

Active Ageing and Quality of Life of Rural Elderly Women

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Abstract

Ageing is an inevitable change in the life span of an individual. India's old age population has increased from 19 million in 1947 to 100 million in the 21st century. According to the United Nations World Population ageing reports that the grey population has immensely increased from 9.2% in 1990 to 11.7 % in 2013, and it's expected to triple by the year 2050 growing from 737 million to over 2 billion persons 60 years of age and older. Some regions of the world will experience rapid population aging. Ageing is a period of physical, mental and social decline which brings a host of challenges to the individual and the family. Hence, it requires special attention at all levels, the micro, mezzo and the macro levels of the society. The concept of healthy aging, Positive ageing and successful aging are being used to help people to change their negative attitude towards aging. These new terminologies are important to make people realize and bring about a change in the minds of senior citizens as well as the society. This study aimed to understand the level of active ageing among the rural elderly women and its impact on the quality of life. 330 elderly women from 12 villages of Sriperumbudur associated with the Mobile medical care of Help age India were interviewed using census method. The study revealed the following findings; the respondents in this study were between the age group of 60 to 75 years. 73.6 percent were between 60 and 70 years and 26.4 percent of the respondents were between 70 and 75 years. All the three major religious groups were represented, 85.5 percent were Hindus. Majority of the respondents 73.3 percent had no education. It was interesting to know that majority of the respondents were self reliant (83.94 percent) and 82.73 percent of them took care of them by themselves (activities of daily living) without any support from their families. 76.9 percent of the senior women worked based on their competencies, 75.5 percent of them were involved in plenty of activities everyday including their occupation and household chores, which enabled them to be physically active. The chi square values that there is a significant association between the overall active ageing score, religion & number of members in the family. The 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 0.032 shows the Social network and being self-reliant are significantly associated. The study shows that most women enjoyed freedom and Independence in their family which is a positive indicator of active ageing.

Keywords: Active ageing, Quality of life, Self reliant, Successful ageing, Independence and freedom.

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Introduction

Population ageing is one of the most significant global trends of the 21st century. Grey populations are becoming a major concern of the globe. An increase in life expectancy at birth and a decrease in fertility rates have caused demographic shifts all over the World. The most remarkable factor is that the less and least developed nations are ageing than the fastest most of the developed countries of the world. Presently, an approximate of 11 percent of the world's population is 60 plus years of age.

The latest Census report 2011 the total population of India is estimates that 1.21 billion & the age group of sixty plus is 98 million. The number is expected to swell to 143 million by 2021, with 51% being women. 10 percent live in Tamilnadu alone. It is also estimated that 75 % of the elderly live in rural areas out of which 48.2% are women-55% are widows. The dependency ratio in the rural areas is 12.5% and 10.3 % in urban areas. In the rural areas 67% are dependent on others. It is found that 6.7% of them are confined to bed or Home. The number of elders living alone was 6 and 8 percent in the urban and rural areas.

Old age in the life span is characterized by certain physical & Psychological changes, the effects of these changes determine to a larger extent how elder men and women will make good or poor social adjustments. Ageing refers to the decline in the functional capacity of the organ of the human body which occurs mostly due to physiological transformation, which brings a host of challenges for the elderly. The 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 people in the country. They were playing active and important roles in the working of traditional village, caste Panchayats settling most of the disputes among the people. This condition changed due to industrialization, urbanization, modernization and pattern of employment of both men and women. However, with the rapid changes in the social scenario and the emerging prevalence of nuclear family set-ups in India in recent years signifies that elderly people are likely to be exposed to emotional, physical and financial insecurity in the years to come. This draws the attention of Governments, voluntary organizations to evolve policies to protect the grey population and also cater to their needs. Interest in quality of life and maintaining independence among older people has been fuelled by policy concerns to reduce public expenditure on pension, health and social welfare provisions. The assumed future compression of morbidity and disability in to a shorter period of life with greater, healthy or disability free life expectancy is leading to more positive perspectives of healthy aging as normal.

It is found that all though women live longer than men they age differently in physical, social, emotional and physiological processes. Ageing females are expected to have different problems than ageing men worldwide. Women being a disadvantaged and vulnerable group of the society, host a set of challenges growing old in a Patricidal society like India.

Conceptual frame work

Active Aging focuses on optimizing opportunities for Health, Participation and security in order to enhance quality of life as people age (WHO). Active ageing helps people to realize their potential for Physical, social, and mental well being throughout the life course and to participate in society while providing them with adequate protection, care and security when they need. The word active refers to continuing participation in social, economic, cultural and civic affairs. Active ageing also increases life expectancy and prevents the rate of disability in old age. This concept is based on the activity theory put forth by Havighurst. This theory contends that there is a positive correlation between activity and mental and social adjustment.

Older people who retire from work, Ill or live with disabilities can remain active contributors to their families, Peers, community & nations. Active aging extends healthy expectancy and quality of life for all people as they age. Active aging takes place within the context of friends, work associates, neighbors and family members. Interdependence and intergenerational solidarity are important tenets of active aging. Autonomy and managing their lives on their own, having meaningful activities in daily life that keep them busy, makes them proud that they are independent and not a burden to others. Being active enhances the self confidence, self esteem and independence which in turn help to prevent cognitive decline.

Studies have indentified these seven factors as indicators of active ageing

1. Being self reliant
2. Being actively engaged in society
3. Developing Spiritual wisdom
4. Building up financial security
5. Maintaining a healthy life style
6. Engaging in active learning
7. Strengthening family ties.

Rationale and the Significance of the Study:

In the past ageing was not a serious issue and society did not give it priority but was dealt as a natural phenomenon. Family members were for the care & management of the old. Unfortunately today the traditional system of holistic care for members in the family has been replaced by Individual freedom, gratification of one's needs and wealth accumulation. This transition is observed even in Villages, where elders experience Empty Nest Syndrome when children leave away their parents in the native villages and settle down in cities

Many older people end up neither living alone nor living with their friends. Most Elder 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 the elderly women followed by those who live in nuclear families. Being self reliant and financially independent enhances the confidence of elders specially women which is indentified as one of the factors of active aging.

Studies show that staying active promotes well being in elders and there is association between life satisfaction in the old in not only health related issues but also psychological and socioeconomic factors. Successful aging equals active aging.

Activity can be physical or intellectual in nature, but mainly 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 are diminished or lost in late 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. . The activity theory is applicable for a stable, post-industrial society, which offers its older members many opportunities for meaningful participation. Active aging leads to longer life expectancy, good cognition and prevents the rate of disability

This study aims to understand the process of active ageing and the factors that influence the quality of life among elderly women living in rural areas. The knowledge gained from this study would lead the path to further research in this area and also to help in framing policies and services through Nongovernmental organizations for the welfare of the Grey Population.

Literature review:

Biological theories, Social theories of ageing, successful ageing models were reviewed for the study. There are three major social theories of ageing which have been of relevance to research on quality of life in older age the disengagement theory, activity theory and continuity theory.

The biological theories of ageing deal with the intrinsic or genetic theories and the extrinsic or non genetic theories the intrinsic theories maintain that the process of ageing is the result of internal biological mechanisms and processes like cellular changes and changes in balance between the genes. The extrinsic theories propose that ageing occurs as a result of environmental factors acting on the organism, such as lack of exercise, stress, trauma, diet, drug use and disease. It is true that both factors have a role in ageing.

The Disengagement theory (1961) holds that ageing is an inevitable, mutual, withdrawal or disengagement resulting in decreased interaction between the ageing person and the others in the social system he or she belongs to. It is considered normal and natural for an older person to withdraw from the society. In contrast, Havighurst (1968) developed the Activity theory stating that ageing is associated with remaining active it is held that the basic personality, attitudes and behaviors' remain constant throughout the life span of a person. It states that most people in old age continue with their roles established earlier because they continue to have the same needs and values. Successful ageing equals to active ageing, activity can be physical or intellectual in nature but mainly refers to maintaining active roles in the society. To

maintain self image older people should develop new interest, hobbies, roles and relationships to replace those that are diminished or lost in late life. This theory proposes that older people should continue a middle aged lifestyle, denying the limitations of old age as long as possible. Activity is preferable to inactivity because it facilitates well-being on multiple levels. Due 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 for a stable, post industrial society, which offers its older members many opportunities for its meaningful participation.

The proposed continuity theory says that in the process of becoming an adult, the individual develops habits, commitments, preferences and a host of other dispositions that become their personality. As a person grows older he attempts to maintain his habits, association and preferences. The word continuity means old age is not a separate period of life, but a continuation of many patterns set earlier. By understanding how roles are continued in to old age one can understand how roles are gained and lost, certain roles are lost due to inability or change of circumstances, while role gains are new roles which individuals learn as they age. Individuals make adaptations to enable them to feel the continuity between the past and the present, which preserves their psychological well-being.

Social system theories of Ageing

More realistic are some of the theories of ageing within the social system, such as social exchange theory, modernization theory and age stratification theory as they recognize the economic and political forces that have led to the inequality and ageism experienced by older people ,and which can detract from their Quality of life .but have been criticized for their a historicism – the implicit assumption of a linear progression from primitive to modern society – and the failure to recognize the diversity of social structures in the developed world.

Sub culture theory:

according to this theory, the elderly will have strong attachments towards people of their age and they will form subculture among themselves. Rose et al (1965) suggested few trends that increase the likelihood of elders forming such sub cultures: increase in elderly population, improved health among elderly, elderly suffering from chronic diseases and self-segregating patterns like moving in to old age homes or being left alone when children migrate in search of jobs.

Modernization Theory;

with the emergence of new technology, which under-mined the status of older people through the emphasis on education , rather than older adults passing on knowledge and skills, older adults lost their place of prestige and power within the social system (Burgess 1960)

Successful ageing model:

Rowe and Kahn's (1987) successful aging model came up with three criteria for successful ageing

- Reduction of disease and disability
- Maintenance of high cognitive and physical functioning
- Active engagement in life.

It would be by the choices and efforts of individuals and is not dependent on choice factor. Though this model emphasizes the need to work in later stages of life, certain illness, physical and economic disadvantages could be accumulated due to external factors by the aged person. Stephen Post (2003) proposed that spirituality to be included in Rowe and Kahn's model as it the fundamental need that is affirming and nurturing self and others. In Indian culture spirituality has a pivotal role in the lives of many people. Any model without spiritual dimension would be incomplete as the propensity towards religion is quite higher among the Public.

Social health, social networks, support and activity

The ability of the individual to sustain relationship with family members as well as friends has been established to have a positive effect on health and well being among the aged (Litwin 2001) Social interactions provide an opportunity for elders to interact with peers, to get to know their problems and ways to cope with age related issues. It also provides an opportunity for them to support each other in terms of physical and emotional support.

Vivian et al (2009) has done a research on the efficacy of social activity on elderly with depression, in a secondary data of a large community in France. The result indicated that social activity reduced the risk of late life depression and also the symptoms over the two years follow up. Kalavar et al (2008) in his study on interpersonal relationships of elderly in old age homes focused on interpersonal relationships and social network and how they maintain it, as it has the potential to influence physical as well as their mental health. A study results from a National survey of quality of life based on 999 people aged 65 or more years living in Britain, produced both qualitative and quantitative data. The main themes that emerged were having good relationships, help and support living in a home and neighborhood that is perceived to give pleasure, feeling of safety, access to facilities and services including transport, hobbies and leisure activities as well as maintaining social activities and retaining a role in the society, having a positive psychological outlook and acceptance of circumstances which cannot be changed. The respondents have also expressed the need to enjoy good health and mobility, having enough money, to meet basic needs to participate in society, to enjoy life and to retain one's independence and control over life. The results have implications for public policy and supplement the growing body of knowledge on the composition and measurement of quality of life in older age. (Zahava Gabriel & Ann Bowling 2004).

Active Ageing;

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 quality of life as people age.” Active ageing applies to both individuals and population groups. It helps people to realize their potential for physical, social, and mental well being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance. The word “active” refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to 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 Principles Active ageing depends on a variety of influences or “determinants” that surround individuals, families and nations. Aging is not only a population phenomenon but also an individual reality and experience. Biogerontologists state that while a 25% of the ways individuals’ age is accounted by genetics, 75% are due to environmental conditions, including those behavioral events who select external conditions. Therefore, at individual level, Aging is a long process across the individual life span governed not only by age and genes but by the interactions between socio-environmental conditions with personal and behavioral events. Thus, Aging is not an at random phenomenon: the individual is an agent of his/her own Aging process, and the capacity for Aging well-healthy and active-comes, in a certain extent, from decisions taken by individuals themselves as well as his or her behavioral repertoires learnt across the life span. From an evidence-based point of view, it has been during the last decades of the Twentieth century, with, the so-called “new paradigm” in the field of research on Aging and in a broad sense in the science of gerontology: a positive view. Thus this study aims to understand the factors contributing to active ageing and Quality of life of elderly women living in rural communities.

Methodology:

Data was collected in 12 villages of Sriperumbudur, Tamil nadu, India who are associated with the Non Governmental Organisation, Help Age India through the mobile Medical unit. Census method was adopted where the whole population was studied and the respondents were between the ages of 60 & 75. The researcher used an Interview Schedule and an active ageing Scale for collection of data from the respondents. The researcher used the Descriptive –Diagnostic research Design for the study. The data was analyzed using Statistical Tests.

S.No	Name of the Villages	No. 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. Majority of the respondents were early old aged. All the three major religious groups were represented, 85.5percent were Hindus. Majority of the respondents 73.3percent of the older women had no education. Educated women are also considered in decision making of the family. About 62.7percent of the respondents were involved in some Occupation for their living out of which 57.3percent of the respondents worked for the 100days work scheme.

84.42 percent of the respondents had no source of income. Majority of the older widows were deprived of widow 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 than the financial support from their children. About 30.6 percent of the respondents were self employed. Out of which 29.1percent earned Rs.1000 0.9 percent of the respondents earned Rs. 3000 and, 0.3percent of the respondents earned Rs.200and 2000 respectively through self employed. Majority of the respondents did not suffer from any of the major illnesses.

Quality of life:

When asked about their quality of life, 60.3 percent of them agreed that they were satisfied with their life over all. There was significant association between the number of family members and the quality of life of the senior women. The more in the number of family members the better was their quality of life. Family relationships play a vital role in enhancing the quality of life of the elders. Positive relationships between family members especially in-laws shows better quality of life experienced by the respondents.

There is also significant association between elderly women attending social groups, clubs and entertainments and the quality of life. Results obviously showed that Social network enhanced the quality of life of the older women.

Active Ageing

When the active ageing scale was administered, it showed interesting results that majority of the respondents were independent and self reliant (83.94 percent) and 82.73 percent of them took care of them by themselves (activities of daily living) without any support from family 76.9 percent of the senior women worked based on their competencies,75.5 percent of them were involved in plenty of activities

everyday including their occupation and household chores, which enabled them to be physically active. In this study it is surprising to learn that most women enjoyed freedom and Independence in their family which is a positive indicator of active ageing. The respondents showed low scores in areas of growing spiritual wisdom, being socially active, maintaining healthy life style, building up financial security, engaging in active learning and strengthening family ties.

The chi square values showed significant association between the overall active ageing score, religion & number of members in the family. The 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 0.032 shows the social network and being self-reliant are significantly associated. The data showed that the higher the social participation encourages the elderly to become a self-reliant people. Active social network instills hope for the elder population and motivates them to be active when they compare themselves with people of their age.

Conclusion:

Population ageing is a global trend and brings with it its own demands and challenges. It is the right time to address and plan Programmes and policies to meet the needs of the elderly to ensure them a secured world. This study provides an insight on how active ageing enhances the quality of life of elderly women living in rural Communities. Elder women living in villages experienced moderate level of active ageing and quality of life but still there are areas like financial insecurity, health Insurance, engaging in active learning, managing loneliness and neglect by family members, social support and leisure activities need special attention. This challenge takes its pathway to be dealt in all levels of Intervention the Individual, family and the society. Families should work out plans to help their elder parents to ensure successful and productive ageing. Only active or successful ageing can enhance and enrich the Quality of life of the elderly. This study recommends to the Indian Government to address to the specified needs of the rural elderly women, plan and implement Programmes at all levels to support the older population. An active ageing model is also evolved to attain better quality of life.

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