

Wellbeing and Mental Health Issues of Elderly Women in India

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Abstract:

The aging population in the 21st century is a significant human achievement, influencing both developed and developing nations. The elderly, particularly women, face increased challenges and problems, despite advancements in technology, medicines, facilities, and modernization, yet they remain vulnerable and underserved. Their health and mental state are influenced by the quality of care provided by their family members and society. Elderly women are experiencing a higher number of health issues compared to men. Most women suffer from chronic diseases, and loneliness is a prevalent psychological issue among all women. This paper explores into the physical and mental health challenges faced by elderly women in India, highlighting the significant issue of widows over widowers in the elderly population.

Introduction:

Well-being: refers to a person's quality of life, i.e. how good their life is. Well-being can refer to both positive and negative well-being.

Elderly: The term "elderly" refers to individuals aged 65 or older, with those aged 65-74 being referred to as "early elderly" and those over 75 as "late elderly."

Aging: Senescence is a gradual physiological change that occurs as an organism age, resulting in a decrease in biological functions and response to metabolic stress.

Mental Health: Mental health refers to a person's psychological and emotional well-being.

The number of older people aged 60 and above in India has increased by 35.5% from 76 million in 2001 to 103 million in 2011. India's older adult population, comprising around 9% of the total population, is projected to increase to 20% by 2050. (Jadhav et al., 2013).

The global statistic indicates that women generally live longer than men by 4.4 years between 2010 and 2015, with life expectancy at birth being 72.7 years for females. The United Nations reported that women comprised 54% of those aged 60 or over and 61% of those aged 80 or over. Aging is characterized by social isolation, poverty, reduced family support, inadequate housing, cognitive impairment, mental illness, widowhood, loss, grief, limited living options, and eventual dependency.

Aging is characterized by social isolation, poverty, reduced family support, inadequate housing, cognitive impairment, mental illness, widowhood, loss, grief, limited living options, and eventual dependency. The aged Indian population, above 60, is growing rapidly, but only accounts for 7.4% of the total population. India faces socio-economic pressures, including welfare outlays, medical services, and financial control. (Santhosam & Samuel, 2013)

Agedness refers to the decline in physical and psychological health, necessitating the need for support and security for older individuals. Addressing health issues is crucial for society as older individuals are more susceptible to health issues, often accompanied by multiple illnesses and physical ailments.

The elderly often suffer from poor psychological wellness, including infirmity, depression, and dissatisfaction with life, making their wellbeing a crucial focus in research on the old age population.

Promoting active aging is crucial as it can serve as a life-saving activity for older adults.

The health sector can induce a crucial role in making an “age-friendly” community. Health strategy is useful in both upstream & downstream efforts, and this can be only possible if professionals of different sectors like policymaker, gerontologists, medical social worker, and researchers involved and communicate each other strength to ensure and make such policy, programs, and a structure which affect the older population positively (Rafi & Saif, 2020).

The health sector plays a crucial role in creating an age-friendly community by involving policymakers, gerontologists, medical social workers, and researchers in communication and implementing positive policies and programs.

Objectives:

- 1) To Study the literature on Elderly Women's Well-being and mental health issues in India.
- 2) To acknowledge the physical and mental health issues faced by elderly women in India.
- 3) To provide suggestions on the needs and demands of elderly women in India.

Research Methodology:

Literature Review Criteria-

- Inclusion: English-language, peer-reviewed journals.
- Exclusion: Newspaper reports, studies without scientific structure.

The psychological, social, and emotional well-being of women plays a very important role in their overall health and well-being during later years of their life.

Wellbeing of Elderly women in India:

The well-being of the elderly is influenced by various factors, including demographics, socio-economics, and life events, with education being a key factor. Elderly women, particularly widows, have lower literacy levels than men, leading to dependence on their children or family members, who often view them as burdens.

India, with the world's second-largest older adult population, experiences rapid growth. However, older women often face discrimination due to gendered norms, impacting their quality of life and expectations in later years. Old age is considered the golden age for elderly, fulfilling all parental responsibilities. However, economic, social, and psychological factors can deprive them of adequate care and support. Women are generally more vulnerable in their old age due to socio-cultural and economic factors, particularly in the Indian context. Asharaf (2005) highlights the challenges faced by women due to traditional gender roles, societal discrimination, and the feminine nature of ageing, particularly in their old age. Mental health issues significantly impact older individuals' independence, autonomy, and quality of life. Diagnosis is crucial, but often untreated, leading to struggle without proper help.

Depression is a common mental health issue in later life, impacting 20-25% of individuals. Other issues like isolation, loneliness, and loss contribute to poor emotional wellbeing and low life satisfaction. Elderly people, especially those with dementia, are significantly impacted by mental health issues, with those caring for them being more likely to experience depression.

Penhale and Kingston's (1995) study identify three types of age-related risks in the UK: marginalization, abuse, and abuse, particularly for women. Prakash (2001) argues that the

problems faced by elderly women are not solely due to age, but also stem from their psychosocial environment, diminishing support, and life changes.

In India the situation of elderly women remains largely tragic, necessitating urgent attention to their medical and socioeconomic challenges. This paper explores the global health-related issues faced by elderly women, including social, emotional, psychological, sexual, and other aspects, and the measures taken to address these issues.

Mental health issues of elderly women in India:

The India National Mental Health Policy, 2014 aims to decrease distress, disability, exclusion morbidity, and premature mortality linked to mental health issues throughout an individual's life. The policy primarily focuses on ensuring the mental health of the entire population, neglecting the mental health of the elderly. The elderly population is more susceptible to mental health disorders and comorbid conditions, thereby increasing the overall burden of dual disease in the country. Limited resources in India's National Mental Health Survey reveal limited information on the prevalence of state-wise and gender-wise depression and its association with disability-adjusted life years. Research indicates that women elders are more likely to experience physical and mental disabilities, which significantly impact their quality of life.

Mental health in older women is influenced by physical and social environments, life experiences, and stressors, leading to psychological distress due to adversity, loss of capacity, and functional decline. Studies reveal that women are more likely to experience mental health issues than men, possibly due to predisposed biological and social risk factors. Older women are more susceptible to social insecurity, health issues, and increased emotional and financial insecurities. Lower levels of education are shown to be associated with higher rates of dementia and consequently more among females. The study found that female elderly individuals experience more significant functional impairments such as malnutrition, depression, impaired physical performance, and urinary incontinence compared to their male counterparts.

Marital status and economic dependence significantly influence morbidity among elderly women, with diseases increasing with age. Factors such as widowhood, divorce, and economic dependency make coping difficult. Factors influencing positive aging include adequate financial status, good physical and mental health, active participation in leisure activities, and maintaining daily schedules.

Joshi et al.'s study found that morbidity was more prevalent among females (94.1%) in Northern India, with anemia, dental problems, hypertension, cataract, and osteoarthritis being the most common. Psychological distress was reported by 66.6% of urban women and 82.3% of rural women.

Sharma's study reveals that elderly women are more affected by dementia, depression, and psychosomatic disorders than their male counterparts. The study by Roy and Chaudhuri found that socioeconomic status, wealth, and financial empowerment affect health and healthcare utilization in later life. Older women had worse health, higher disability prevalence, and lower healthcare utilization. However, controlling for economic independence reversed these gender differences, suggesting financial empowerment could improve health.

Conclusion:

India's elderly population is increasing rapidly, with feminization leading to physical, psychological, and economic problems. Old women face health issues, widowhood, and economic dependency. Current policies lack gender sensitivity, and understanding their complex issues is crucial for effective resolution.

Depression rates among females are higher than males, increasing annually. Despite longer lifespans, women are more susceptible to certain diseases, potentially reducing their overall health. The study reveals that the location of residence significantly influences the development of depression in elderly women, with rural areas having a higher prevalence of depression. Low literacy significantly correlates with depression, with significant differences in the prevalence of elderly women's depression in rural and urban areas. The study highlights the vulnerability of elderly women to depression, suggesting that the government could develop programs to address their needs in both urban and rural areas. Multi-factor mental health approaches, considering age, literacy, and location, are crucial for addressing depression's root causes and developing targeted programs for specific populations ultimately, India will win if it recognizes for gender sensitivity and especially taking care its women and mothers.

The study underscores the necessity of mental health policies and interventions to reduce depression among elderly rural women, encompassing access to services, community support systems, and increased awareness. The study highlights the significant prevalence of depression among elderly women in both rural and urban areas, emphasizing the significance of considering demographic factors in mental health understanding.

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