

Elderly Care and Gender

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Abstract

Background: India has begun to feel the burden of an aging society. Aging individuals are now living longer with increasing life expectancy and availability of better health facilities but are also requiring more assistance or care to manage their day to day activities. **Objective:** This paper examines gender differences in the term of care of older parents in India by studying the expected provision of care by family members. Gender differences in care are important, as the socio-cultural environment of India shapes the role of married children. While married sons are expected to provide long-term care for their biological parents, married daughters have limited scope to do so. This paper examines the level of care of the elderly on basis of gender in the family. **Method:** To conduct the above-mentioned study the present researcher used both quantitative and qualitative methods. Present study has been conducted based on the 2011 census of Kolkata City in the West Bengal, India, 150 respondents above the age of 55 selected by Purposive sampling, where 75 females and 75 Males have been interviewed. Since most of the respondents were illiterate, therefore direct interview was necessary. **Results:** The existing condition of the elderly women living in the family were, they feel lonelier, depressive and have a lower level of satisfaction with life. In this context, the need for preserving our tradition of a joint family and the mutual cooperation and understanding between the young and the older generations can be more pressing. **Conclusion:** The situation calls for concerted efforts of the government, non-governmental organizations, religious institutions and individuals not only to understand but also to solve or at least mitigate the whole gamut of problems resulting from a graying society so that the aged people can lead a dignified and meaningful life.

Keywords: Elderly, Ageing, Quality of Health Care, Sex Characteristics, Growth and Development

1. Introduction

Even though many of the diseases or conditions common to later life are experienced by both men and women, the actual rates, trends, and specific types differ between the sexes. While some of these differences are the result of physiological differences, to fully understand ageing and health a gender perspective is required. Gender can be understood as the complex and differing pattern of roles, responsibilities, norms, values, freedoms, and limitations that defines what is thought of as “masculine” and “feminine” throughout the life course and which all play a role as determinants of ageing. For example, social and health factors such as poor education, less access to good nutrition, to health and social services, to property and to the labor market, generally disadvantage women in comparison with men during their lifetime[1].

The aged in the Indian society have always constituted problems at some levels but it is only recently that they have begun to represent a major social problem. What makes aging and the aged a social problem is its recognition by society as an important aspect of behaviour that needs attention. The recognition is the direct outcome of changes age pyramid, value system and withdrawal of support system from the family and community. The constitution of India recognizes the duty of the state towards the elderly persons. “The state shall within the limits of economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement”[2]. Keeping in view the constitutional provision the state has shown concern for the care of older persons, particularly those who have no means of support and no kin to look after them, in the shape of working out an old age pension scheme[2]. Old age and death are unavoidable and irreversible life processes. Satisfaction in old age depended on the active maintenance of personal relationships and endeavors.

The theory assumes that a positive relationship between activity and life satisfaction. One author suggests that activity enables older adults to adjust to retirement and is named “the busy ethic”[3]. The critics of the activity theory state that it overlooks inequalities in health and economics that hinder the ability for older people to engage in such activities. Also, some older adults do not desire to engage in new challenges. Activity theory reflects the functionalist perspective that the equilibrium that an individual develops in middle age should be maintained in later years. The theory predicts that older adults that face role loss will substitute former roles with other alternatives[4].

The activity theory is one of three major psychosocial theories which describe how people develop in old age. The other two psychosocial theories are the disengagement theory, with which the activity comes to odds, and the continuity theory which modifies and elaborates upon the activity theory[5]. ‘Homes’ as becoming increasingly salient to the elderly, and remaining in one’s own home becomes more important as one becomes older[6]. A study on social network structure among the institutionalized elderly by revealing the importance of the family to the elderly, where friends provide support when family members are not present[7]. The relationship between marital status, frequency in seeing children and adjustment, the aged parents who saw their children less often tended to have higher morale than those who saw them often. In his opinion the married persons had a higher morale than those who were single or widowed.

The social and emotional problems of urban working and non-working older men and woman from both joint and nuclear families, the women who stay in joint families had more problems of adjustment than those from nuclear families[8].

The elderly women from nuclear families were better adjusted than those from joint families and woman with spouses were better adjusted than the widows. The aged who were, living with spouse were better adjusted than those who were widowed[9]. Male aged living with spouse was more

adjusted than the female aged in this category. Moreover, no significant difference was found between widows and woman who were living with spouses[10].

A comparative study between male and female elderly on life satisfaction, loneliness, health, social support network, leisure-time activities and on selected demographic variables, there are no significant difference between males and females in terms of loneliness, however, in the area of life satisfaction and social support network a significant difference was observed between males and females. In both cases, the elderly males occupied a favored position. It may be commented that the study was an attempt to combine both psychological and social aspects of the problem of aging in the Indian context[11]. The empirical investigations indicate that the widowed as well as the single and divorced show mental disorder rates substantially higher than married.

Widowhood is not the exclusive province of the old. The average life span for males is shorter, of course but one must also remember that women tend to marry men who are older than they, furthermore; women may have lower remarriage rates than men because they are reluctant to marry and care for another man they may very well outlive. Widowhood at any age brings a special kind of social stigma. Widowhood and widowers are tainted by death. Widowhood may evoke fear or embarrassment in friends and family. No one knows quite how to help a bereaved person and people often decided it is best to have the grieving individual alone. There is even an exonerating methodology that grieving people want to be left alone.

As a consequence someone who loses a spouse also loses those friends and family members who are unable to deal with new status as a single person. After the pain of loses begins to recede, a new kind of discomfort arrives. Bereaved men and women must learn to deal with all the ways in which widow hood embarrasses or threatens others. Some societies go to great lengths to exclude the widowers. Some have even encouraged ritual suicide by the surviving spouse. Embarrassment and fear are only two of the emotional responses the bereaved encounter. Grief is often viewed as a kind of self-indulgence, rather than as a psychological necessity. Some central that since the male role is more prestigious than that of the female, the loss of a husband is more devastating than loss of a wife. Furthermore, it is harder for a widow to find a new husband than it is for a widower to find a new wife. A widow loses friends a companion and a sexual partner. She also loses an escort and a provider. Usually her socio-economic status plummets. Many widows are unable to support themselves. Some have never worked, and some have not worked during the time they were married. Especially among older cohorts a woman is likely to depend on her spouse not only for financial support but also for a large share of her identity and for her links with the social fabric of the community. The social costs of widows are especially high for the educated socially active, middle class women who have built a rich complex life based on the presence of her husband and family. Those who argue that widowers have more difficulty adjusting to the loss of the spouse believe that a man may experience his wife as a part of the self. "My flesh and blood", a wife may well be a man's only close friend and confidante the only one who really knows him.

Moreover, men are relatively unprepared to live out their lives alone. Fewer men than women are widowers and men are usually widowers at a later age than women. The death of a spouse may ruin a man's plan for life in retirement[12].

He never imagined what life might to live as a widower. Widowers men often find themselves emotionally estranged from others family members but dependent on them for the necessary tasks of daily life i.e. cooking, shopping and keeping house, since they lack these mundane skills. Not do they have the social skill that permits the development of meaningful new relationship with family and friends a new confidante or sex partner. "Men are usually widowers at a later age than women. Therefore, if men do have more difficulties in developing a single lifestyle than women some of these problems are probably attributable to their greater age. If age is controlled widows report

greater anxiety than do widowers seen to suffer from greater feelings of anomie[13]. Social, situational, and personal factors associated with widowhood and remarriage in old age as well as role changes associated with marriage. To him, the elderly older man had a more difficult time after the loss of spouse than did older woman. Female elderly exhibited closer relationship with children and other relatives than did Men. More men than woman responded that they felt intense loneliness during widowhood. He stated that a desire for companionship was the most frequently cited reason for re-marriage among respondents. For the male elderly, marital satisfaction was associated with internal, including past attitudes toward re-marriage, and mental and physical health[14]. For woman, marital satisfaction was associated with external states, including current living situation and interactions[15].

In traditional Indian society, the informal support systems of family, kinship and community are considered strong enough to provide social security to its members, including older people. Urbanization, industrialization and the on-going phenomenon of globalization have cast their shadow on traditional values and norms within society. Gradual nuclearisation of the joint family, erosion of morality in economy, changes in the value system, migration of youth to urban areas for jobs or work and increasing participation of women in the workforce are important factors responsible for the marginalization of older people in rural India. As a result, the elderly depend on 'money-order economy' and their intimacy with their children is only from a distance[10]. Many physiological, economic, emotional and interpersonal facts of ageing influence the social functioning and well-being of individuals in different ways, changing traditional values, mobility of the younger generation, changes in family structure and role of women have contributed to a 'crisis in caring' for the elderly[16].

The review of literature on the elderly in relation to emotional maturity, lifestyles, death anxiety, locus of control and religiosity shows that most of the studies have been conducted abroad and that there is a dearth of information about the elderly in this context in India. One particular study in India has investigated the effect of socio-economic status and sex on emotional maturity, lifestyles, death anxiety, and locus of control and religiosity of the elderly (60+). The study concludes that socioeconomic status is a significant factor influencing lifestyles and religiosity among the elderly in India; sex significantly affects overall emotional maturity, emotional instability, emotional regression, personality disintegration and lack of independence; the normal coping, exploitative, domineering authoritarian and one-upmanship styles of life; religiosity and locus of control; and the interaction effect is significant only for emotional regression, personality disintegration, lack of independence and the individualistic, pampered, spoiled and domineering-authoritarian lifestyles. Gender-related differences show that women worldwide typically live longer than men, leading to a process called the 'feminization of later life'. The female elderly are more likely to be widowed, have low economic security, lower educational attainment, less labour force experience and more *care giving* responsibilities than their male counterparts. Traditional gender roles stressing the woman's place within the home with little decision-making power, lack of opportunities for education and earning a living may affect their social and economic status. The absence of gender-specific health services, poor health due to child bearing, less nutrition and their priority role as the providers of care for the young and the elderly combined with economic deprivation throughout their lives, often make the female elderly face a greater risk of ill-health in later life. Considering the demographic, cultural and income differences between genders, ageing means more challenges for women than for men. As most women outlive their male counterparts, they are more likely to be taking care of their husbands in their later years. The burden of care giving often leads to deteriorating health and mental stress among older women. Nowadays, with the increase in longevity, the older woman also takes care of her very old parents or in-laws. Moreover, if those women are employed, they face a dilemma between the responsibilities of their jobs and their *care giving* obligations, especially seen among the rural and urban poor who cannot source external

help/staff. There are several situations that women face in their young age which have implications in their old age. Malnourishment in girls, low educational standards, limited job opportunities - all these make them dependent both in their active life and in old age[8].

For instance, in a study it was observed that the risk of malnutrition was more among females (42.2 per cent) than among males (32.9 per cent). Today, even if the urban setting provides better scope to earn a living, their status within the family continues to be dependent on their husband and they sometimes have little or no say in the aspect of financial saving for old age. The loss of status at the death of their husband only increases the situation of dependency in old age. This dependency can become more complex as the woman grows older, given the situation that she has no source of income or right to property as seen in traditional families, where her relationship with her son and daughter-in-law decides her fate in old age[17].

The status of ageing in India reflects that the issues pertaining to socioeconomic and demographic profiles, living arrangements, problems of and services to the elderly, interpersonal relationships especially of the urban elderly are highlighted to a great extent. No doubt, concerted efforts made by researchers have so far led to a better understanding of ageing issues. However, the diversity that has emerged in the ageing process necessitates our research efforts to focus on different ageing issues in society. This, in turn, is expected to promote the development of effective age-related policies and programs.

From the above discussion it is evident that isolation is prevalent in considerable ratio due to several factors and its prevalence among the elders is more noticeable since care and concern for the elders is lacking in most families due to the emerging trends of industrializations and globalization. The present study aims to explore the gender discrimination and care of the elderly in the family.

2. Method

2.1 Participants and design of study

The present study has been conducted based on the 2011 census of Kolkata City in West Bengal. Total three wards have been taken for the study, those were: ward no. 59 Topsia Road, Ward No. 62 Taltala Lane and Ward No. 64 Park Circus. Total 150 respondents are interviewed. Total populations in these wards are 140221, where total populations of Males are 79083 and 61138 of Females. Number of Households are 25198. 150 respondents above the age of 55 selected by Purposive sampling, where 22 females and 32 Males from ward no- 59, 28 Females and 22 Males from Ward No-62 and 25 Females and 21 Males from Ward No-64.

2.2 Procedure

To conduct the above-mentioned study the present researcher used both quantitative and qualitative methods. Although it is common in the social sciences to draw a distinction between qualitative and quantitative aspects of scientific investigation, it has been argued that the two may go hand in hand. For example, it was argued for a best of both worlds' approach and suggested that qualitative and quantitative approaches should be combined[18]. Since most of the respondents were illiterate, therefore direct interview was necessary.

Interviewing schedule helps establish a rapport with and wins the confidence of the respondents to seek the proper and complete response, according to the format of the questions.

The interviewing schedule maximizes the extent of completion because more respondents may have no opinion or thinking in clear terms about the subjects.

2.4 Statistical Analysis

Since the caregiver to older adults in different family structures is the interest here, responses to the

questions on main caregiver/alternate caregiver such as who took the old adult to hospital, who paid for treatment, who assists with ADL and IADL tasks, etc. were recorded according to the caregiver type into servant, spouse, any family and any relative or friend category. Main objective was the study to observe the difference between male and female care in the family. In order to obtain appropriate descriptive statistics, current living arrangements/family structures were cross-tabbed with the caregiver (servant, spouse, any family, any relative or friend).

Data was analyzed using statistical software – SPSS 20.0. Cross tabs were tabulated and tables prepared. Chi-Square test results were presented with significance being reported at a p-value of <0.001. Based on the emerging a finding, logistic regression is being attempted.

3. Result

There were total (150) respondents from which (75) were male and (75) were female and both have equal in percentage. Where 22 females and 32 Males are from ward no- 59, 28 Females and 22 Males from Ward No-62 and 25 Females and 21 Males are from Ward No-64. Most of the families are still living in the joint family frame-work, few of them having separated to nuclear setup. 73.3% live in joint family, 12.7% are living independently and 14% live with their son-in law and daughter. This overwhelming majority of joint family structure is probably due to the existence of family business being owned by the elder member of the family. All the respondents are in this study are aged above 55. According to their educational qualification most of them have studied up to Primary classes. The statistics reveal that around 23.3% are up to primary level, 21.3% are Matriculate, and 12.0% are of intermediate level, only 6.0% are Graduate and 2.7 are Post-graduate and 20.0% respondents are illiterate. Women are mostly housewives, though some of them are working. 38.7% of women still prefer to involve themselves in household chores. 24.7% of men are involved in business, 14.0% are in Government jobs and 6.7% are in private service. The minimum and maximum range of their income, extensively; the lowest being 2500 and highest being 20 to 25 thousand per month, the main reason of depression in most of them is loneliness. There are negligible cases where members are upset as they feel that they are not properly looked after and being ignored by others. The categories of people as found in the family structure are widows, married, separated, and widower. All of them have different reasons for being upset, but the general complaint of the elderly respondents is that they are not happy with the behavior of the young generation.

Following are the results of discussion as observed during the field work:

As observed about the educational qualification: the majority of the respondents were with Primary education. Their numbers were 35, 30 respondents were illiterate, 18 respondents were of Intermediate level, 28 respondents were Matriculate, 12 respondents were Graduate, 18 Respondents had middle Education and 09 respondents were in others.

The majority of them are doing their own business; those are 37 in numbers and 24.7 in percentage. 10 respondents are in private sector; they are 6.7 in percentage. 21 respondents are in Government jobs and 14 respondents are doing labor work; those are 14.0 and 9.33 in percentage. 58 respondents were housewife and 10 respondents were retired, they are 38.7 and 6.7%.

As observed about the marital status of the senior citizens: Majority of the respondents were married i.e., 77.3%, 6.0% respondents were widowers, 14.0% respondents were widowed and only 2.7% respondents were Divorced.

As observed about the nature/position of the jobs before retirement: 24.7% respondents are involved in business, 14.0% in Government job and 6.7% in private job, 9.3% respondents are in Labor work and 6.7% respondents have been retired from their work.

As observed about the reason of working after retirement: 6.7% respondents are working to meet

their own expenses. 21.3% respondents are working for supplement of the family income. 4.7% respondents are working to pass the time and remain active.

As observed regarding the living status of the respondents: 73.3% are living with their sons, 14% Respondents were living with Daughter and son in law. 12.7% respondents were living independently and alone.

Measures of the care are related to the Gender Discrimination

As observed about the difference between males and females retired: All the (150) respondents males and females replied in one voice that males are free independent and they can do everything whatever they want but the women are bound by tradition and they are dependent on their sons, husband and others till death in our Indian society, so the difference was very clear.

Difference between male and female (Retired):

- Male are free independent and they can do everything whatever they want
- Women are bounded and they are dependent on sons, husband and others till death
- When women were in service their decision were highly appreciated after retirement they are humiliated.
- Due to lack of education; women are bound in homes and only caretaker of their grandchildren.
- Women are sometimes isolated and facing some kind of restrictions, while men are free they can do everything and go anywhere.
- Men are getting more respect and honor than women
- Women are totally dependent on their family members

4. Discussion

At present there is a tendency to avoid and discard the aged in many ways and the elderly population is facing various socio-psychological problems. Realizing this truth this study attempts to search the various socio-psychological problems of the elderly people and also to suggest some ways to improve their quality of life. Evaluation and enhance of quality of life can pave the way for diagnosis, prediction and assessment of effective social care to healthy individuals[19]. Retirement is not the only change that threatens to disrupt a man's sense of identity in later life[20]. Being elderly in our society means certain changes in responsibilities and privileges and in social status, since a man's worth is generally measured by his social usefulness[7]. Old age is often regarded as a period of uselessness and worthlessness. For a man whose masculine self-image depends upon maintaining vigour, activity and independence; the helplessness and dependency of the old age may be especially difficult. Regardless of personality structure, the negative social implications of the sense can doubtfully be contributed to the emotional crises of growing old.

A mother first carries her child as an embryo (fetus) in her womb and it's fed by her blood. Then when she has given birth she spends nights on attending, taking care of and watching over her baby with love and affection. A father also takes part in caring and giving affection and going to work and striving to provide food, shelter and other material necessities. In addition, both parents spend time educating their children and rearing them towards adulthood.

5. Conclusion

Ultimately, it can be concluded that the general feelings of the elderly living in the families had a better position than that of the elderly of the institution. A better social relation was maintained by the family dwellers because they had regular interaction, expressions of feelings and support from the family. The existing condition of the elderly women living in the family is they feel lonelier, depressive and have a lower level of satisfaction with life. In this context, the need for preserving

our tradition of a joint family and the mutual cooperation and understanding between the young and the older generations can be more pressing. The situation calls for concerted efforts of the government, non-governmental organizations, religious institutions and individuals not only to understand but also to solve or at least mitigate the whole gamut of problems resulting from a graying society so that the aged people can lead a dignified and meaningful life.

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