CHAPTER-VI

HEALTH PROBLEMS OF THE ELDERLY WOMEN IN RURAL SOCIETY

In general, the term "Health" refers to the state of being well and free from illness in body or mind. "The World Health Organization (WHO) defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease" (*Kumar Vinod; 2005*). So, whenever we have to talk about a healthy individual it should be noted that along with physical and mental health the individual should be socially well adjusted. Many of us believe that old age is synonymous with sickness or illness. The general belief is that "Old age" is a period of illness, weakness, disability, and helplessness. Although most of the time sickness is associated with old age it does not necessarily mean that old age is synonymous with sickness or illness. "Old Age in itself is not a disease. Every living being may have disabilities or weaknesses. With the advancement in age, these ailments come to the surface. They may be of recent origin or a carryover from the past. The aged are normal people. They may become ill but they are not necessarily sick"(*Soodan, K.S. 1975*). "Physical decline in old age is not identical for all the persons and of the aged group. Some of them are sick while others are maintaining good health status even in advanced age (*P.N. Sati; 1988*).

Although old age is a natural and normal condition and its pathologies are the same as those that occur at any other period, they are intensified by illness, family disorganization, unemployability, reduced income and dependency" (*Phelps, et al, 1952*). Old people in India, like those in other countries, suffer from a range of problems. However, of all the problems associated with an aging population, health care demands top priority" (*Ory and Bond 1989*). "Chronic and degenerative diseases and physical

defects are major causes which make the aged dependent, because they continue over a long time and recovery is slower and less favorable." (*Soodan K. S.*; *1975*).

6.1: Earlier studies regarding Health Problems of the Elderly:

Halder's (2006) study on the health-related problems of the tribal aged revealed that the major complaints of the aged were muscular pain, stomach pain, respiratory problems, and eye complaints. The major diseases of the aged people are- asthma, bronchitis, and other respiratory problems; T.B; Blood pressure; Arthritis; Eye problem; and Paralysis. Health-related problems are found among males than females. The elders usually explore the simple and less expensive mode of treatment at the initial stage of their ailments. Poverty and inadequate facilities force aged to remain as such. Also, the lack of Medicare facilities in the villages leads most of the elderly unhappy with regard to personal health.

Adak, Dipak Kr.(2006) conducted a study on the health aspect of the urban aged 60 and above among the Khasis of Shillong town revealed that digestive disorder is found to be common(36.48%) among the age, followed by diseases of the respiratory system (12.28%), Arthritis (10.53%) and the diseases of the circulatory system (12.28%) respectively. Regarding physical disabilities experienced by the aged are climbing (49.12%) and walking (33.53%). Again the majority of the aged rated their health status as 'not healthy' (66.67%); 'very healthy' (14.03%) and 'poor' by 19.3%. The study also revealed that dependency, depression, tobacco chewing, sleeping problem, chronic problems, and disability have a strong bearing on poor self-rated health status.

Sharma, Vijay Prakash (2006) in his study on tribal aged in the Bundu block of Jharkhand from health perspective found that the problem of vision, hearing, skin, cardiovascular diseases are common among the aged along with cough and cold, fever and bronchitis. The study revealed that the vulnerability of old has increased with the

migration of younger people from rural areas to towns and cities. He advocated about the need for the establishment of a separate geriatric section at all FRUs of the state.

Ghosh, Arun (2006) had conducted a study among the elderly inmates of 'Sandhyanir' at Gandhigram, Tripura with the objectives to determine the pattern of seeking, disability, psychological distress, socio-economic variables in the elderly group; to find out the psychological well-being for better understanding of the relation between perceived health, chronic illness, and disabling condition; to study the pattern of distribution by rural-urban location, age, sex, of elderly and finally to assess the magnitude of medical problems/illness/disease statuses. The study revealed that conditions like visual impairment, hearing impairment, hypertension, respiratory tract infection, heartburn, etc. with a low level of disability.

Sen, Susanta kr. (2008) in an article had classified the health problems of the Geriatric population as problems- solely due to the aging process such as Senile Cataract, Glaucoma, Nerve Deafness, Body Changes affecting mobility, Emphysema, failure of special senses and change in mental outlook; problems associated with long term illness such as Chronic diseases like degenerative of heart and blood vessels, cancer of the Prostate Gland; accidental fracture, Diabetes, Asthma, etc., and finally psychological problems such as impaired memory, the rigidity of outlook and dislike of change.

Swarnalatha N. (2008) conducted a study in the field practice areas of Chandragiri Rural Health Centre in the Chittor district of Andhrapradesh. The study was carried out on the aged 60 and above with the objectives to study the socio-demographic characteristics of the aged and to find out the prevalence of morbidity among the rural elderly women. The study revealed that the main morbid problems of the elderly were Eye problems (79.9%), Dental problem (73.9%), Anemia (64.3%), Muscular-skeletal diseases (56.3%), Cardiovascular diseases (44.8%), Ear diseases (37.7%), Oral cavity

diseases (30.0%), Nervous diseases (11.5%), Gastro-intestinal disease (10.8%), respiratory diseases (9.0%), Skin diseases (8.5%), Genitor-urinary diseases (5.3%). Overall 86.8% of elderly women had more than one morbid condition. The average number of morbid conditions per woman was 4.3%.

Rathi Ramachandran & Radhika (2000) had made a comparative study of the socioeconomic status of elderly women in India and Japan. Tokyo was selected for conducting the study in Japan and in India, the study was conducted in Thiruvananthapuram, the capital city of Kerala state. The sample consisted of 300 women aged 60 and above-150 each from Japan and India. The tools developed for collecting the necessary information were questionnaire and checklist. Regarding the health problems faced by the elderly women, the study revealed that some of the respondents had one or other illnesses and some of them reported a combination of ailments. The visual problem, difficulty in walking, heart problem, diabetes, arthritis, hypertension, and fatigue were high among the respondents from India. The higher incidence of liver disease among the Japanese compared to India. A possible reason is the higher consumption of alcohol by the people in Japan.

Rao K. Visweswara (2007) had carried out a study on 226 samples aged 60 and above covering three districts of Andhrapradesh. The study revealed that about one-tenth of the respondents reported that they were seriously ill. Further, 54.4% of the elderly respondents reported having a minor illness, and nearly one third reported no illness. Gender wise differences were found in the health status of the aged. Compared to men, the health status of women was found to be poor. The author revealed that this might be due to under-nourishment associated with cultural practices in India, especially in rural India.

Singh D. P. & Yesudian Princy (2007) had made a study on the situations of the elderly 60 and above in India with the objectives- to analyze the aging pattern and trend

in India; to study the spatial disparity among these elders in the various region; to analyze the demographic and socio-economic characteristics of the elderly and to explore the profile of elderly in India. Regarding the health profile, the study revealed that elderly people were more vulnerable to disease than the general population. More than 90% of the elderly were physically mobile, 6.6% were confined to the home and 1.5% were confined to bed. Physical mobility was high among elderly men than elderly women in both rural and urban areas. The health condition and physical mobility is poor for urban elderly women. A little more than three-quarters of the elderly had stated that their health is in excellent or good condition. Urban elderly perceive their health as being better than the rural elderly. Rural elderly women perceive that they are in poor health conditions than their urban counterparts.

From the above studies regarding the health status of the elderly conducted in India it is amply clear that of all the problems of old age, the problem of health is a major unsolved problem because it is accentuated by an increasing number of physical handicaps, more frequent and serious illness, more mental disturbances and a general reaction among the elderly that ill health is their major burden. "In the existing demographic scenario, elderly health needs could not be ignored. Life expectancy has sharply risen in the last century and is expected to continue to rise in virtually all populations throughout the world. "As a consequence of longer life and aging process, the majority of them will be at a higher risk of developing chronic and debilitating diseases" (*Kumar; 1996*). A good adjustment in old age is possible only with good physical and mental health. The various health studies conducted in India clearly revealed that there are certain chronic health problems that were directly related to aging. "India is beset with diverse health problems and has to cope with the traditional disease like tuberculosis, malaria, malnutrition, and poverty-related diseases, on the one hand, and more recent challenges like chronic degenerative diseases, substance abuse, HIV/AIDS, mental stress, and environmental pollution on the other (*Kumar Vinod, 2005*). 'Aging is associated with

a generalized decrease inefficiency in the body's physiological system and natural defense mechanism. This is an association with adverse social and environmental factors that leads to increased morbidity. In India, the NSSO survey reported that the proportion of elderly persons with chronic disease varied between 443 and 455 per thousand and there were no marked urban/rural and gender differences (*Swarnalatha N. 2008*).

One can accept this phenomenon by looking at the National Sample Survey (1991) which has been revealed that 45% of the elderly suffer from chronic illness and with an increase in age there is an increase in disability and dependency in their activities of daily living (*Mishra; 1999*).

So, in old age an individual may be subjected to different kinds of physical ailments such as difficulty in seeing, reading, and hearing digestive complaints, general weakness, trembling, sleeplessness, breathlessness, Asthma, kidney trouble, heart trouble, diabetes, etc. irrespective of their sex and settings. "Age-related disorders include life-threatening diseases such as heart disease, stroke, cancer, diabetes, and infections, as well as certain chronic disabling conditions affecting vision, mobility, hearing, and cognition. The older person also complains about various symptoms that may appear non-specific and unrelated to any classic disorder. These include general weakness, sleeplessness, constipation, flatulence, diminished appetite, decreases libido, and so forth."(*Kumar, 1996*). However, problems may be different for rural dwellers in comparison to their urban counterparts because in urban settings more medical health facilities are available. For example, the results of the National Sample Survey (1991) indicate a higher rate of joint problems and cough among the rural elderly, while high blood pressure, heart disease, and diabetes were common among the urban elders. Only joint problems were more frequent in females, regardless of location. Chronic illnesses and physical immobility revealed increasing frequency with advancing age among older persons" (*Kumar, p-73*). Therefore old people are vulnerable because of their failing health.

This chapter is devoted to discussing the incidence of disease and other health related problems the elderly women have to face in maintaining their physical and mental health. An attempt has been made to find out the health needs of the elderly women and to provide suggestions to overcome the problems faced by them to meet their needs. A brief evaluation of the existing health services available for the aged will be made in terms of the special health needs of the elderly.

In Assam, people living in rural areas are deprived of adequate health care facilities; many of them are still far away from minimum health services. In such a situation, elderly women in rural Assam have faced a lot of problems in the maintenance of their physical health. Keeping in view this aspect, an attempt is made here to analyze the basic problems of the elderly women related to physical and mental health and also the situational problems in meeting the health needs. With the increase in age, it is obvious to have faced some sort of health problems. **"**It is certainly true that old people are more impaired physically and mentally and less mobile when they are compared with middle-aged or young people. It is important to know from the elderly persons how they evaluate their health because health condition has subjective and objective evaluations. It may be possible that a person would be self-rating one's health almost well, but on the other hand, the physician may classify him as ill or very ill**"** (*Sati. P. N.*). "Self-assessed health status is an important indicator of quality life during old age; Elderly people are generally engrossed in existential problems of household, so the question of personal health does not seem to find a place in their minds. They suffer from chronic ailments" (*Halder*). Therefore, in this study, an attempt has been made to resort to the subjective evaluation of health by the elderly women themselves.

6.2: Physical and Mental Health Problems of the Elderly Women:

This chapter will specifically highlight the following areas of study-distribution of the respondents as per their physical ailments; Seriousness of sufferings from ailments;

Health condition after crossing sixty; Physical health and mobility; Doctors' consultation; Taking of medicines; Payer for medical consultation; Reasons for not consulting with doctors; Respondents' self-assessment of mental health, Reasons for remaining strong, Reasons for dissatisfaction, Rank order distribution of the feeling of happiness, etc.

6.2. A: Physical ailments of the elderly:

Table-6.2.A:

Distribution of the respondents as per their Physical Ailments

Sl. no	Physical ailments	No. of respondents	Percentage
1	Eye problems	150	75%
2	Dental problems	163	86.5%
3	Anemia	71	35.5%
4	Muscular skeletal disorders	139	69.5%
5	Cardiovascular disorders	104	52%
6	Ear problems	55	27.5%
7	Oral cavity diseases	45	25.5%
8	Nervous disorders	41	22.5%
9	Gastrointestinal diseases	105	52.5%
10	Respiratory diseases	123	61.5%
11	Skin disorders	51	25.5%
12	Endocrinal disorders	69	34.5%
13	Genitourinary diseases	98	49%
14	Cancer	19	9.5%

From the Table-6.2.A: it is evident that a total of 81.5 % of the respondents had Dental problems and it Total 75.0% of the respondents had Eye problems; 35.5% of the respondents had Anemia; 52.0% of the respondents had Cardiovascular disorders; 61.5% of the respondents had Respiratory disorders; 69.5% of the respondents had Muscular-skeletal disorders, 27.5% of the respondents' had Ear problems; 25.5% of the

respondents had skin disorders; 34.5% of the respondents had Endocrinal disorders; 49% of the respondents had Genitor urinary diseases and finally, 9.5% of the respondents had Cancer.

6.2. B: Ailments and Seriousness of Sufferings:

Table -6.2.B:

The seriousness of Suffering from Ailments and Respondents

Sl. No.	Respondents' view	Number of respondents	Percentage
1	not applicable	28	14%
2	very mildly	54	27%
3	mildly	63	31.5%
4	seriously	55	27.5%
Total		200	100%

Table - 6.2.B: reveals that 27.5% of the respondents had been seriously suffering from their ailments. Again, 31.5% of the respondents had suffered mildly; 27.0% of the respondents very mildly, and 14.0 % of the respondents had not any kind of ailments.

6.2. C: Respondents' Subjective Evaluation of Health Status:

Table-6.2.C:

Subjective evaluation of health by elderly women

Sl.	Responden	No. of	Percentage

No.	**ts' view**	**respondents**	
1	**good**	**87**	**43.5%**
2	**poor**	**42**	**21%**
3	**moderate**	**71**	**35.5%**
Total		**200**	**100%**

Data in the Table - 6.2.C: reveals that 43.5% of the respondents viewed that their health condition was good. Again, 35.5% of the respondents stated about their moderate health and on the other hand, 21.0% of the respondents viewed their poor health condition.

6.2. D: Physical Health and Mobility of the Elderly:

Table-6.2.D

Physical health, Mobility and Respondents

Sl. No.	**Respondents' view**	**Walk inside the house**	**Walk outside for some distance**	**Other works**
1	**No need to help**	**185 (92.5%)**	**166(83%)**	**178(89%)**
2	**Need Help**	**14 (7%)**	**30(15%)**	**21(10.5%)**

3	**Cannot do**	**1 (0.5%)**	**2(1%)**	**1(0.5%)**
Total		**200 (100%)**	**200(100%)**	**200(100%)**

Table - 6.2.D: shows the relationship between self-assessment of physical health and mobility of the elderly women. The data reveals that 92.5 % had no need for help to walk inside the house; 7.0% of the respondents need help to walk inside the house outnumbered males (1.5%). On the other hand, only 0.5% of the respondents cannot walk. 83.0% of the respondents had no need for help in the walk for some distance. On the other, 15.0% of the respondents need help to walk for some distance and here and only 2.0% of the respondent cannot walk for a distance.

Again, 89.0% of the respondents can do usual work without help; 0.5% of the respondents need help for their usual work. Again only 0.5 % of the respondents cannot do their usual work

6.2 E: Doctors' Consultation of the Elderly women:

Table-6.2.E

Doctors' Consultation and the Respondents

Sl. No	Respondents' view	No.of respondents	Percentage
1	**no**	**110**	**55%**
2	**yes**	**90**	**45%**

Total		**200**	**100%**

Data in Table -6.2.E: reveals that 45.0% of the respondents have advocated about their consultation with the doctor; on the other hand, 55.0% of the respondents had no consultation regarding their physical health.

6.2F: Taking of Medicine:

Table-6.2.F

Taking of Medicines and the Respondents

Sl. No.	**Respondents' view**	**No. of respondents**	**Percentage**
1	**no**	**32**	**16%**
2	**yes**	**168**	**84%**
Total		**200**	**100%**

Data in the Table -6.2.F: revealed that 84.0% of the respondents advocated about taking of prescribed medicines. On the other hand, 16.0 of the respondents are not able to take prescribed medicines.

6.2. G: Elderly women receiving help from others for Medical Consultation:

Table-6.2.G:

Payer for Medical Consultation and Respondents

Sl. No.	Respondents' view	No. of respondents	Percentage
1	Sons	49	24.5%
2	other relatives	6	3%
3	myself	82	41%
4	husband	18	9%
5	daughters	45	22.5%
Total		200	100%

Table -6.2.G: depicts that 41.0% of the respondents had paid themselves for medicine and medical consultation. On the other hand, 24.5% of the respondents viewed that their sons paid for their medicine, 9.0% of the respondents advocated about their husbands; 22.5% of respondents stated about their daughters. Finally, 3.0% stated about the contribution of other relatives.

6.2. H: The elderly women and the Factors responsible for not consulting with Doctors about Physical Ailments:

Table-6.2.H:

Reasons for not Consulting Doctors and Respondents view'

Sl. No	Respondents' view	No. of respondents	Percentage

.			
1	no money	53	26.5%
2	nobody to bring a doctor or take me to the doctor	30	15%
3	a doctor cannot help me	30	15%
4	the doctor is far away	87	43.5%
Total		200	100%

Total=200

Table - 6.2.H: exhibits the data pertaining to the reasons for not consulting the doctors. Here, 26.5% of the respondents advocated about their poor economic condition and 43.5% of the respondents stated that the doctor is far away; 15% of the respondents viewed that nobody was there to bring the doctor or take him to the doctor. Again another 15% of the respondents viewed that doctor could not help.

6.2. I: Respondents' Self-assessment of Mental Health:

Table-6.2.I:

Respondents' self-Assessment of Mental Health

Sl. No.	Statements about health status	Quite often	Sometimes	Never	Total
	Worried about poor	70	110	20	200

1	**health**	**35.0%**	**55.0%**	**10%**	**100%**
2	**Worried of poor sleep**	**37**	**123**	**40**	**200**
		18.5%	**61.5%**	**20%**	**100%**
3	**Fear of death**	**28**	**66**	**106**	**200**
		14.0%	**33.0%**	**53 %**	**100%**
4	**Worried about the poor economic condition**	**68**	**102**	**30**	**200**
		34.0%	**51.0%**	**15 %**	**100%**

Table - 6.2.I: exhibits the data pertaining to the self-assessment of mental health by the respondents. An attempt was made to elicit responses that would throw light on their mental health. 4 statements reflecting mental health status were prepared and exposed to the respondents in order to obtain their reactions.

The reactions to each of the four statements were recorded in "quite often", "sometimes", "never" categories. The responses of the respondents taken together indicate that-

35.0% of the respondents quite often, 55.0% of the respondents sometimes, 10.0% of the respondents never worried about their poor health;

18.5% of the respondents quite often, 61.5% of the respondents sometimes, and 20.0% of the respondents never worried about their poor sleep.

And 14.0% of the respondents had stated that fear of death came to their mind quite often, 33.0% of them had stated that fear of death came to their mind sometimes, 53.0% of them had stated fear of death had never come to their mind.

34.0% of the respondents quite often worried due to their poor economic condition, 51.0% of them worried sometimes and 15.0% of the respondents never worried about their poor economic condition.

6.2. J: Respondents' Self-evaluation of Health Status:

Table-6.2.J:

Feel Strong enough at the Age 60 and Respondents

Sl. No.	Respondents' view	No. of Respondents	Percentage
1	no	86	43%
2	yes	114	57%
Total		200	100%

Table - 6.2.J: reveals that 57.0% of the respondents considered that they feel strong enough and on the other hand 43.0% of the respondents had given negative responses.

6.2. K: The Factors Helps in Remaining Strong at Age of Sixty:

Table-6.2.K:

Reasons for remaining strong and Respondents

Sl. No.	Respondents' view	No of respondents	Percentage
1	the habit of morning walk	64	56.14%
2	busy with physical activities	110	96.49%
3	good food habits	89	78.07%
	light exercise	26	22.80%

4			
5	**avoidance of alcohol, cigarette, tobacco, etc.**	**80**	**70.17%**
6	**total**	**200**	**100%**

Table -6.2.K: depicts that when the respondents were asked about the reasons for remaining physically strong 96.49% stated about their habit of physical activities and 22.80% stated about light exercise; 56.14% stated about the habit of morning walk and 78.07% stated about good eating habits and by 70.17% had stated about the avoidance of alcohol, cigarette, tobacco, etc.

6.2. L: Social Isolation and Dissatisfaction:

Table-6.2.L:

Isolation as a reason for dissatisfaction and Respondents

Sl. No.	**Respondents' view**	**No of respondents**	**Percentage**
1	**no**	**128**	**64%**
2	**yes**	**72**	**36%**
Total		**200**	**100%**

Table - 6.2.L: shows that according to 36.0% of the respondent social isolation are the prime cause for dissatisfaction. On the other hand, 64% of the respondents negatively viewed this.

6.2. M: Rank Order of Feeling of Happiness of the Elderly women:

Table-6.2.M:

Rank Order of Feeling Happiness of the Elderly women

Sl. No.	Indicators of remaining happy	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Total	Rank
1	Good economic condition	28	48	25	20	11	132	2
		21.2%	36.3%	18.9%	15.1%	8.3%	100%	2.53
2	Good Physical &mental health	40	36	20	18	18	132	1
		30.3%	27.2%	15.1%	13.6%	13.6%	100%	2.39
3	Caretaking of family members	20	24	60	10	18	132	3
		15.1%	18.1%	45.4%	7.5%	13.6%	100%	2.86%
4	More time for reading and working	30	13	16	34	39	132	5
		22.7%	9.8%	12.1%	25.7%	29.5%	100%	3.78%
5	More times to spend with friends, family	14	11	11	50	46	132	4
		10.6%	8.3%	8.3%	37.8%	34.8%	100%	3.29%

132= out of 200

In continuation of the discussion pertaining to the level of satisfaction the researcher further investigated cases of those who expressed the feelings of happiness. The tables [6.2.M:] depict the ranks given by the respondents in order of preference for indicators of

happiness after 60 yrs. On the basis of the individual ranking of the five indicators namely-'good economic condition', Good physical and mental health', 'caretaking of family members', 'more time for reading and working', and 'more time to spend with family'; the ranking of these were made. The rank order calculated regarding rural setting is given below:

1. Good Physical & mental health
2. Good economic condition
3. Caretaking of family member
4. More times to spend with friends, family
5. More time for reading and work

6.3: Results and Discussions:

The study conducted regarding the ailments of the aged revealed that a greater percentage of elderly women had Eye problems; Dental problems; Anemia, Cardiovascular disorders, Ear problems, Oral Cavity diseases, Respiratory disorders, and Skin disorders, Nervous disorders, and Endocrinal disorders. A significant percentage of elderly women had Cancer, Genitor urinary disease, gastrointestinal diseases, and Muscular-skeletal disorders in comparison to males. Data pertaining to the self-assessment of the physical health of the elderly women revealed that 27.5% of the respondents had been seriously suffering from their ailments.

The present study revealed that in spite of the presence of a number of ailments, many elderly women either regard them to be in excellent condition or were different from their health despite their suffering from an illness which is geriatric in nature. Many respondents, who were suffering from a serious illness, evaluated themselves in good health condition. As we know old age is accompanied by a decline in physical fitness and an increasing experience with body aches and pains, many aged had made accommodation to their changing body. Especially, the rural aged had developed the habit of making an accommodation with the ailments. They were seemed to ignore physical

discomfort. It is because of this reason the data in Table -6.3.C: revealed that a significant percentage of elderly women viewed their good health condition in spite of their sufferings from a large number of ailments.

In rural society due to the lack of Health Centre, only 45.0% of the elderly had advocated about their consultation with the doctors about their physical ailments. In rural Golaghat medical health centers' are far-reaching that could provide health treatment for the aged. Even though 45.0% of the elderly advocated about consultation with the doctors, during the interview it was revealed that not a single aged woman had a regular medical examination and who could provide the investigator his or her detailed medical history. Elderly people in rural society are generally engrossed in existential problems of household, so the question of personal health does not seem to find a place in their minds. The study reveals that the aged who had no consultation with the doctors and those who were not able to take the prescribed medicines obviously must have some reasons. In this regard, 26.5% of the respondents stated their poor economic condition after they had lost their income-generating activities with growing age. Many of them failed to maintain their family needs in the absence of the income source of the family members. Many of the respondents viewed that there was no Health Centre in their locality and nearby area. In such a situation it is difficult for them to go for a long-distance in their old age to consult with a doctor in the absence of anybody to bring a doctor or take him to the doctor. It is the reason for which the elderly women are unable to go to a doctor to have a consultation about their ailments. Many of the respondents advocated about their common experience that the outpatient departments in every hospital and dispensary in their district headquarters are much overcrowded and they have to wait for hours to get their turn to be attended to by the doctor. There are no separate Geriatric units for the elderly. Going to these out-patient departments thus proves such a traumatic experience, that the majority of them just refrain from visiting them unless it becomes unavoidable. Some of the respondents (13.3%) viewed that doctor could not help and it constitutes only the

female respondents. Actually, with the consultation with these groups of elderly women respondents, it came to the light that even after the consultation with the doctor they had not got relief from their ailments, and they therefore disinterested to go to the doctor. They also advocated about the absence of female doctors. It is obvious that the rural females dislike consulting with the doctors about health problems; especially in the study area, it was clearly observed.

A significant percentage of the respondents stated their poor economic condition as the main reason for not consulting with the doctors. Again a good number of elderly women stated that there was nobody in the family to bring a doctor or take her to the doctor. 43.5% of the elderly women viewed that doctor is far away.

A significant percentage of the respondents paid themselves for their medical consultation, followed by sons, daughters, husband/wife, and other relatives respectively. An almost equal percentage of sons and daughters are taking the responsibility of medical consultation of the elderly and together it comprised 47.0%.

In spite of the more than one physical ailment, the majority of the respondents viewed that they feel strong even after crossing the age of sixty. The reason is that in rural society women have a heavy workload and for the whole day, they have to busy with household activities. Even the job holders are no exception. The respondents who feel strong enough viewed that they have the habit of physical activities and light exercise; habit of morning walk and good eating habits; and avoidance of bad habits such as taking alcohol, cigarette, tobacco, etc.

Regarding life satisfaction in the old age 36.0% of the elderly women stated their isolation problem. The mental health of the elderly to a large extent depends on the level of life satisfaction. When the respondents were asked about the reasons for their

happiness at the age of sixty and above they had given the first rank to good physical health, followed by the good economic condition, care taking of the family members, sufficient time to spend with friends and family members, more time for reading and working respectively.

References:

- Adak, Dipak Kr. (2006): Health Aspects of the Urban Aged: A study among the Khasi Tribal Population of Shillong, In Halder A. K.,& Jana A. K. (eds), Tribal Aging, Sparks From BIDISHA, Vol. VI, ISRAA, BIDISHA, Narayangarh, Pachim Medinipur, West Bengal, p-35-40.
- Ghosh Arun (2008): Study of the Health Aspects of Elderly at Sandhyamir Bridhyaashram at Gandhigram., In Mazumder B.C.& saha P. (eds), Ageing in North East India, Tripura Perspective, New Delhi: Akannsha Publishing House., p-27-34.
- Halder, Satardru (2006): Management of Health and Health-related problems of the Tribal Aged. In Halder A. K.,& Jana A. K. (eds), Tribal Aging, Sparks From BIDISHA, Vol. VI, ISRAA, BIDISHA, Narayangarh, Pachim Medinipur, West Bengal., p-27-34.
- Halder, Satardru (2006): ibid, p-32.
- Kumar Vinod (2005): Health Status and Health care services: Among Older Persons in India. In Leibig Phoebe S, & Rajan S. Irduya (eds), An Aging India-Perspectives, Prospects & Policies, New Delhi, Rawat Publication, p-67-84.
- Kumar Vinod, (2005): ibid, p-68.
- Kumar Vinod. (2005): ibid, p-73.
- Kumar, V. (2005): ibid, p-73.

- Kumar, Vinod (1996): Ageing in India-An Overview. Indian Journal of Medical Research, p-106.
- Mishra, Saraswati (1999): Social Adjustment in Old Age, B. R. Publishing Corporation, Delhi-11007, p-3.
- Ory, Marica G. and Katheen Bond (1989): "Introduction: health care for an aging society", in Aging and Health care: Social Science and Policy Perspectives, ed. Marica G. Ory and Kathleen Bond. London: Routledge.
- Phelps, Harold A., & Henderson, David (1952): Contemporary Social Problems, Prentice Hall Inc., New York, 1952, p. 217.
- Rao K. Visweswara (2007): Ageing in India, the Associated Publishers, Delhi, p-154-156.
- Rathi Ramachandran & Radhika(2006): Socioeconomic Status of Elderly Women in India and Japan: The Indian Journal of Social Work Vol. 67, Issue July 2006, p-274-295, Chairperson and Editor- Iris Chi.
- Sati P.N.; (1988): Retired and Ageing People: A study of Their Problems, Mital Publications, B-2/19-B, Lawrence Road, Delhi-110035, p-3-4.
- Sati P. N. (1988): ibid, p-177.
- Sen Susanta kr.(2008): Geriatric Medical Services in Tripura-A Future guide line In Mazumder B.C.& saha P. (eds), Ageing in North East India, Tripura Perspective, New Delhi: Akannsha Publishing House., p-78-38.
- Singh D. P. & Yesudian Princy (2007): After Age 60 I India-A Glimpse through Census and NSSO:, The Indian Journal of Social Work, Volume 68, Issue,4, October 2007, pages 471-600.
- Soodan, K.S. (1975): Ageing in India, Minerva Association (Publication) Pvt.Ltd. 7b Lake Place Calcutta-700029, p-14.

- Soodan K. S. (1975): ibid, p-86.
- Soodan, K.S. (1975): ibid, p-86.
- Swarnalatha N.(2008): A Study on Health Problems of Aged Women in Rural Areas of Chitoor District: Help Age India- Research and Development Journal, Vol. 14, No. 1, January, 2008, p-16-23.
- Swarnalatha N. (2008): ibid, p-18.