

ELDERLY WOMEN: SOCIAL EXCLUSION, NEGLECT AND HARMFUL TRADITIONAL PRACTICES

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Abstract

Ageing is a natural part of the life-cycle but these days due to socio economic progress and development in medical sciences life expectancy has increased. As a result we have the phenomenon of 'population ageing'. The aged are not homogenous group and this heterogeneity gets inflated when gender based comparisons are made. There is a continuous interplay between elderly and socio-cultural forces and gender is one of the potent social factors in determining ageing experience. Both men and women face discrimination due to old age, but women face aging differently due to socio-cultural dynamics of the community in which they are living. The present paper is an attempt to understand ageing process from different theoretical perspectives and examining the socio-cultural neglect of elderly women from gender perspectives. Furthermore it discusses the harmful traditional practices causing social exclusion of elderly women. This paper also attempts to suggest some constructive solutions to ensure dignified ageing for women in our society.

Key words: Discrimination, social exclusion, Ageing

Introduction

The world population is going through a demographic transition. Socio economic progress and development in medical sciences have increased life expectancy. As a result we have the phenomenon of 'population ageing'. Ageing is a natural part of the life-cycle. It is a process of regular changes that occur in mature living organism as they advance in chronological age. These changes can be anatomical, physiological, psychological social and even economic. During the past few years increasing concern has been expressed worldwide about the elderly. According to United Nations, World Population Ageing report (2013) the global share of elderly people has (aged 60 years or over) increased from 9.2 per cent in 1990 to 11.7 per cent in 2013. It is projected to reach 21.1 per cent by 2050. The number of elderly persons is proposed to exceed the number of children for the first time by 2047. Surprisingly elderly

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population is predominantly females. Because women tend to live longer than men, older women outnumber older men almost everywhere. In India according to 2011 census, elderly population has increased from 6 to 8 percent during the 1991 to 2011 periods. For males it was slightly lower at

7.7 %, while for females it was 8.4 %.

The boundary of old age or elderly cannot be defined exactly because it does not have the same meaning in all societies. In India under 'National Policy on Older Persons (1999)' the Government defines 'elderly' or 'senior citizen' as a person who is of age 60 years or above.

Objectives of the study

The present paper is an attempt to understand ageing process from different theoretical perspectives and examining the socio-cultural neglect of elderly women from gender perspectives. Furthermore it discusses the harmful traditional practices causing social exclusion of elderly women. In the end, suggesting some constructive solutions to ensure dignified ageing for women in our society.

For in-depth understanding of the elderly women's situation in the society it is necessary to understand the theoretical perspectives related with aging process. The following are a few theoretical perspectives related with ageing.

Different Theoretical Perspectives related with ageing are:

Ageing is a complicated process and diverse theoretical perspectives are helpful in its understanding. To mention a few are Biological Perspective, Psychological Perspective and sociological perspective

Biological perspective - focuses on anatomical and physiological changes that occur with change. Biologists are of the opinion that aging begins when growth and development stops.

- *Wear and Tear Theory* of aging proposes that aging in humans and other animals is simply the result of universal deteriorative process. The theory asserts that the human body is like a machine and after extensive use its various parts start wearing out.
- *The Genetic Control Theory* states every human being is born with a unique genetic code encoded within DNA, in other words each of us has a biological clock ticking away set to go off at a particular time. This clock signals our bodies first to age and then to death.

- *Cross-linkage theory* suggests that connective tissue in the body, such as the skin or the lens of the eye, loses elasticity with advancing age. It can be seen as wrinkling of skin and cataracts (Victor 1987)

Psychological Perspective – Psychological aging consists of a general decline in the mental abilities that accompany old age. Generally, physical aging precedes mental aging though this is not always the case.

- Cognitive and Aging Theories explain age-related decline in cognitive performance such as intellectual ability, learning, and memory. Cognition is defined as "the mental ability of knowing, which includes perceiving, recognizing, conceiving, judging, reasoning and imagining."
- Personality and Aging Theories focus on the nature and extent of personality stability and how they change over a person's life span. Developmental Explanations and Personality Trait Explanations are based on the five aspects 1) neuroticism 2) extroversion 3) openness to experience 4) agreeableness 5) conscientiousness. Many believe that personality traits are more stable later in life whereas "goals, values, coping styles and control beliefs" are more likely to change. (Bond, 1990)
- Socio-emotional Selectivity theory suggests that social exchanges and interactions are reduced over time. As one ages, a person may become more selective with whom they choose to spend their time with. Emotional closeness may become more important and selective with significant others.

Sociological perspective - The sociological perspective of ageing is concerned with changes in the circumstances or situations of individual as a member of the family, community and society.

- *Disengagement Theory* it views aging as a process through which society and the individual gradually withdraw or disengage from each other. There is transfer of power from the old to the young making it possible for society to continue to function.
- *The Activity Theory* asserts that in order to be happy in old age, individuals need to be active. It argues that if existing roles and relationships are lost it is important to replace them. Replacement to roles and relationships is necessary because when activity level drops, there is corresponding drop in level of satisfaction.

- *The Continuity Theory* is also known as the Development Theory. It states that older adults try to preserve and maintain internal and external structures by using strategies that maintain continuity. Continuity theory has excellent potential for explaining how people adjust to their own aging. This adjustment is based on past experience and setting goals for the future.
- *Life-cycle Approach*- The approach is based on principles of development and aging are lifelong processes. Second, people are actors with choices that construct their lives. Third, the timing of events and roles, have their impact. Fourth, lives are embedded in relationships with other people and are influenced by them. And fifth, changing historical times and places profoundly influence people's experiences (Glen, 2002).
- *The Age Stratification Theory* explains the levels of inequality which might exist between the young and old in given societies. According to this theory, social institutions are organised in different strata by age such as childhood, adulthood and old age. Each stratum has its own interaction and relationship patterns within and between different strata. According to this theory in every society individual is assigned age-graded roles and opportunities. The key concepts in this theory, includes birth cohorts, age norms and structural lag.

Gender Dimensions of ageing

Here it is imperative to mention that old age is not a problem exclusively related to age, it is the intermingling of socio-cultural and other demographic variables. There is a continuous interplay between elderly and socio-cultural forces; gender is one of the potent social factors in determining ageing experience. The aged are not homogenous group and this heterogeneity gets inflated when gender based comparisons are made. Gender relations structure the entire life cycle of an individual, influencing access to resources at every stage. Both men and women face discrimination due to old age, but women face aging differently due to socio-cultural dynamics of the community in which they are living. A global analysis reveals that almost all societies devalue females. The Human Development Reports from 1990 onwards give a live proof to illustrate the point. The human Development Index, Gender development Index and Gender Empowerment Measure, all unfold the current grim story. Women all over the world, have a comparatively low status than men. The degree of disparity, of course vary from country to country (Srivastava, 2010). This Gender

discrimination makes the life of older women more difficult, in both developed and developing countries. They face difficulties in accessing these basic needs. Discrimination against older women is often based on deep-rooted cultural and social bias. The impact of gender inequalities suffered by women throughout her life span is obviously reflected in old age, and it often results in unfair resource allocation, maltreatment, abuse, neglect and gender based violence.

Elderly Women; A socio-cultural neglect

Following are the areas of socio-cultural neglect suffered by elderly women:

Health status – due to increase in longevity, more number of elderly women are outliving men in the present scenario. But this only adds disability and dependency to their life (Jamuna, 1995). In general elderly females are prone to suffer from two kinds of health disorders.

- Gynaecological disorders-these are related or accumulated during reproductive years Health of the elderly is determined by several factors such as gender, economic status, marital status, living standard and support system. Hence there is difference in the men's and women's health. Moreover, as compared to the rich elderly women the rates of morbidity are high among the poor and marginalized elderly women. Their poor, health is a result of lifetime's inadequate nutrition, hard physical work, repeated pregnancies, systematic gender discrimination and lack of access to primary health care (Mansharamani and Chakravarry, 1998). Furthermore in most of the Asian countries, various food taboos are imposed on women, for example, observing fasts and restrictions on the consumption of certain kinds of food during religious occasions, menstruation, pregnancy and child birth. Serving first to men; the better food, quantity and

and compounded by post-menopausal morbidities such as uterine prolapsed and urinary incontinence. Clinical disorders –are associated with ageing diseases like diabetes, hypertension, osteoporoses, cardio-vascular disorders, arthritis, anaemia, digestive disorders, depression, dementia- which may develop symptoms such as poor memory, intolerance of change, disorientation, restlessness, insomnia, failure of judgment, agitatedness etc (Rao, 1990).

quality-wise; and eating themselves in the last, the left-out food. As a result they are left malnourished. Due to lifelong cultural practices there is little awareness among elderly

women regarding the type of diet suitable for them in terms of bodily needs and debilitating health conditions (Murty, 2008).

Economic condition - women do almost all the world's domestic work. Their domestic role, which is vital for the well-being of the society, consumes more than half of their time and energy. It is estimated that unpaid housework done by women in industrialized societies contribute about 25 to 40 % of Gross National product (UN, 1991). But, it is generally underestimated that is why older women throughout the world are more likely living in poverty than older men. In old age the economic condition usually depends directly on the savings out of earlier income or on pensions. But women form just one-third of the world's official labour force. Generally they face severe labour force discrimination, and due to social reasons they are often steered into the lowest paying jobs. There is widespread occupational segregation all over the world. They are much more vulnerable to unemployment. The help age India survey found that in India the work participation rate among elderly women is just 11% as against 39 per cent among men. A majority of them are engaged primarily in the unorganized sector, where both productivity and pay are low. In fact, due to the informal nature of their work less than 3% elderly women get pension as against 15% elderly men. (Nasren, 2009).

Thus, women fall into poverty as they age, mainly because they have very little to start with, and have no way of compensating what has been lost in terms of health, support etc. In fact, the poverty among women in old age is not the result of a random or accidental process. It is largely due to the fact that most societies push women to inferior economic positions throughout their lives.

Widowhood - Widowhood is a profound life course transition bringing a number of losses and changes in objective and subjective levels (UN, 1991). Widowhood has negative effects on health, exhibited in the higher rates of depression, mortality and mental illness". Widowhood is also likely to cause changes in social and friendly relationships and, in a way, blocks social participation; a widow often interacts with fewer people. In some Asian countries, widowhood is considered a sign of bad omen. A widow is held responsible for the death of her husband. As a

result, she is blamed and cursed throughout her life. Considering her presence as a bad sign (apshagun), her presence is avoided at sacred ceremonies and social functions. In rural communities, the widows are given inhuman treatment. In some parts of India, her head is shaved, she is made to wear white dress, follow a code of restricted interaction, purdah (covering the face with clothes), denied the basic comforts, and a strict time-schedule in daily routine (Dutta, 2005). These are some of the examples of the inhuman treatment, which a widow has to face on account of her widowhood. In a nutshell, widowhood brings degrading changes in the life of the aged women in most societies of the world, particularly the traditional societies (Srivastava 1994). According to Help Age India report, around 50 million people aged 60 or older are financially poorly off in India, and 22 million of them are elderly widows Social security services for them are not enough.

Care-giving Responsibilities

Giving of care is viewed in almost all cultures as women's work. Women provide more health care than all the health services put together (UN, 1991) Aged Women are over burdened with Care-giving responsibilities. They have to sacrifice much of their comfort to serve the sick senior member. When women grow older, they often need special care; still they continue to work hard till functional disability cripples them (Prakash, 1996). They are expected to continue performing routine domestic chores in addition to serving the sick. Most dual career families in urban areas depend on elder women of the family for child care. In rural areas, domestic farm work is still being managed by women. Even feeble old women continue to do the household work, child care or caring her older spouse (Speck, 2017). In fact, there is no retirement for elderly woman. She has to toil till death or till when dementia or disability overtakes her (Kohli, 1996). Care- giving responsibilities especially in old age can cause depression, psychological stress, less satisfaction with life, decline in health and adverse effects on leisure and family activities.

Social isolation, neglect and violence

Many older women face isolation and neglect as they are considered no longer economically or reproductively useful, and are seen as burdens on their families. Elderly women are often prone to threats of crime, robbery, assault and fraud by their own relatives or children (Sepali 2009). In

the 2002 Toronto Declaration on the Global Prevention of Elder Abuse, elder abuse was defined as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.” It can be of various forms: physical, psychological, emotional, sexual, and financial or simply reflect intentional or unintentional neglect (WHO, 2002). Through this definition the united nation has recognised older adults especially women as potential victims of physical or emotional abuse, neglect, or financial exploitation, by family or professional caregivers with whom they have a relationship of trust. Specifically elderly women in prison, older sex workers and older disabled women face neglect and abuse as they age. For older people, the consequences of abuse can be markedly serious, because of their fragile bones and health; moreover the recovery becomes very difficult. Even a relatively minor injury can cause serious and permanent damage. (Straka & Montminy, 2008)

Suggestions

The application of international human rights is a key tool for promoting and guarding the rights of older persons on an affirmative, broad ranging basis. One of the chief challenges for rights based public policies is how to go about helping to build a society that opens its arms to all, a society in which there is no discrimination and everyone has fortune to exercise and secure full respect for their human rights. Government should adopt a rational approach that is a right mix of enterprise and welfare.

- Women in the age group of 60-75 years who are willing to work should be encouraged to form co-operatives and earn their living.
- Those who are incapacitated or very old may be considered for outright help and given money so that the family does not treat them as a burden.
- Care should be taken to simplify administrative problems so that the illiterate women are able to take advantage of the schemes.
- The medical fraternity should be able to address the specific health concerns of aging women. They should be sensitive to health and nutrition concerns of women.
- There should be collaboration between NGOs and local police to prevent crimes against elderly whether perpetuated by family or outsiders.
- Counselling of both, the young and the old to adjust to each others' needs and life styles should be imparted and new methods of conflict management should be taught to the people so that they live in their own families without becoming a nuisance to each other.

- The researchers, the academicians, the NGOs and the media can play a pivotal role in sensitizing the people that care of the aging persons is not the sole duty of the sons but also the daughters are liable to look after them. The media must take earnest efforts to make the young people in schools, colleges and universities aware that the patriarchal society must be changed.

The gender dimension has differential implications on the cycle of women and men. A life cycle approach to gender analysis will provide a comprehensive perspective to gender-sensitive planning for the aging population. The full development and advancement of women cannot be achieved without taking a life-cycle approach, recognizing and addressing how the different stages of women's lives, childhood, adolescence, adulthood and old age have an impact on their enjoyment of human rights.

Steps taken by Government, NGOs go a long way in reducing threats to older women, but the family still remains the most important institution in an Indian women's life. Therefore one needs to work on the policies and programmes that support families to take care of aging women.

References:

- Dutta, Anupamma, "Older Women in India: A Case of Multiple Zeopardises," *Bold*, vol. 15, No. 2, p. 9. 2005.
- Glen H. Elder, Jr. "*The life course and Aging: Some Accomplishments, Unfinished Tasks, and New Directions*", the Gerontological society of America Boston, Massachusetts, 2002. Available at http://www.unc.edu/~elder/presentations/Life_Course_and_Aging.htm
- Jamuna, D. Ramamurti, P.V. and Sudharani, N.N., *Psychological Aspects of Elderly Widows, proceedings of International Symposium and conference*, New Delhi: Oxford University press, 1995.
- Kohli A. S, *Social Situation of the Aged in India*, New Delhi: Anmol Publications, 1996.
- Mansharamani, G.C. and Chakaravarty, M., "Mortality and Morbidity in elderly women", in P.C. Bhatala (ed.), *Aged women: coping with life*. New Delhi: Pearson, 1998.

- Murty S. *Female Aging Population: Problems and prospects*, Jaipur: RBSA Publications, 2008.
- Nasren, Asiya, *Urban Elderly: Coping Strategies and Societal Responses*, New Delhi: Concept Publishing Company, 2009.
- Prakash, I. J., “Ageing women: A liability or Assets?” *Help Age India Research and Development Journal*, p. 28-32, 1996.
- Sepali Guruge “Older Women Speak about Abuse & Neglect in the Post-migration Context” 2009. Available at https://tspace.library.utoronto.ca/bitstream/1807/25498/1/9.2_guruge
- Speck, Sarah. “‘They Moved to City Areas, Abroad’: Views of the Elderly on the Implications of Outmigration for the Middle Hills of Western Nepal.” *Mountain Research and Development*, vol. 37, no. 4, 2017, pp. 425–435. Available at www.jstor.org/stable/90016608.
- Srivastava Ram Chandra, *The Problem of the Old Age*, New Delhi: Classical Publications, 1994.
- Srivastava, V. *Women Ageing*, New Delhi: Rawat Publication, 2010.
- Straka, S.M. and Montminy, L., “Family Violence: Through the Lens of Power and Control”. *Journal of Emotional Abuse*, 8(3), p.255-279, 2008
- United Nations, “World Population Ageing report” 2013, available at <http://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2013.pdf>
- United Nations: “International Plan of Action on Aging”, New York, United Nations, available at www.uncedawcommittee.com
- Victor R. Christina, *Old Age in Modern Society*, USA: Croom Helm, 1987.