

## **Title: Problems of the Rural Elderly Women: - “A sociological study in Golaghat district of Assam”**

### **Abstract:**

The constant increase in percentage of the aged has caused short and long term effects on the society. Problems of the ‘elderly’ have taken a serious form due to several socio economic changes in the traditional society. In contemporary India, the problems of the aged people have become a social problem due to the rising proportion of the aged people in the population structure and their declining roles and status in the present society due to the processes like industrialization, urbanization, modernization, globalization etc. Decline in physical health and agility often goes hand-in hand with a gradual or sudden loss of self-esteem and enthusiasm for life as one approach to old age with these changes in the family, there is forceful disengagement of the elderly people from their traditional roles. Interestingly, in the absence of suitable role for the aged in the changing circumstances, they have to live in a rolelessness situation.

The system of patriarchy subordinates a women’s right from her birth by controlling her sexuality, reproduction and labor through institutions such as marriage, religion, market and state. Discrimination and devaluation that women are exposed throughout their lives has a major impact on their health and well-being as they go through the process of ageing. The rural women are known to shoulder extremely heavy physical workloads, both at home and at work. Washing and cooking expose women to water-related diseases such as schistosomiasis, malaria and worm. When any ‘old’ person becomes seriously sick or disabled, the women of the family continue to look after that senior member. When women grow older they often need special care, still they continue to work hard till functional disability cripples them. They are expected to continue performing routine domestic chores in addition to serving the sick. For the working

women, parental care is just another addition to their already existing long list of responsibilities

Keeping in view these facts, an attempt is made to identify the problems of the elderly women of Rural Assam in their everyday life and for the same mixed methodology approach is adopted.

### **Statement of the problem:**

The proposed study is on the problems of elderly women in rural Assam. In our society, women have been neglected all along. As we know, the system of patriarchy subordinates women right from her birth by controlling her sexuality, reproduction, and labour through institutions such as marriage, religion, market, and state. Discrimination and devaluation that women are exposed to throughout their lives have a major impact on their health and well-being as they go through the process of ageing.

Problems of the Rural Elderly Women: - “A sociological study in Golaghat district of Assam”. Is selected keeping in view their increasing problems. The main reasons for selecting rural elderly women are:

- With increasing longevity and higher women to men ratio in old age, one would expect a large number of elderly women outliving men in the coming years. It only adds disability and dependency on her last years (Jammuna, 1995). Without institutional support their condition becomes vulnerable. When a woman becomes a widow, her economic condition deteriorates drastically. One reason for this is that most of the deceased husbands had been working before death and women were only housewives.
- Older women face special problems related to employment, income, health, social and emotional security, and their caregiving responsibilities. They are rarely cared for by their family members.

- The widowhood brings degrading changes in the life of the aged women in most societies of the world, particularly the traditional societies. A widow in rural society is subjected to more vulnerable conditions.
- Giving of care is viewed in almost all societies/cultures as a women's work. Women provide more health care than all health services put together (UN, 1991). Elderly males are likely to be cared for by their spouses, the same may not be true for women.

### **Theoretical Framework:**

Social scientists and gerontologists have used different Micro, Intermediate level, and Macro level Theories to understand the ageing phenomenon. A micro theory such as Role theory; Activity theory, Disengagement theory; Continuity Theory is important. At the intermediate level, G.H. Mead's Interactionist Perspective, Labelling theory, and Social Exchange Theory are relevant to understand the ageing process. The theories at the macro level may be categorized as Marxist Theories including Conflict theory and Political of Ageing, and Non-Marxist Theories, which include Age Stratification Theory, Sub-culture Theory, and Modernization Theory (Srivastava, 2010). In the present study, the focus is mainly at the individual level; therefore, the micro-level theories are applied to interpret the problems of the elderly.

### **Objectives of the Study:**

1. To study the Problems of the elderly in Maintaining Family and Social Relation in old age:
2. To study the economic problems of elderly women.
3. To study the problems related to the maintenance of the physical and mental health of the aged.
4. To explore the correlates of good adjustment in old age.

## **Research questions**

1. Does a successful life of elderly women depend on the continuity of the attitudes and activities of middle age?
2. Do the elderly women who engaged in some occupation have fewer problems than who have no engagement never been in any occupation?
3. Whether mutual withdrawal of the elderly women and society from each other necessary for good adjustment in old age?
4. Whether good adjustment in old age depends on the continuity of one's preferred lifestyle as long as possible?

## **Review of Literature**

Several studies have been reviewed which have addressed the issues of elderly women such as Swarnalatha (2009) , N.K. Chadha et. al. (2006), Singh & Dhillon (2006), Goel (2006) ,Rafiq & Nadeem (2007), Mishra (1989) ,Bagga & Sakurkar (2000), Audiarayana (1999), Batra (2004), Rafiq & Nadeem (2007) etc.

From the review it was observed that-

- ❑ Issues related to ‘elderly women’ is an area which has started receiving some attention of the researchers but is very few. It is yet to be recognized by the policy makers as a thrust area.
- ❑ Although a few serious attempts have been made to analyze issues relating to the aged women the efforts have been scanty and sporadic.
- ❑ The review reveals that most of the scholars focused on health/medical problems, aged and ageing in general, their socio-economic status, adjustment and loneliness problem in old age.
- ❑ One important findings of the review is that the elderly women are subjected to dual problems- as a woman and as elderly.

It is important to conduct a serious research on various aspects on the life of the elderly woman and also to sensitize policy makers so as to protect their interest.

**Significance of the study:**

- i. The year 1999 has been declared as the “International Year of the Older Persons which is crucial for a country like India going through a revolution in its demographic, economic, social, cultural, and psychological status. The population of aged 60+ is increasing rapidly in our country from 56 million in 1991 by 70 million in 1998 and is expected to be 177 million by 2025. This ageing population provides a burden on the socio-economic health infrastructure of our society (*Rajan, Mishra, and Sarma, 1999*).

So, to undertake welfare measures for the aged and to mitigate their problems, it is necessary to interpret their problems in a scientific and systematic way.

- ii. The growing number of aged persons in India is not in itself a social problem. Because of various health programmers and consciousness of the people, more and more people are leading a retired life for a longer span. Nation prize longevity, it should be recognized as an accomplishment, not a failure. The problems in the lack of preparation for the sudden appearance of a large number of elder people and also lack of consciousness about their problems on the part of the society, community, and the states.

So, the study of the problems of the aged is important to enhance the consciousness about the problems of the aged.

- iii. To help the government, society as well as the younger generation to take plans and programmers for the welfare of the aged by indicating the problems face by the rural and the urban dwellers separately.

- iv. One of the significances of this study is that it is an attempt to find out the correlates of good adjustment after retirement.
- v. Though the aged people are less able to work and declining capabilities and skills, many of the aged able to contribute a lot to the community. But society does not use their skills. This study will help to clarify the expectations and aspirations of these retirees.
- vi. The responsibility of supporting the aged falls mostly on their children whose financial resources are hardly sufficient to provide adequately for the aged. So, they are neglected by their own sons in the family as well as in society. Because of deterioration in their physical and mental health they are being neglected, isolated, and alienated by society. But this is not human. This study will make clear the expectations and aspirations of the aged and this will help to understand them by their offspring's as well as by the society.

## **FIELD AND METHODOLOGY:-**

### **Field of Study:**

The present study was conducted in the Golaghat district of the State of Assam. Assam is an area of 78,438 sq. km with 31,205,576 population (male 15,939,443, female 15,266,133). Population density is 398 per sq. km. and about 14.10% of the total populations live in urban areas. The rate of growth of urbanization in Assam in this period was faster than that of India. But it is still predominantly a rural society. There are large inter-district variations with respect to urban areas. For example, Guwahati has 328 sq. km. of an urban area while only 20.49 sq. km. are classified as an urban area in the Golaghat district (as per the 2011 census report). For this study, the Golaghat district was purposefully selected.

## **Methodology:**

### **Selection of the Field:**

Since, the study was conducted on the problems (such as Problems of the elderly in maintaining family and social relation in old age, social adjustment problem, physical and mental health problems, economic problems, etc.) of the elderly women in rural settings, so, rural Golaghat is purposefully selected for the study. The personality, attitude, behavior, and mindset of an individual are determined by the socio-cultural environment in which he is born and brought up. There are strong reasons behind selecting the Golaghat district as fields of study.

### **The universe of the Study:**

The universe of the study consists of the elderly women living within rural areas of Golaghat district of Assam.

The study had covered 200 elderly living in 16 villages of the district. In the selection of the villages following criteria have been fulfilled- (i) eight villages had been selected which were situated far from the district headquarter (ii) eight multi-caste 'fringe' villages had been selected to study the status of the elderly women

### **Selection of the Respondents:**

The study was carried out in Golaghat district of Assam covering 200 elderly women. To explore characteristics of 'rural aged' the study was carried out in selected villages of Golaghat district so that the ideal rural character of the elderly women can be explored and their problems can be reflected. Respondents had been selected with the help of snowball sampling. However, at the first stage a list of elderly women prepared from the voter list of the study villages and the second stage after identification of two-three elderly women, 200 elderly women had been interviewed on the basis of the information of the earlier keeping in view the objective of the research.

### **Collection of Data:**

The data for the study were collected from two sources i.e., primary and secondary. To collect the primary and secondary data the following tools and techniques were applied:

- (i) Interview Schedule.
- (ii) Interview Guide.
- (iii) Observation.

### **Observation:**

To collect the data, observation techniques were also adopted. Through the field observation, it was possible to know the attitudes of the respondents towards the issues of the study as well as their life and activities, rituals and practices, and especially the problems they face in their everyday life.

### **Classification and Tabulation of Data:**

The collected data through the interview schedule were classified with both simple frequency and cross-tabulation. The classified data were put into tables. The tabulation was made by SPSS (13.0) programmer. A simple frequency table, cross-tabulation was made to verify the relationship between variables.

### **Data Analysis:**

The data were analyzed statistically according to the tables. Appropriate statistical procedures have been adopted according to the merit of the data wherever necessary. For the analysis of the data, the researcher used 'descriptive analysis processes. The analysis of data was based on logical as well as a statistical point of view. In the study, statistical data was based on primary and secondary data, and logical analysis was based on information and comments of the respondents stated in the interview schedule.



## **Summary of the Findings, Conclusion, and Suggestions:**

An individual has to face different kinds of problems in old age. In present-day society, the problem of old age has started emerging as a social problem with the rapid growth of industrialization, modernization, and urbanization. Two main factors are responsible for the emergence of this social problem- (i) rising proportion of the aged people in the demographic structure, (ii) declining roles and status of the elderly in the family as well as in the society. In the changing structure of our society, the elderly is deprived of a comfortable, respectful, creative, and socially useful life. The aged are not given opportunities to satisfy their needs. In this study, the problems of the elderly are divided into four broad categories- (a) problems in the maintenance of the good family and social relation, (b) economic problems of the aged, (c) health-related problems of the elderly, and (d) problems related to good adjustment in old age. Problems in old age are a crucial social problem because it has brought many deteriorative changes in the personal and social life of the aged. These changes come suddenly in the lifestyle of the elderly (after 60 yrs.). This chapter presents the main findings of the study in a summarized form.

**Chapter IV** is concerned with the problems in maintaining family and social relations in old age. Thus, in this chapter, an interpretation has been made regarding the family life of the elderly women in rural society. The respondents who have stated about unsatisfactory relations, quite often conflict, loneliness problems, loss of their weightage in the family in old age were not happy in their later life. The ability of an aged person to cope with the changing circumstances depends on the support of his family to a large extent. Eldercare in India consists of three broad types- care by 'adult married children and their families', 'care by the spouse', and 'institutional care'. Traditionally, most elderly persons live with their children or live by themselves. Lack of activity and social interaction is neither desired nor enjoyed by them. Therefore, when they are forced to lead a disengaged life, initially due to their increasing age and then due to physical weakness they become frustrated and disturbed. Though in the present study the theories

of successful aging have not been tested through controlled observation, still it can be said that our findings support the activity theory. Keeping in view the problems of the elderly in the family, it can be said that the government alone cannot take care of all the needs of the older people. The private sector consisting of the Voluntary Agencies and the family must have to play an important role in this regard. The Non-Governmental Organization (NGOs) sector constitutes a very important institutional mechanism to provide user-friendly, affordable services to take care of elderly persons. However, this sector in Assam is not playing any role for the elderly. The family should play the most vital role in taking the responsibility of the elderly; this is in fact what the elderly person seems to want also. India needs to develop models of home and family care that may be supplemented by a variety of respite services by suitably adapting them to Indian conditions (*Jamuna, 2005*). Our findings show the lack of interest of the elderly in voluntary organizations. But those who are interested in voluntary organizations are certainly better adjusted than those who are not. The more voluntary organization should be opened and the membership to such kind of organization should be free for the elderly. Membership in voluntary organizations gives a sense of belongingness and opportunities for social participation to an individual. A proper counselling should be provided to the elderly women regarding their old age problems for good adjustment in old age.

**Chapter- v** is concerned with the economic problems of elderly women in rural society. The study reveals that elderly women had to face a lot of economic problems. The study reveals that the majority of the elderly were not getting employment opportunities in old age although they are in need. There is a high level of unemployment among the working-age group population. Many Gerontological studies reveal that one's positive attitude towards aging to a large extent depends on one's occupational status and economic security in old age. But in our situation, in the absence of economic security people develop negative attitudes towards old age. In the present study, it is found that the majority of the elderly women had stated about their lost status in the family and society

with the loss of occupational status with an increase in age. The study revealed that with the loss of economic status the family relationship is affected and the attitudes of the family members towards them have changed. It becomes difficult for the elderly women to maintain their physical and mental health. Though the majority of the respondents had denied that their loss of economic status had no negative effect on the family relations, during the field study it was felt by the researcher that the respondents were trying to hide the real facts. With the loss of physical health, occupational status, in many situations, they have to depend on others. In such a situation an important question may arise- Is there any supporting system for the aged to minimize their problems? Because the family members failed to provide a helping hand since their own financial condition is not good and they have to still depend on others.

Keeping in view the nature of the economic problems of the elderly women belonging to different categories, it is necessary to take some measures to mitigate the economic problems of the aged.

- It is necessary to emphasize the need for the expansion of social and community services for older persons. Their poor situation and needs should be given priority.
- It must be understood that older persons are a resource. Therefore it is necessary to provide them opportunities and facilities so that they contribute as useful members of society.
- Older persons are a heterogeneous group. Therefore strategies and services need to be developed accordingly.
- It is necessary to provide opportunities to the aged to work depending on experiences, efficiency, and mental abilities rather than physical labour. Work should have status value along with financial values so that they can think themselves useful to society (Chakraborty,2008:56)

- Normally family members do not oppose the aged if their financial condition is good. But for the aged with poor economic condition members develop negative attitudes. For those needy aged state should take responsibility.
- With economic support only it is difficult for the aged to have a good adjustment in old age. The importance of family has been recognized. The state will encourage the children to co-reside with their parents by providing tax relief, allowing rebates for medical expenses.

**Chapter-VI** is concerned with the study of the physical and mental health problems of elderly women. . Health statistics of Assam reveals that ‘Anemia’ is more profound among the females which prove true in the present study also. A significant proportion of them had stated about 'poor health'. The study reveals that many of the aged had made an accommodation with their ailments. Poor health and aging are synonymous with them. Ignorance of the people, lack of health-care facilities, poor infrastructure rural elderly women had to face severe problems in maintaining their physical and mental health.

The study reveals that after crossing the age of sixty, a few percentages of the aged remain physically and mentally fit. The present study has also revealed that most of the aged women consider themselves as healthy though they have suffered from more than one ailment. The information derived from the respondents’ self-evaluation about the ‘degree of seriousness of sufferings from all ailments’ depicts that most of the aged who have physical ailments had to suffer either ‘very mildly’ or ‘mildly’. On the whole, the information about the number of ailments and seriousness of sufferings from the ailments shows that most of the respondents are enjoying satisfactory health. A larger section of the respondents has evaluated their health condition as good. This may be due to the fact that most of the respondents at the time of the interview were not very old. Physical ailments among the elderly are not found to be as sever and widespread as they are generally believed to be. In spite of the various ailments found among the elderly, most of the elderly were found to be in fairly good physical health and leading normal lives. It is

because most of the elderly take the prevalence of ailments for granted. With the advancing age, they do not consider them to be sick. For them, the presence of ailments is inevitable in old age

In rural settings, elderly women are subjected to more vulnerable problems with regard to maintaining their physical and mental health status. At the government hospitals or dispensaries, the elderly are free to receive medical assistance. But the elderly are not receiving proper medical treatment due to the inadequate number of doctors, beds, and insufficient supply of medicines in the hospitals. It is a common experience that the outpatient department of every hospital or dispensary is much overcrowded. In old age, it is always difficult for an aged person to wait for hours to get his turn to be attended by the doctor. There is no separate geriatric unit for elderly patients. Again the transport and communication system of the rural area under study was so poor that takes at least one hour to cover five to six kilometers. Periodical floods and irresponsibility of the government to mitigate the problem make the situation worst. It is very difficult for the aged to come to the hospitals for treatment from remote areas. The aged are neglected because even though the children want to provide a secure life for their parents. They are unable to do so mainly due to their financial constraints. The migration of the new generation to the urban areas makes the condition of the aged more vulnerable. However, most of the aged women dislike going for the doctors' consultation in spite of their ability to afford the doctor. The elderly take the prevalence of disease for granted. The presence of ailments in old age is natural. Our socio-cultural structure is responsible for such an attitude of the people. The Sociology of knowledge perspective has stated that there is a close relationship between 'individual consciousness' and existing 'social structure'. It is one of the reasons that elderly women in a rural setting are subjected to a more vulnerable health condition. Even the essential health needs of the elderly are ignored due to poor economic conditions. Thus, it is obvious that the health status of an aged is conditioned and varies according to the person's social settings, family background, economic condition, sex, etc. Keeping in view all these, it is an urgent need to take up relevant

health policies that can encompass the elderly of the different parts of the country. In this chapter, an attempt has been made to find out the correlates of good adjustment from the respondent's perspectives. Case studies had been conducted on the elderly who considered being well adjusted and maintaining a happy life at the age of sixty.

**Chapter VII** is concerned with the pre-conditions for good adjustment in Old age. This chapter is based on case studies. Case studies had been conducted on ten nos. of aged women those who were able to maintain physical and mental health at the age of 60+ in spite of poor economic condition. In their opinion, it is revealed that walking, good and routinized food habits, keeping oneself busy with different physical activities, the habit of light exercise, keeping oneself away from bad habits such as drinking alcohol, cigarettes, etc. are necessary to maintain good health for a long time. One should develop these habits from early life. For mental health one should have belief in an almighty God and not to take too much tension. One should feel that retired life is the best year of life because one gets enough time for the activities they were interested in. To free oneself from isolation one must busy with any activities which are creative and interested.

Ten numbers of other case studies had been conducted on the elderly were, who were able to maintain good economic adjustment, in spite of lower income in their pre-retirement occupation. The case study revealed that one should develop the habit of saving and cutting down on the unnecessary expenditure from his early life and try to keep oneself busy with income-generating activities.

Again, Case studies had also been conducted on the aged (10 nos.) women who were able to maintain a mutual family relationship with their members and have a very satisfactory relationship. Proper planning of leisure time after retirement makes one happy and the plan should be made before retirement. For good adjustment in the family, one should be honest and give respect to the thinking and opinion of all the members of the family. One should not have too much expectation from the family members and this will give mental dissatisfaction and which is negatively correlated with the family relation. One's good adjustment in old age largely depends on the maintenance of good

health status. Doing exercise, the habit of morning and evening walk, good eating habits, avoidance of certain bad habits prove to be the main factors to maintain good health status in old age. Good health is closely related to one's mental health. For this, it is necessary to avoid unnecessary tension. A good adjustment in old age largely depends on one's economic status and family relation. However, at many times one's status in the family largely depends on one's economic status. For the maintenance of good physical and mental health, one should be aware of one's good health from a very early life. Engagement in different activities at old age provides mental satisfaction to the aged which helps in the maintenance of their physical health also. One should develop the habit of saving from one's very early life. Proper planning of leisure time after retirement makes one happy in old age.

- **Policy Implications:**

There are not any well-meaning and extremely relevant health policies in India specifically for the aged. "To understand any policy there must be four dimensions-'vision i.e. to achieve a healthy society, 'mission i.e. to make the population disease free (as far as possible) through prevention and treatment, 'objective' i.e. to identify pockets of illness areas of the population with special reference to disadvantage groups in society, and 'strategy' i.e. to create a medical workforce with paramedical facilities to reach every house hold of our society. The four dimensions in a sense are not working in our country." Recently due to the worldwide effort to mitigate the problems of the aged- understanding of the characteristics of India's elders increased.

In India, there are no separate health care services for the elderly. They are provided health services such as services to the entire population. Specifically for the rural people, the National Health Policy envisages the need to provide primary health care. It gives special emphasis on the rehabilitation aspect. For the fulfillment of this purpose, the Government of India has established an extensive network of Primary Health Care Centre and Sub-Centre. These centers and sub-center are then linked with secondary and tertiary health care institutions. But if we give a look to these primary health care

centers in our situation, then we find the absence of minimum health care facilities in these centers. Doctors also showed their negative attitude to provide services for the village community. Though the Government has started supported Mobile Medicare, Day Care, and Old Home services for the older, it does not equally work all over the country. Health care delivery, knowledge, and skills in rural geriatric care have not been accorded due attention so far. Though urban health care is undergoing expansion, both in public and private sectors, the aged with the poor economic condition are not benefited. In India only recently Geriatric clinics have been established in selected teaching institutions. But it fails to cover all the needy aged from all parts of the country. Long term geriatric care and rehabilitation of the aged has also not yet developed.

Now the government began to realize that not only did destitute elderly need economic support and care but a large portion of economically secure and physically fit also required emotional and psychological security and community support for wholesome existence.

The National Policy for Older Person was adopted on 15<sup>th</sup> August 1999. The NPOP has focused an emphasis on the long term management of illness. Emphasis is given on self-care and family care materials on nutritional needs in old age, the promotion of healthy ageing, the strengthening of health education programmes by using mass and folk media, etc. Due to the lack of dedication of family, community, society, and state at large, the miserable condition of the elderly remains the same in spite of the welfare and security measures for the aged. On the basis of the foregoing study, the researcher would like to provide some suggestive measures to mitigate the problems of the elderly.

- Regarding medical assistance, it can be suggested that it should be made absolutely free for all old people. In hospitals aged should be given preference in all respects, especially in the outpatient departments.
- It is generally observed that even if the children want to provide a secure life to their aged parents, they are unable to do so mainly due to financial constraints. And if they are forced by circumstances to keep their parents with



them, their relationship with parents becomes unsatisfactory and conflicts take place in the family. In this situation, it can be said that if the governments or welfare agencies share the children's responsibility of looking after the aged by providing them financial and medical assistance, it will encourage them to a respectful family living with their children.

- The solution to the problem of old age will be more satisfactory for the emotional and psychological adjustment of aged people as our traditional society has shown. It will be more economical for society also in long run and suits Indian society as it cannot afford to spend much money on the case of the aged due to its poor economy.
- Medical attention to the old or the chronic sick is given through services being paid by the National Health Insurance. Membership of a state-recognized sickness fund should make compulsory for the aged. This will assured free medical care in and outside hospital.
- Social work which is still struggling hard to prove the value of its professional service in various fields of human activity is slowly but surely asserting its usefulness in medical services. But there is, in India little psychiatric or medical social work worth the name, especially for the aged. This is so partly, because of too few trained social workers being available and partly because of role has not been fully understood in the various branches of medicine in India. Proper attention should be given in this direction.
- Prominent among the attitudes towards the aged is the prejudice of age an indicator of disability. Another disabling concept equates old age with sickness. The reason for this is our own failure to differentiate disease from the natural ageing process. It is a negative tendency to highlight impairment but notabilities. There are some common misconceptions about older persons. Comparative studies of the different cultures can help us to understand that many of our feelings about the aged are not bound on fundamental truths of

ageing process but rather on our own prejudices. So, awareness among people should be developed in this regard.

- It is necessary of setting up of Geriatric Units in hospitals in major towns, manned by medical and paramedical staff including trained social workers and psychologists to stimulate research in degenerative diseases of the ageing and to provide easy access for the aged to medical aid facilities
- Village level NGOs should be formed to teach the needy aged about health care.
- Educated members of the villages should form small groups to discuss health issues with the aged.
- Primary Health Centre (PHC) should be asked to take an active role in health awareness.
- *Mahila Samiti* should be more involved in the health care of the aged.
- Formulation of policies, programme development, and implementation of health care for older persons must take into account the changing trends in socio-economic cultural scenario.
- Since both nuclear family and joint family fails to provide support for the aged, therefore there is an urgent need for strengthening community-based services.
- The Primary Health Care (PHC system) which is the backbone of rural health services should play an increasingly important role in geriatric care.

Finally, the researcher would like to conclude that health is fundamentally connected with the issue of social development. The status level of health is an indicator of both economic and social development. Consequently one can say that higher the level of health means higher the level of socio-economic development. Health has many dimensions which affect the social development of a nation. An unhealthy population is a burden on social and economic development. Health is interlinked with the socio-

economic condition, poverty, literacy, family condition, and other relevant phenomena. So, it is up to us, to be either guilty of unjust neglect of the aged or to be concerned with providing the proper environment and means to spend their much-earned rest in a dignified manner, free from anxiety born out of their fear for mental and physical health and economic insecurity.

### **Delimitation of the study**

- 1) The present study is restricted only to the selected rural area of the Golaghat district.
- 2) The hesitant nature of a few respondents to provide correct information is a delimited factor.
- 3) Samplings and statistical miscalculations are not 100% error free because all the respondents may not answer all the question.
- 4) The study is based only on 200 elderly women. So the findings of the study cannot be generalized for all the elderly people.

### **Scope for Future Research**

Problems of elderly women will increase in number with the increasing number of elderly women in India. The present study has tried to understand the living conditions and problems of elderly women of rural areas. This study will open up further scope for a comparative study between urban and rural elderly women. The present study focuses only on the problems of rural elderly women. It is difficult to cope up with the problems especially after reaching to a certain age, so there is a need to understand the different type of processes that can be adopted as a mechanism by the elderly women. A similar study can be done on a larger number of sample in different area. As my study focuses on

a particular field that is related to elderly women of the rural are but there are many different dimensions on which a study can be done on elderly such as elderly widow.