

**PROBLEMS AND LIFE SATISFACTION OF THE ELDERLY WOMEN IN SLUMS**

A Study in Greater Visakhapatnam Municipal Corporation of  
Andhra Pradesh

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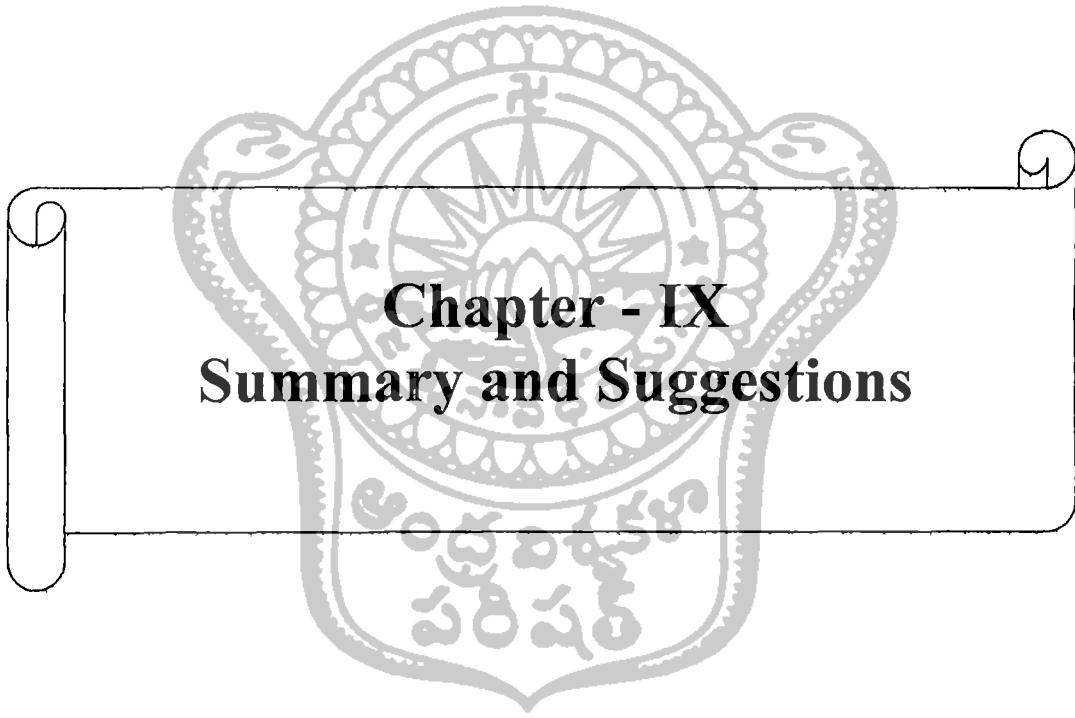
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## **Chapter - IX**

### **Summary and Suggestions**



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### SUMMARY AND SUGGESTIONS

The present study entitled “Problems and Life Satisfaction of the Elderly Women in Slums: A Study in Greater Visakhapatnam Municipal Corporation of Andhra Pradesh” was conducted with the following objectives:

- i. To find out the socio-demographic profile of the elderly women in slums of Greater Visakhapatnam Municipal Corporation.
- ii. To examine the family background, living arrangements, health and economic status, social participation, leisure time activities and abuse of elderly women in their families.
- iii. To find out the levels of life satisfaction among the elderly women living in slums and the association between their life satisfaction scores and other socio-demographic variables.
- iv. To ascertain the levels of awareness of the elderly women living in slums on programmes and policies related to the elderly.
- v. To draw implications of the study for policy and to make recommendation for the improvement in the status and living conditions of the elderly women living in slums.

For the purpose of the present study, three slums in GVMC were selected randomly from the existing 741 slums of GVMC. The mean population size of all the slums in Visakhapatnam city has been calculated and it came to be around 1000 per slum. Soon after, list of slums which are having population nearer to mean population of 1000 has been prepared and a total of 16 slums have been identified and listed out. From this list of 16 slums, three slums are chosen by using simple random sampling



method for the study. The names of the three selected slums are Simhagiri Colony, Indira Priyadarshini Colony and Patha (old) Venkojipalem.

In all the three slums, the total number of elderly women (60 years and above) are identified and selected for the study. Thus, 212 elderly women are identified in these 3 slums. As 16 respondents could not be contacted or excluded from the study, the final sample of study was 200 elderly women (60 years and above).

The interview schedule and the Life Satisfaction Scale developed by Neugarten et al (1961) were used as instruments for the collection of required data from the study sample of 200 elderly women. All the respondents were interviewed and the data collection was done by the researcher herself. After collection of the data, it was fed into the computer by using SPSS and tables, graphs etc. are prepared.

### **Major findings of the Study**

The mean age of the sample population is 69.14 years. A majority of the respondents falling in the age group of 65 to 69 years and two-fifth (40.0 percent) of the elderly women belong to this group. There are a large percentage of respondents belong to Hindu religion (84.0 percent) in the study sample.

Most of the respondents belong to backward castes (67.5 percent) followed by Scheduled Caste and Open Categories. As regards marital status 70.5 percent of the respondents are widows. Predominantly the total sample population is illiterate (84.5 percent) and illiteracy is more prominent among elderly women. Most (78.5 percent) of the respondents are not working and more than two-fifth (53.85 percent) of the respondents' families have only one earning member in their family.



More than one-third (38.46 percent) of the respondents have four dependents in their family followed by 21.0 percent of the respondents' families have five members and 15.5 percent of respondents are single member families and most of these respondents are staying alone. Majority (62.5 percent) of the respondents had both son(s) and daughter(s).

As regards income of the respondents 70.5 percent reported no income. The mean monthly respondent's income came to be around Rs. 1773. About one-third (31.0 percent) of the respondents were getting monthly family income between Rs. 3001 and Rs. 6000. The mean monthly family income is Rs. 9236.50. About half (48.0 percent) of the respondents are getting old age pension.

As regards native place of the respondents, (56.5 percent) of the respondents said that their native place is Visakhapatnam city. A large number of the respondents, who are not native of Visakhapatnam city, have been migrated from the adjoining districts such as Srikakulam, Visakhapatnam, East Godavari etc. About one-fourth (59.77 percent) of the respondents are migrated from Srikakulam district alone. Some of the migrated are also from other states such as Odisha and West Bengal. 37.94 percent of the respondents are living in their slums between 30 and 39 years.

Except 4.5 percent of the respondents, others have family members and indicated that the living arrangement of the respondents majority (62.5 percent) of the respondents have had both sons and daughters. About two-fifth 43.0 percent of the respondents are saying with their sons. About one - third of the respondents (32.26 percent) have been staying alone for the past 4 to 6 years. The major reason for staying alone for the past 4 to 6 years. The major reason for staying alone as said by the respondents is widowed (48.39 percent).



Health status of the elderly women indicates that about four-fifth (83.0 percent) of the respondents reported that they were having minor illness. About half (48.5 percent) of the respondents have difficulty in seeing. Majority (62.5 percent) reported that their hearing is good. Most of the respondents reported that they have joint pains (37.5 percent) followed by back bone pain (10.0 percent), hypertension (8.5 percent) etc. As regards the personal ablutions, 89.5 percent of the respondents stated that they can do bathing without any difficulty and 88.5 percent of the respondents revealed that they can go to the toilet without any difficulty. About two-fifth (47.34) of the respondents stated that their daughter(s)-in-law assist them in case of inability of performing the above tasks.

43.00 percent of the elderly women respondents visited government hospitals for treatment of their problems and 8.88 percent of elder women stated that they take medicine from the nearest medical shop without prescription from the doctor. More than one-third (40.83 percent) of the respondents are accompanied by their son(s) and daughter(s)-in-law while going to the doctor/hospital.,

Most (60.5 percent) of the respondents mentioned that they had own houses and 53.5 percent are living in concrete houses. More than two-third (68.59 percent) of the respondents, are living the houses owned by her or spouse or children and the remaining are living in rented houses..

Regarding debts, 60.5 percent of the respondents have no debts and remaining 39.5 percent have debts. Major sources of debts of the elderly women are local money lenders (74.68 percent), followed by relatives and friends.



Most (72.0 percent) of the respondents reported having friends ranging from 1 to 10 and remaining 28.0 percent have no friends. Among those who reported having friends, more than two-third (68.06 percent) of the respondents said that they meet their friends frequently.

Majority (78.5 percent) of the respondents mentioned that none of them give only advice to their family members. However, the remaining women give advice on matters relating to family disputes.

Participation of elderly women in SHG activities, it was found that majority (78.0 percent) are not the members in self-help groups and remaining 25.0 percent of the respondents are associated with self-help groups. Of them, majority (92.0 percent) of the respondents are acting as members of SHG and only two respondents acting as president or secretary of SHG. Most of the respondents said that they have not received any benefit through SHGs.

Regarding social participation, majority (85.0 percent) of the respondents are not participating in any religious and other activities and remaining 15.0 percent participate in those activities. Among them, 63.33 percent of the respondents offer prayers to God followed by attending to marriages, meetings and participation in service activities at temple etc.

About one-third (33.5 percent) of the respondents have free time throughout the day and only 2.5 percent reported that they have no free time at all. About half (52.82 percent) are respondents participate in indoor activities such as watching television, doing household chores, play with the grand children, discuss with the visitors, etc..



and also in outdoor activities such as spending time with neighbours, community programmes, go for a walk prayer to God etc.

More than half (57.5 percent) older women have been receiving different types of pension such as old age pension, family pension, widow pension and disabled pension etc., but predominantly (48.0 percent) receiving old age pension provided by the government.

Abuse of family members reported by 26.0 percent of the respondents. The abuser in most (38.50 percent) of the cases was predominant by daughter-in-law followed by husband, son, daughter and sister-in-law etc. Most of the elderly are abused both verbally and physically and most of the respondents are abused almost daily followed by once in a week.

Regarding nature of stressful events in their life, majority (72.5 percent) of the respondents said that they do not have any major stressful events in their life and remaining (27.5 percent) have stressful events in their life. The nature of major stressful event is most by the death of family members.

Irrespective of the educational status, most of the older women are not aware of the legislations, policies, railway concessions, old age homes available for the older persons in India. However, a majority of the respondents are aware of old age pension scheme.

Opinion of the preference of living arrangement, more than half (51.5 percent) of the respondents preferred to live with their sons, whereas, 20.0 percent respondents preferred to live alone and 12.5 percent reported that they prefer to live with the



Most important problems reported by the older women are: poor or no income (95 per cent); health problems (82 per cent); insufficient programmes by the government (80 per cent); widowhood (70 per cent); lack of housing (65 per cent); loneliness (35 per cent); abuse by family members (32 per cent) etc. Other problems such as lack of proper housing (84 cent), drainage (85 per cent), sanitation (90 per cent), roads (63 per cent), community hall (75 per cent), transport etc. are reported as the problems faced by them in the slums.

Majority (66.5 percent) of the respondents offered various suggestions and the remaining 33.5 percent did not offer any suggestions. Suggestions include provision of old age pension, increase of old age pension, the food, cloth and medical expenses, organization of eye camps and screening camps to detect health problems.

### **Life Satisfaction of the Elderly respondents**

The finding of the life satisfaction Index score of the elderly respondents of the sample found that the elderly belonging to the age group of 65-69 have higher mean LSI scores, along with the respondents of 75-79 age group. Significantly, respondents of 80+ age group scored lower LSI scores than other age groups. However, chi-square value depicts that there is no significant impact on life satisfaction score by their age-groups.

Caste wise distribution of the respondents of the LSI scores of the respondents indicates that elderly women belonging to other caste category had a high level of satisfaction (9.52) with life compared to the respondents from backward castes (8.90) and Scheduled castes (8.22).



Marital status and LSI scores of the respondents shows that the married respondents had slightly higher mean LSI score (8.98) as compared to the respondents who were widowed (8.90). Chi-square value depicts that there is no significant impact on life satisfaction score by their marital status.

Educational status and the LSI scores of the respondents indicate that literate elderly women reported a high level of satisfaction (9.98) with life compared to the illiterate respondents (8.73).

The mean LSI scores of the elderly women who are not working had a low satisfaction (8.91) as compared to those elderly women who were working (8.98).

A significant association was observed between respondent's family income and life satisfaction of respondents. As the income of the families increased, the life satisfaction of elderly also increased. The respondents who have children had high life satisfaction (9.03) compared to those who don't have children (6.78).

The life satisfaction of the elderly women who have no illness, reported greater LSI scores (11.16) as compared to those who have minor illness (8.57). The elderly women who reported no illness or having some minor illness were found to be better satisfied and reported higher LSI scores (11.6) as compared to those who have minor illness (8.57).

The respondents who suffer from abuse from their family members have low levels of life satisfaction as compared to those who did not report any abuse. Chi-square value depicts that there is a significant impact on life satisfaction scores of the elderly women and abuse by their family members.



### Suggestions

The socio-economic context of aging has been changing due to technological advancement, industrialization and urbanization. The situation of the older persons differs by health, economic and other such factors and based on the residence i.e. rural or urban. The elderly in India have been facing numerous problems in general and the poor and women elderly in particular. Policies and programmes for the aged should be developed or modified, as the present services for the elderly are not adequate quantitatively and qualitatively in the changing circumstances of modern society. Based on the findings of the present study, the following suggestions are offered.

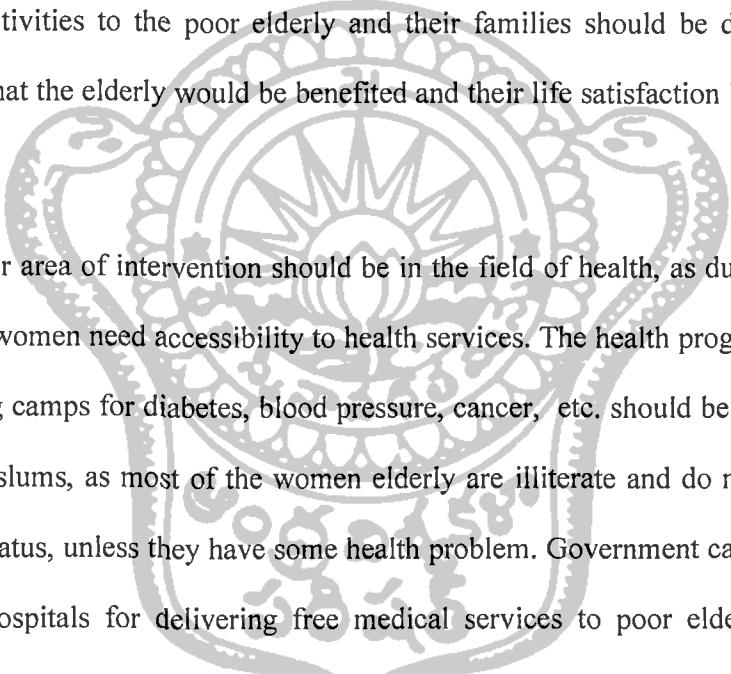
The policies and legislations prepared by the government are commendable in India but the problem lies in execution of the policies. Even after more than a decade of the initiation of the NCOP, 1999, not much progress has been made in relation to the state of affairs of the elderly due to lack of proper implementation of the policy. In the meanwhile, the draft National Policy for Senior Citizens has been submitted to the Government. The government of India should immediately take action in finalizing the Policy and its strict implementation. As suggested in this draft, there should be a separate department at the national level to cope with the affairs of the elderly. Similarly, there is also a need to establish a separate department to deal with issues of the elderly at the state level, as at present the subject is included along with the other subjects such as disabled, women and child welfare.

The government should also take steps for better implementation of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, as most of the elderly respondents in the study are not aware of such legislation enacted for the benefit of



the older people Dissemination of knowledge of the Act to the older people, their family members, NGOs, and others, who are concerned, should be done.

There is a need to improve the economic situation of the families living in slum areas and thereby the situation of the elderly, including women elderly would get better. As many of the elderly women are healthy, their expertise and experiences should be better utilized for their families and society. Programmes focusing on income generation activities to the poor elderly and their families should be designed and initiated, so that the elderly would be benefited and their life satisfaction levels would also increase.



Another major area of intervention should be in the field of health, as during old age most elderly women need accessibility to health services. The health programmes like free screening camps for diabetes, blood pressure, cancer, etc. should be periodically organized in slums, as most of the women elderly are illiterate and do not check up their health status, unless they have some health problem. Government can encourage the private hospitals for delivering free medical services to poor elderly women. Health insurance policies and adequate free clinical facilities must be provided and opening up of dispensaries or through mobile dispensaries by the government in slum areas is the need of the hour. There is also a need to develop or initiate geriatrics in medical colleges, as suggested in the national policy on older persons.

The issues of the elderly, especially of women elderly should be given focus in various other Indian national policies such as the National Policy of Children, the National Population Policy, National Policy for the Empowerment of Women, the National Policy on Slums and many other policies which are directly or indirectly



affect the women elderly in particular. Thereby, the issues of the women elderly can be dealt with in an integrated perspective.

It is suggested universal coverage of old age pension scheme in India and especially to all older women living in slums, as they belong to poor and low income group. Destitute, poor, single and widowed elderly should be given preference while sanctioning old age pensions. Further, there is also a need to increase the amount given under the existing old age pension to a minimum of 1000 rupees per month. This amount should also be periodically increased.

Preference should be given to the elderly women in the allotment of houses or house sites, as housing is one of the basic requirements and in the urban areas this has become a major problem. Families having older person (s) in their families should be given preference in the allotment of houses for the poorer sections, under housing policy in slum areas of urban agglomerations.

As there is no specific local security system for the elderly in India, there is a need to ensure income security for the elderly and also provide opportunities for income generation.

There is also lot of scope for the elderly women to develop and participate in SHG movement, so that their economic status would also improve. There is a need to integrate the programmes of the elderly in Swarna Jayanthi Shahari Rozgar Yojan (SJSRY) and focus should be given to the women elderly in the formation and development of SHGs in slum areas. The experiences of the older women would certainly enhance the functioning and development of SHGs. Non governmental



organizations should also participate and take active part in the development of older women through SHGs.

Strengthening and initiation of the associations of the older persons can also contribute a lot in improving the conditions of the older people. Networking and federating of the association of older persons is also required. These associations can fight for the rights of the older people.

There is a need to organize sensitization programmes at the local, regional, state and national level to the students in schools and colleges to sensitize them towards aging an aged

Special focus should be given to the widowed, childless, lonely and sick women, who constitute the bulk of the oldest old in all intervention programmes for the elderly.

Elderly women are more vulnerable for abuse by the family members. Therefore, there is a need to create greater awareness among the older people, their family members, policy makers, academic department, NGOs, and the general public about the issues of the older women, on existing policies, legislations, programmes for the elderly.

The government and /or NGOs should start helpline services to the elderly women in urban areas, as was done for children and women like Child line and women helpline services.

The government should establish old age home (s), at least one, in each district for destitute elderly, older women staying alone and for the elderly abused by their family



members, as enacted in the Maintenance and Welfare of Parents and Senior Citizens (MW&SC) Act, 2007.

The Media, both electronic and print, should highlight various issues of the elderly and the positive aspects of the elderly women, especially of urban slum elderly women.

There is a definite research gap in gerontology especially with respect to different needs and problems of elderly women living in slum areas. This could be one of the priority areas of the government, academic departments and NGOs.

### **Suggested Research**

The focus of the existing research studies in India is mostly on the general demographic and socio – economic aspects of the older people in certain states or geographical areas or of specific groups of the elderly people. There is no comprehensive picture of the older people and in-depth data to facilitate the planners and policy makers to formulate suitable policies for the welfare of the elderly in India.

There is a need to take up intensive research studies on widowed women, childless elderly, elderly staying alone, abused elderly, quality of care of the elderly, stress levels of the care providers etc. These studies should be taken up with large sample size of the older persons covering various groups and regions/ states of India.



### **Implications for Social Work**

In the teaching of social work methods and field work placement of the students, the part of social work can play in the care of the older persons in India is much neglected, though some of the schools of social work are offering a paper in the syllabi of social work course. Since the possibility of social work with the elderly is expanding, the implications of the present study for social work training are important. Professional social workers have to develop good understanding of the aging processes and its physical, psychological and sociological concomitants. Hence, more attention will have to be devoted to this subject in the teaching of human development, social behaviour and social structure, and in field work training. The training of professionals and para - professional to organize and promote family support and community based programmes for the elderly should be given high priority, given the shortage of trained personnel in the care of the elderly. Field work placement of the students of social work in communities and old age homes could help them to get an insight into different problems of the older people.

