later life. Activity is preferable to inactivity because it facilitates well-being on multiple levels. Because of improved general health and prosperity in the older population, remaining active is more feasible.

This study aims to comprehend the process of active ageing and the factors that influence the quality of life among elderly women living in rural areas. The insights gained from this study would help in further research in this area and culminate in framing appropriate policies and

services through non-governmental organizations for the welfare of the grey population.

### **Active Ageing**

According to biologists, old age is the final phase in the ageing process (Arking, 1998). Every organism passes through the ageing process right from its inception, moving from one age to another in a continuous direction and continues to grow into adulthood. After adulthood and the onset of old age, ageing becomes degenerative. The attainment of old age becomes evident when the organism shows certain degenerative physical changes. The physical changes symptomatic of old age fall into three categories:

- i. Visible external changes
- ii. Internal changes occurring within the body, and
- iii. The weakening of sense organ perceptions

Three major social theories of ageing are of relevance to research on the quality of life in old age: disengagement, activity and continuity.

**The Disengagement Theory** holds that ageing is an inevitable, mutual withdrawal or disengagement resulting in decreased interaction between the ageing person and others in the social system he or she belongs to (Cumming and Henry, 1961). It is considered normal and natural for an older person to withdraw from society. In contrast, Havighurst's (1961) **Activity Theory** states that ageing is associated with remaining active, because it is believed that the basic personality, attitudes and behaviors remain constant throughout the lifespan of a person. The theory declares that most people in old age continue with their roles established earlier, since they continue to have the same needs and values. Successful ageing equals active ageing, and activity can be physical or intellectual in nature but primarily refers to maintaining active roles in society. To maintain a strong self-image, older people ought to develop new interests, hobbies, roles and relationships to replace those diminished or lost in later life. This theory proposes that older people should continue with a middle-aged lifestyle, denying the limitations of old age for as long as possible. Activity is preferable to inactivity because it facilitates well-being on

multiple levels. Owing to improved general health and prosperity in the older population, remaining active is more feasible now than when this theory was first proposed by Havighurst nearly six decades ago. This theory is applicable to a stable, post-industrial society which offers its older members a plethora of opportunities for meaningful participation.

The **Continuity Theory** states that in the process of becoming an adult, the individual develops habits, commitments, preferences and a host of other dispositions that constitute their personality (Atchley, 1989). As a person grows older, he attempts to maintain the habits, associations and preferences determined earlier. The word “continuity” means that old age is not a separate period of life, but a continuation of several patterns set earlier. By appreciating how roles are continued into old age, one can arrive at an understanding of how roles are gained and lost. Certain roles are lost as a result of inability or changed circumstances, while role gains are new roles that individuals learn as they age. Individuals adapt so as to feel the continuity between the past and the present, thus preserving their psychological well-being.

The World Health Organization has defined the term, “active ageing” as “ the process of optimizing opportunities for health, participation and security in order to enhance the quality of life as people age.” Active ageing applies to both individuals and population groups. It helps people realize their potential for physical, social, and mental well-being throughout the course of their lives and participate in society according to their needs, desires and capacities, while being provided adequate protection, security and care, especially when assistance is required. The word “active” refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or participate in the labour force.

The active ageing approach is based on the recognition of the human rights of older people and the United Nations' Guiding Principles. Active ageing depends on a variety of influences or “determinants” that surround individuals, families and nations. Ageing is not only a

population phenomenon but also an individual reality and experience. Biogerontologists state that while 25% of the way individuals' age is accounted by genetics, 75% is due to environmental conditions, including those behavioral events that affect external conditions. Therefore, at an individual level, ageing is a long process across the individual lifespan governed by age, genes and interaction between socio-environmental conditions with personal and behavioral events. Thus, ageing is no random phenomenon: the individual is an agent of his/her own ageing process, and the capacity for ageing well - healthy and active - comes, to a certain extent, from decisions taken by the individuals themselves as well as his/her behavioral repertoires learnt across their lifespans. From an evidence-based point of view, the last decades of the 20th century have witnessed a radical paradigm shift in research on ageing and the science of gerontology, culminating in a positive view of the whole process of ageing and its ramifications.

### **The Study on Active Ageing**

**Objective:** To understand the factors contributing to active ageing and the quality of life of elderly women living in rural communities.

#### **Specific objectives:**

- ❖ To ascertain the demographic characteristics of senior women citizens living in rural areas.
- ❖ To assess the level of active ageing among senior women citizens in rural areas.
- ❖ To analyze the quality of life experienced by the respondents in rural areas.
- ❖ To discover indicators of active ageing among elderly women in rural areas.
- ❖ To study factors contributing to the quality of life of senior women citizens living in rural areas.
- ❖ To comprehend the influence of active ageing on the quality of life of senior women citizens in rural areas.
- ❖ To suggest measures to improve the quality of life of senior women living in rural areas.

## Methodology

The researcher collected data from 12 villages of Sriperumbudur associated with the NGO, HelpAge India, through their Mobile Medical Unit. The census method was adopted, where the whole population, with respondents between the ages of 60 and 75, was studied. The researcher used an interview schedule and an active ageing scale to collect data from the respondents as well as a descriptive-diagnostic research design for the study. The data was analyzed using statistical tests.

S.No	Name of the village	Number of elderly people
1.	Molasur	40
2.	Araneri	28
3.	Selaiyanur	34
4.	Kunnam	58
5.	Athivakkam	16
6.	Alapakkam	32
7.	Sogandi	13
8.	Eichoor	18
9.	Thirumangalam	10
10.	Santhavellur	9
11.	Sengadu	36
12.	Sooramanikuppam	8

## Main Findings of the Study

The study revealed the following findings. The respondents in this study were between the age group of 60 and 75 years. A majority of the respondents were, at the time of the study, experiencing the onset of early old age, with most (73.6%) between 60 and 70 years of age and 26.4% between 70 and 75 years.

All the three major religious groups were represented, with 85.5% Hindus. The education of women is a key factor that influences their empowerment, helping them become self-reliant and financially independent. Educated women are also considered in decision made by the family. A majority of the respondents (73.3%) had had no education.

About 62.7% were involved in an occupation for their livelihood of which 57.3% worked for the Central Government's 100 Days Work Scheme. 84.42% of the respondents received no old age pension and 89.84% of the widowed women were deprived of a widow's pension. Old age pension is the only source of income for most elderly women to meet their basic needs such as food, clothing and shelter. Most elders depend on their pension rather than on financial support from their children. About 30.6% of all respondents were self-employed. Of this lot, 29.1% earned Rs.1000, 0.9% earned Rs. 3000 and 0.3% earned Rs.200, while the self employed made around Rs.2000. A majority of the respondents had no major illness, while 58.5% suffered from arthritis but none from cancers. Social support is found to be a significant factor in enhancing the levels of active ageing and quality of life in the geriatric population. Senior women expect adequate social support from children and grandchildren.

### **Quality of Life**

About 60.3% of the respondents declared that they were satisfied with their life overall. A significant association was seen between the number of family members and the quality of life of senior women: the more the number of family members, the better the quality of their lives. Family relationships play a vital role in enhancing the quality of life of elders. The impact of positive relationships between family members, especially in-laws, shows up in terms of a better quality of life experienced by the respondents.

There is also a significant association between elderly women being members of social groups and the entertainments that come their way, which significantly better the quality of their lives.

### **Active Ageing**

It was interesting to discover that a majority of the respondents were self-reliant with 83.94 % and 82.73 % taking care of themselves, especially in terms of their daily routines, without family support. 76.9% of the senior women worked, based on their competencies, while 75.5% were involved in plenty of activities every day including their individual occupations and household chores, enabling them to be

physically active. This study found it surprising that most women enjoyed freedom in their families, which is a positive indicator of active ageing. The respondents showed low scores in areas of growing in spiritual wisdom, being socially active, maintaining a healthy lifestyle, building financial security, engaging in active learning and strengthening family ties.

The chi-square values reveal that there is a significant association between the overall active ageing score, religion and number of members in the family. Other demographic variables like age, occupation, income, marital status, age at marriage, number of children in the family and socio-economic status were not significantly associated with the overall active aging score.

The p-value of 0.032 shows that social networks and self-reliance are significantly associated. The data showed that the higher the degree of participation in social networks, the greater the encouragement to the elderly to become self-reliant.

43.5% of elderly women had poor social networks and consequently showed low scores in the dimension of self-reliance. Active social networks instill hope in the elderly and motivate them to be proactive as they compare themselves with people of their own age.

## **Conclusion**

An ageing population is a global trend and brings with it its own demands and challenges. This is the right time to address and plan programmes and policies to meet the needs of the elderly to ensure that they live in a secure world. This challenge is to be dealt with at all levels of Intervention: the individual, family and society. It is also the responsibility of families to plan an active ageing model for their elderly parents so they enjoy successful and productive ageing, because only such ageing can enhance and enrich the quality of life of the elderly. This study provides a broad outline in the area of active ageing and the quality of life of the rural elderly in communities. Older women in villages experience a moderate level of active ageing and quality of life. Areas like building financial security, health insurance, engaging in active learning, loneliness and neglect by family members,

as well as social support and leisure activities need much more attention. Programmes focusing on these needs should be planned with the help and support of government and non-governmental sectors for the welfare of the elderly.

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