



CHALLENGES AND QUALITY LIFE OF ELDERLY WOMEN: A STUDY IN ANANTHAPURAMU DISTRICT OF ANDHRA PRADESH

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Abstract

Influence of aging process is so unwelcoming task for individual and it makes the person prone to old age associated issues and it becomes a Global concern, Elderly women challenges are emerging over the past few years and it's expected to become major problems soon, to overcome from above challenges and lead quality of life she needs enhancement of food security, improve health care access, strengthen mental health support, enhance protection measures, promote gender equality and build local capacity. The study aims to know the association between prevalence of challenges and quality of life among elderly women.

Materials and methods: This study adopts quantitative approach and the design is descriptive in nature. Total 360 samples were selected by multistage stratified random sampling from The Ananthapuramu district. Data was collected as per sampling criteria by using interview schedule which covers demographic variables, challenges; opinion on quality of life, quality of life and data was analyzed through the standard statistics packages for social sciences (SPSS).

Results: Elderly women with challenges and quality of life reveals that that majority of the elderly women (216) 60 percent suffering with moderate challenges, (97) 26.94 Percent elderly women suffering with mild challenges next (29) 8.05 percentage not having any challenges in daily life only few (18) 5 percent suffering with severe challenges in their daily life. A woman who is free from challenges had highest score of quality of life 72.41% and severe challenges elderly women had poor quality of life 38.88%.

Conclusion: There is a need to strengthen the existing packages for elderly women in various aspects the health care professionals and welfare professionals should take a key role in providing guidance and counseling to the elderly women to overcome from challenges and lead quality of life the present study on challenges and quality of life of elderly women revealed that there is a need for initiating certain interventions to lead happy and quality life among elderly women.

INTRODUCTION

Trees grow stronger over the years, rivers wider. Likewise, with age, human beings gain immeasurable depth and breadth of experience and wisdom. That is why older persons should be not only respected and revered; they should be utilized as the rich resource to society that they are". **Kofi Annan**

Aging is a universal, gradual and ever ending process in human life, it starts with new born growing of body and its functions and when year's increases and again it started to decline its functioning. Healthy aging is about creating environments and opportunities that enable people to do what they value for throughout their lives. Every one experiences healthy aging that means free from disease and infirmity may not required due to age increases one or more health problems may arise but it is in well controlled or influences less on their wellbeing. WHO defines healthy ageing as "the process of developing and maintain the functional ability that enables wellbeing in older age". Functional ability



is about having the capabilities that enable all people to be and do what they have reason to value. The healthy aging always depends on persons meet their basic needs, learn, grow and make decisions, able to mobile, build and maintain relationships and contribute to the society.(Liochev 2015)

Quality of life, a multidimensional concept encompassing physical health, psychological state, and level of independence, social relationships, and relationship with the environment becomes a crucial metric in assessing the well-being of elderly women. Addressing the quality of life for this group requires not only understanding the challenges they face but also implementing strategies to enhance their well-being through targeted interventions and support systems. Quality of life in elderly defines functional ability of the individual intrinsic factors like physical and mental capabilities of the individual can draw their ability to walk, think, see, hear and remember and the level of quality of life influenced by so many factors like presence of diseases, deformities.

The WHO also commonly measures aging by chronological age, but the age of elderly can vary and be impacted by genetics, lifestyle, and overall health. According to the World Health Organization (WHO), the classification of the aging population is generally categorized into three main groups: Old age is the last stage in the life processes of an individual it **divided into 3 stages** as per **U.S National institute on aging and the world health organization**

OLD AGE CATEGORY

- YOUNG OLD
- MIDDLE OLD
- OLDEST-OLD

AGE IN YEARS

- 60-69 Yrs
- 70-79Yrs
- 80 Yrs above

The term “elderly” is applied to those individuals belonging to age 60 years and above who represent the fastest growing segment of populations throughout the world. The percentage of elderly tends to be small, although numbers are often large. Ageing is a ubiquitous, intrinsic and ongoing process. Theories of ageing have been debated since the time of the ancient Greek. Categories of ageing theories all seek to explain and explore the many dimensions of ageing. (Junguo,Xiuqing Huang 2022)

Women aging in Andhra Pradesh

In total Andhra Pradesh population elderly constitutes 12 percent of the state’s total population in 2021 according to India ageing report 2023 released by the united nations population in collaboration with international institute for population sciences and Andhra Pradesh placed occupied fourth place having the highest percentage of old age people after Kerala (22.8%), Tamil Nadu (20.8%) and Himachal Pradesh (19.6%).The life expectancy at 60 years of age is 18.1 years in males and 18.9 years in females (2014-2018).16.3 percent of the elderly women are dependent and 17.4 percent of the elderly are living in rural area and 11.6 percent are living in urban areas. Majority of the 60 percent of elderly females and 26 percent elderly males are economically fully dependent on others where as coming to health point of view 42 percent of elderly women are suffering from illness this is little bit high 31 percent illness with national comparison. Andhra Pradesh elderly people were low awareness on various social security schemes designed by the government were more than of them 55 percent are aware of the old age pension scheme 44 percent were getting widow pension scheme and 12percent about the Annapura scheme.(Umamaheswara Rao 2023).



3. Challenges of aged women

India represents high cultural heritage and strong family system with 53 percent female and 47 percent male aged population, women number increases due to men tend to marry women younger than themselves, mean that reason number of widows will increases rapidly and 21.2 percent elderly women were living alone in their houses. When age increases dependency increases so problems will be more for the women due to lack of own resources and independence. Challenges in elderly women categorized mainly in to four types 1.Destitution/alienation/isolation,2.Social insecurity 3.Financial insecurity, 4.Medical problems. (Manpreet kaur and Jasbir Kaur 2019).

Destitution/Alienation/Isolation: Due to rapid modernization and socio economic changes most of the families are adopted nuclear family system it makes younger generations hardly interact with their elderly family members and it makes elderly women to feel alone and it makes women to enter **social insecurity** due to lack of social security has forced elderly women to lead a life full of suffering to overcome from that women needs money but this also a big fuzzle, because of increased life expectancy and no fixed independent economic sources for women. Majority of the women are not authorize their right on ancestral property of money, lands and not allowing elderly women in **financial** decision making activities. **Medical problems** when age increases health problems increases due sensory decline and metabolic changes of elderly women suffer with physical, mental, emotional health problems of the elderly women.

Materials and Methods

Research approach used for this study was quantitative approach and the design is descriptive in nature. The setting of the study was Ananthapuramu district. The target population of the study was elderly women of staying in homes and old age homes; Sample was selected by multistage stratified random sampling from all five revenue divisions of Ananthapuramu district. Two main strata rural and urban were made on the basis of locality of staying and two substrata were made on the basis of homes and old age homes. In second stage elderly women living in home and old age home in equal number of elderly that is 72 members from each division and in third stage each category wise 24 members of elderly from each division and category, again in fourth stage selection made from rural 12 members and urban 12 members from this again in fifth stage from rural area 6 members from home and 6 members from old age homes vice versa 6 members from urban area old age home and urban area staying in homes. Total sample size 360 elderly women. Data was collected as per sampling criteria by using interview schedule which covers demographic variables, challenges; opinion on quality of life, quality of life and data was analyzed through the standard statistics packages for social sciences (SPSS).

Results and discussion

Table: 1
Distribution of elderly women based on demographic variables

S. No	Name of the Variables	Number of respondents	Percentage
1	Age		
	60-69 years	120	33.33
	70-79 years	120	33.33
	Above 80 years	120	33.33
2	Religion		
	Hindu	261	72.5



	Muslim	58	16.11
	Christian	41	11.38
3.	Caste		
	Other caste	81	22.5
	Back ward caste	172	47.77
	Scheduled caste	79	21.94
	Scheduled Tribe	28	7.77
4.	Life partner		
	Alive	150	41.66
	Diseased	210	58.33
5.	Present staying		
	home	180	50
	Old age home	180	50
6.	Locality		
	Rural	180	50
	Urban	180	50
7.	Educational qualification		
	Illiterate	227	63.05
	Primary education	71	19.72
	Secondary education	62	17.22
8.	Past occupation		
	Employee	33	9.16
	Self employee	100	27.77
	House wife	120	33.33
	Agriculture and coli	107	29.72
9.	Monthly income of individual		
	Below Rs 5000	219	60.83
	Rs 5001—Rs 10000	100	27.77
	Rs 10001-Rs 15000	20	5.55
	Above 15000	21	5.83
10.	Health services utilization		
	private	103	28.61
	Government	199	55.27
	Voluntary organizations	24	6.66
	Combined	34	9.44
	Total	360	100

- **Age:** has for the age concerned the study is taken multistage simple random sampling technique from each category equal number of elderly women was selected 60 to 69 years 33.33% 70 to 79 years 33.33% and about 80 years 33% elderly women were participated in
- **Religion:** The data in response to the religion showed majority of the respondents 72.5% were belonging to Hindu religion
- **Caste:** has per data consent with caste it was observed that majority of the elderly women 47.77% were belonging to backward caste



- **Life partner** data in response to life partner concerned more than half percent 58.33% of elderly women living without (diseased) their life partner.
- **Present staying** has per the present place of staying concerned the study has included elderly women taken equal number staying in home 50% staying in old age home 50%.
- **Locality** :The data in response to the locality of elderly women equal proportion of elderly women 50% work staying in rural area and 50% for staying in urban area
- **Educational qualification** response to the educational qualification majority of the respondents 63.05% Were illiterate.
- **Past occupation:** Looking into the data past occupation of the elderly women shorts that 33.33% of the elderly women wear housewives.
- **Monthly income of individual:** the data in response to the monthly income of individual concern it was found that majority of the elderly women 60.83% getting monthly income below Rs 5000.
- **Health services utilization:** looking into the data about utilization of Health Services shows that more than half percent 55.27% of the elderly women Getting services from government health sector.

Figure 1. Distribution of elderly women based on overall prevalence of physical psychosocial and spiritual challenges

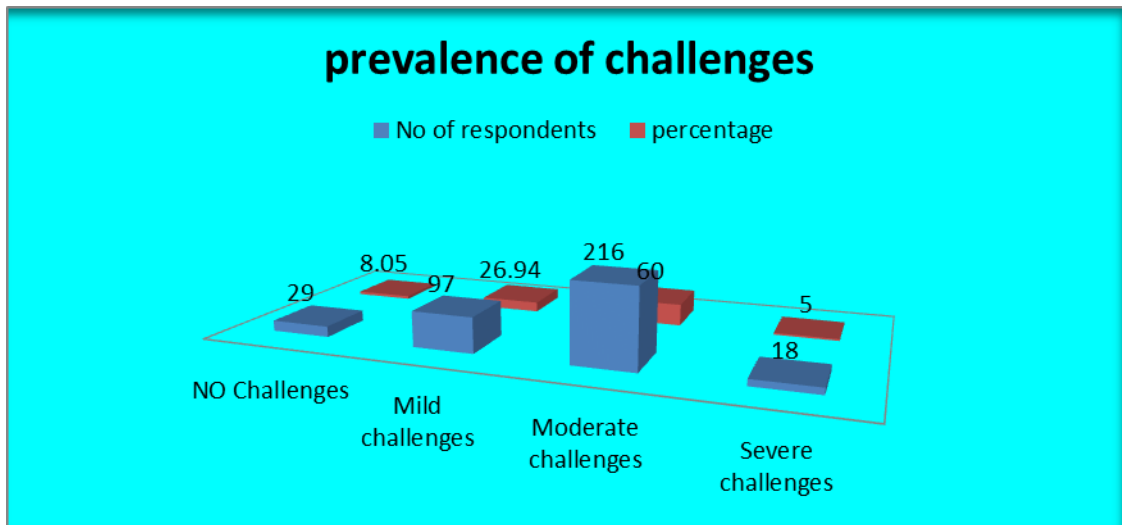


Table.2
Overall opinion of elderly women on Quality of life

Opinion	Score range	Number of respondents	Percentage
Not satisfied life	0-24	61	16.44
Satisfied life	25-37	183	50.83
Good life	38-50	116	32.22
Total		360	100

The data exerted in the table 2 indicates the distribution of respondents by their opinion on quality of life towards their daily living reveals that 50% of the respondents had satisfied life 32.2% respondents are having Opinion of good life they are leading in their daily life only 16.44% of the respondents on quality of life on their daily Living not satisfied life opinion on their daily living.

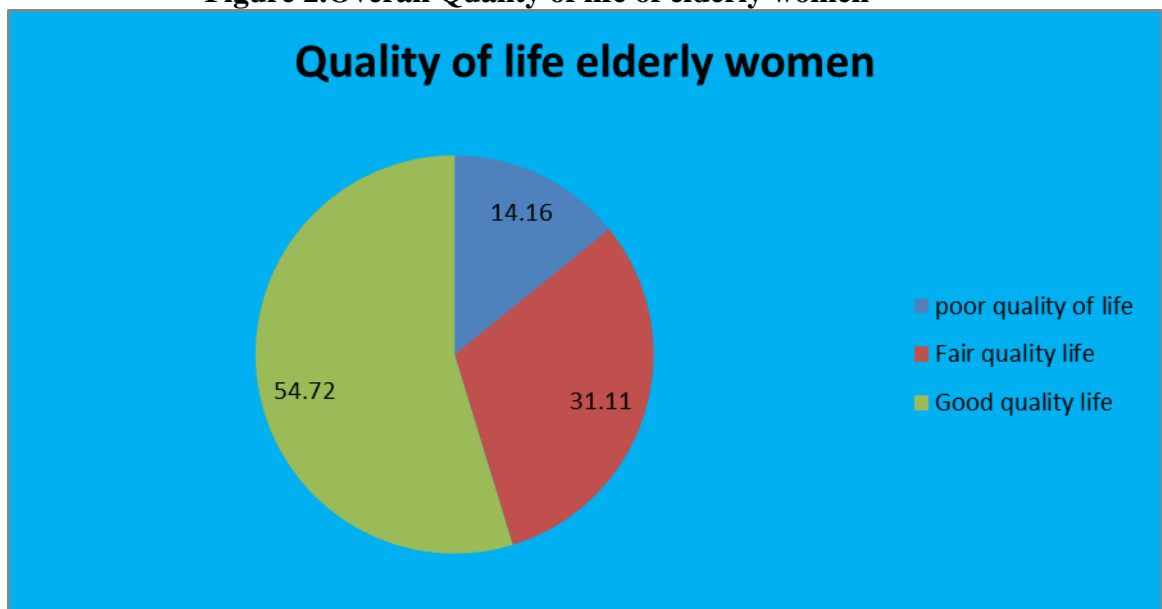


Table.3
Opinion of elderly women on Quality of life with their challenges

Level of Challenges	Challenges score	Not satisfied life		Satisfied life		Good life		Over all challenges	
		n	%	n	%	n	%	n	%
No Challenges	75-90	0	0	9	31.03	20	68.96	29	8.05
Mild Challenges	68-74	11	11.34	43	44.32	43	44.32	97	26.94
Moderate Challenges	45-67	50	23.14	120	55.55	46	21.29	216	60
Severe Challenges	0-44	0	0	11	61.11	7	38.88	18	5
Total		61	16.94	183	50.83	116	32.22	360	100

Presented in table 3 shows that opinion of elderly women and quality of life with their challenges reveals that elderly women without challenges 68.96% they had felt that good life 31.03% of the elderly women without challenges opinion that their life was satisfied coming to elderly women with mild challenges 44.32% opinion that their life was good 44.32% of the elderly women opinion that their life was satisfied and only 11.34% of the elderly women with mild challenges opinion that their life was not satisfied coming to moderate challenges 55.5% of the elderly women opinion that their life was satisfied 23.14% of the elderly women first opinion that their life was not satisfied 21.29% of the elderly women opinion that their life was good, Coming to as per severe challenges 61.11% of the elderly women opinion that their life was satisfied 38.88% of the elderly women with severe challenges opinion that their life was good .

Figure 2.Overall Quality of life of elderly women





The quality of life of elderly women it reveals that 54.72% of the elderly women had good quality of life 31.11% of the elderly women had poor quality of life and 14.16% of the elderly women had living with poor quality of life of elderly women.

Table 4,Quality of life of elderly women with their challenges

Level of Challenges	Challenges score	Poor quality		Fair quality		Good quality		Overall challenges
		n	%	n	%	n	%	
No Challenges	75-90	4	13.79	4	13.79	21	72.41	29
Mild Challenges	68-74	0	0	36	37.11	61	62.88	97
Moderate Challenges	45-67	40	18.51	68	31.48	108	50	216
Severe Challenges	0-44	7	38.88	4	22.22	7	38.88	18
Total		51	14.16	112	31.11	197	54.72	360

The data presented in table 4. represents elderly women with challenges and quality of life reveals that elderly women with no challenges 72.41 percent had good life, 13.79 percent had fair quality of life, 13.79 percent had poor quality of life, elderly women with mild challenges 62.88% had good quality of life,37.11 % had fair quality of life, elderly women with moderate challenges 50% had good quality of life,31.48 % had fair quality of life,18.51 percent had poor quality of life, while move on to severe challenges 38.88 percent had good quality of life,38.88 % had poor quality of life and 22.22% had fair quality of life, overall 54.72% had good quality of life,31.11% had fair quality of life,14.16% had poor quality of life.

Conclusion

Elderly women with challenges and quality of life reveals that a woman who is free from challenges had highest score 72.41% and severe challenges elderly women had poor quality of life 38.88% .Quality of life depend on physical health, psychological health, socio-economic status and emotional state of the women to get quality of life among elderly women. Healthcare policy makers and social welfare departments should create awareness programs on challenges of elderly women, develop Strategies for health promotion elderly women and plan for prevention of challenges. The holistic approach should be used for underlying reasons for challenges faced by elderly women should be undertaken ,There is a need to strengthen the existing packages for elderly women in various aspects the health care professionals and welfare professionals should take a key role in providing guidance and counseling to the elderly women to overcome from challenges and lead quality of life the present study on challenges and quality of life of elderly women revealed that there is a need for initiating certain interventions to lead happy and quality life among elderly women.



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