Elderly Women in Kashmir

Sumera Yaseen
Research Scholar,
Human Development, Institute of
Home Science, University of
Kashmir, Jammu & Kashmir, India

Muzamil Jan
Sr. Assistant Professor, Extension
and Communication, Institute of
Home Science, University of
Kashmir, Jammu & Kashmir, India

Naheed Ruhee
Professor, Directorate of Distance
Education, University of Kashmir,
Jammu & Kashmir, India

ABSTRACT

The present study is conducted to study the status of elderly women in Kashmir and to access the elderly women as per their Dwelling, work status, and age group. The study reveals that Majority of the elderly women belongs to district Srinagar followed by district Anantnag. Minimum number of elderly women belongs to district Shopian of Kashmir. In the age group of 70-79 years majority of the elderly women belongs to district Srinagar followed by Anantnag, Baramulla and Budgam while as in the age group of 80 years and above again majority belongs to Srinagar district. Well-being of elderly may affect by change in health status and personality.

Keywords: Elderly, Women, Kashmir, Dwelling

INTRODUCTION

Aging, the process of growing old regardless of chronological age, is a natural, continuous and universal phenomenon (Arunima and sarvdeep, 2011). The ageing process involves changes in physiological, pathological, social, and psychological conditions of a person, and is associated with a decline in functional status, impaired muscle function, decreased bone mass, immune dysfunction, anemia, reduced cognitive function, etc. (Shilpa et.al , 2015). Most developed world counties have accepted the chronological age of 60 years as a definition of 'elderly' or older person. The United Nations has agreed that 60+ years may be usually denoted as old age. (Paul, 2001). However, various countries and societies consider the onset of old age as anywhere from the mid 40s to the 70s (Britannica, 2016). Globally, the number of people aged 80 years or over, the "oldest-old" persons, is growing even faster than the number of older persons overall. Globally, during 2010-2015, women outlived men by an average of 4.5 years. As a result, women accounted for 54 per cent of the global population aged 60 years or over and 61 per cent of those aged 80 years or over in 2015.The older population is growing faster in urban areas than in rural areas. At the global level between 2000 and 2015, the number of people aged 60 years or over increased by 68 per cent in urban areas, compared to a 25 per cent increase in rural areas. As a result, older persons are increasingly concentrated in urban areas. (World population Ageing 2015). According to Population Census 2011 there are nearly 104 million elderly persons (aged 60 years or above) in India; 53 million females and 51 million males. Both the share and size of elderly population is increasing over time. From 5.6% in 1961 the proportion has increased to 8.6% in 2011. For males it was marginally lower at 8.2%, while for females it was 9.0%. As regards rural and urban areas, 71% of elderly population resides in rural areas while 29 % is in urban areas. (Government of India)**.**

REVIEW OF LITERATURE:

As per the studies done by the researcher old age men are in better position in health, economic and financial aspects than women. Elderly women had better position in home, social and marital aspects of social adjustment than men (Sil, 2016). An elderly female has significantly higher anxiety level in addition to higher adjustment problems in home, health and emotional subscales (Gupta and Kohlo, 2011). Cognitive health is the most influential component in determining life satisfaction among both males and females. Individual's social support also plays an influential function in life satisfaction among rural

elderly (Banjara, 2015). Moreover elderly persons have health problems such as hypertension, followed by arthritis, diabetes, asthma, cataract and anemia (Lena et.al; 2009). Loneliness plays an important role in determining depression among old age people. Mild psychological pressures are seen in both rural and urban regions. Rural geriatric population are found more stressed than urban geriatric population (Jabin et.al; 2016). The prevalence of depression is on increase among elderly women because of loss of social support, divorce, alcoholism, smoking tobacco, loss of bodily activities and workout, stress, conflict between new and old values and so on (Mina, 2017). Prevalence rate of depression among elderly in India is likely higher than other developing and less evolved countries. Data from India suggest that diverse Psychosocial factors which include loneliness, poor social family support, isolation, dependency, loss of own family care and affection, inadequate time spent with youngsters, stressful life events, perceived poor health, lower level of spirituality and higher use of emotion-based coping increase the risk of depression among the elderly (Grover and Malhotra, 2017). Researchers reveal that social isolation and loneliness become frequent among the aged. Meanwhile well-being could be affected by change of health status and personality. It has been proven that both social isolation and loneliness influence elderly well-being (Wu and Zhang, 2011). Physical activity of an aerobic nature is associated with high functional status in older age. A high level of physical activity is related to better cognitive function and reduced risk of developing Dementia (Paterson and Warburton, 2010)

RATIONALE OF THE STUDY
Old age presents its special and unique problems but these have been aggravated due to the unprecedented speed of socioeconomic transformation leading to a number of changes in different aspects of living conditions. The needs and problems of elderly vary significantly according to their age, socioeconomic status, health, living status, and other such background characteristics. The main area of concern among the elderly is there health, which can in turn have a significant impact on their economic security, level of independence and social interaction. It is obvious that people become more and more susceptible to chronic diseases, physical disabilities and mental incapacities in their old age. As age advances, due to deteriorating psychological conditions the body becomes more and more prone to illness. The elderly also face other social issues

around retirement, loneliness, and ageism. Spirituality has been a positive factor in the lives of older peoples, especially as it influences their emotional, mental and physical well being.

OBJECTIVES:
1. To study the status of elderly women in Kashmir.
2. To access the elderly women as per their Dwelling, work status, and age group.

MATERIALS AND METHODS
The present study was conducted in Kashmir region. The study was based on whole population of old women from 60 years to 80 years and above. For the present study secondary source of data has been used to collect the information. Main source of information was J&K census 2011, government of India.

RESULTS AND DISCUSSION
Table 1.1 depicts that majority of the elderly women i.e., 20.92 per cent (f=47310) belongs to district Srinagar, followed by 15.03 per cent (f=34004) from district Anantnag. It is found that 14.94 per cent (f=33789) elderly women belongs to district Baramulla; where as 10.21 per cent (23080) belongs to district Kupwara. Only 10 per cent (22579) elderly women belongs to Budgam district, 9.28 percent (20985) elderly women belongs to district Pulwama and 6.32 per cent (f=14295) elderly women belongs to district Kupwara. Moreover, 5.41 per cent (f=12220) elderly women belongs to Bandipora district, 4.13 per cent (9331) elderly women belongs to Ganderbal and 3.79 per cent (f=8560) from Shopian. Overall elderly women population in Kashmir are 226153.

Table 1.2 revealed that the total population of elderly women in rural sector is 147566. It is found that the majority of the elderly women in rural areas belongs to district Baramulla 18.40 per cent (f=27155). 16.61 per cent (f=24513) elderly women belongs to district Anantnag where as 14 per cent (f=20637) elderly women belongs to the district Kupwara. 13.09 per cent (f=19316) elderly women belongs to Budgam, 12.35 per cent (f=18228) are from Pulwama followed by 7.74 per cent (f=11424) are from Kulgam and 6.71 per cent (f=9900) are from district Bandipora. Only 5.40 per cent (f=7960) elderly women belongs to Shopian district, 5.30 per cent (f=7827) from Ganderbal and 0.40 per cent (f=603) from district Srinagar In comparison to the rural population, the total population under urban areas is 78587. Out of which 59.44 per cent (f=46707) belongs to district

Srinagar and 12.07 per cent (f=9491) elderly women belongs to Anantnag district. Only 8.44 per cent (f=6634) belongs to Baramulla district followed by 4.15 per cent (f=3260) from Budgam and 3.65 per cent (f=2871) from Kulgam. Moreover 3.51 per cent (f=2757) elderly women belongs to district Pulwama, 3.11 per cent (f=2443) from district Kupwara and 2.95 per cent (f=2320) belongs to district Bandipora. Only 1.92 per cent (f=1504) from district Gander bal and the remaining 0.76 per cent (f=600) are from district Shopian.

Table 1.3 reveals that the total population of elderly women under working sector are 32015 from which 24.71 per cent (f=7911) belongs to district Anantnag, 12.25 per cent (f=3922) from district Srinagar and 10.11 per cent (f=3237) elderly women from Baramulla district. Only 9.48 per cent (f=3034) elderly women belongs to Kulgam where as 9.18 per cent (f=2939) from district Pulwama, 8.63 per cent (f=2762) elderly women belongs to Kupwara followed by 8.48 per cent (f=2714) from Bandipora. Moreover the elderly women from Budgam district is 7.96 per cent (f=2546) from district Ganderbal is 5.19 per cent (f=1664) and the remaining 4.01 per cent (f=1286) from district Shopian. In comparison to working population, the total population under non-working sector are 194138 out of which 22.35 per cent (f=43388) elderly women belongs to district Srinagar, 15.73 per cent (f=30552) from Baramulla and 13.44 per cent (f=26093) belongs to district Anantnag. The number of elderly women from district kupwara are 10.46 per cent (f=20318) from district Budgam are 10.32 per cent (f=20033) and 9.20 per cent (f=18046) belongs to district Pulwama. Only 5.80 per cent (f=11261) elderly women belongs to the district Kulgam, 4.90 per cent (f=9506) from Bandipora while as 3.95 per cent (f=7667) are from Ganderbal and the remaining 3.75 per cent (f=7274) belongs to district Shopian.

Table 1.4 depicts that the elderly women under the age group of 60-69 years is 130668. Majority of elderly women ie; 21.18 per cent (f=27673) belongs to district Srinagar followed by 15.15 per cent (f=19796) from Anantnag, 14.74 per cent (f=19260) from Baramulla and 10.12 per cent belongs to district Budgam, 9.73 per cent (f=12714) belongs to district Kupwara, 9.33 per cent (f=12189) from Pulwama. Only 6.40 per cent (f=8357) elderly women are from Kulgam, 5.52 per cent (f=7216) from Bandipora, 4.07

per cent from district Gander bal and the remaining 3.76 per cent belongs to district Shopian.

In the age group of 70-79 years the total population of elderly women is 64667 from which majority 20.90 per cent (f=13513) belongs to Srinagar, 15.58 per cent (f=10075) from Anantnag district, 14.86 per cent (f=9609) from Baramulla district and 10.10 per cent (f=6537) belongs to district Budgam. Only 9.97 per cent (f=6445) of the elderly women belongs to Kupwara district, 9.41 per cent are from (f=6089), 6.35 per cent (f=4106) are from Kulgam, 5.07 per cent (f=3280) belongs to district Bandipora, 3.96 per cent (f=2559) belongs to Gander bal and the rest 3.80 per cent (f=2455) belongs to district Shopian.

The total population in the age group of 80 years and above are 30818. The table reveals that the majority 19.87 per cent (f=6124) of the elderly women in the age group of 80 years and above belongs to district Srinagar, followed by 15.97 per cent (f=4923) from Baramulla district, 13.41 per cent (f=4133) belongs to district Anantnag, 12.72 per cent (f=3921) from district Kupwara, and 9.13 per cent (f=2814) from district Budgam. Moreover, the elderly women in district Pulwama is 8.79 per cent (f=2707), 5.94 per cent (f=1832) in district Kulgam, 5.60 per cent (f=1724) from Bandipora district, 4.70 per cent (f=1448) from district Gander bal. Only 3.87 per cent (f=1192) belongs to Shopian district.

Table 1.1 Elderly Women in All Districts Of Kashmir

District	Universe	% age
Anantnag.	34004	15.03
Bandipora.	12220	5.41
Baramulla.	33789	14.94
Budgam.	22579	10
Ganderbal.	9331	4.13
Kupwara.	23080	10.21
Kulgam.	14295	6.32
Pulwama.	20985	9.28
Shopian.	8560	3.79
Srinagar.	47310	20.92
TOTAL	2,26,153	100.00

SOURCE-J&K CENSUS 2011

Table 1.2 Old Age Women in Kashmir as Per Dwelling

District	Rural	%age	Urban	%age
Anantnag.	24513	16.61	9491	12.07
Bandipora.	9900	6.71	2320	2.95
Baramulla.	27155	18.40	6634	8.44
Budgam.	19319	13.09	3260	4.15
Ganderbal.	7827	5.30	1504	1.92
Kupwara.	20637	14	2443	3.11
Kulgam.	11424	7.74	2871	3.65
Pulwama.	18228	12.35	2757	3.51
Shopian.	7960	5.40	600	0.76
Srinagar.	603	0.40	46707	59.44
TOTAL	1,47,566	100.00	78,587	100.00

SOURCE-J&K CENSUS 2011

Table 1.3 Old Age Women in Kashmir as Per Work-Status

District	Working	%age	Non-Working	%age
Anantnag.	7911	24.71	26093	13.44
Bandipora.	2714	8.48	9506	4.90
Baramulla.	3237	10.11	30552	15.73
Budgam.	2546	7.96	20033	10.32
Ganderbal.	1664	5.19	7667	3.95
Kupwara.	2762	8.63	20318	10.46
Kulgam.	3034	9.48	11261	5.80
Pulwama.	2939	9.18	18046	9.30
Shopian.	1286	4.01	7274	3.75
Srinagar.	3922	12.25	43388	22.35
TOTAL	32,015	100.00	1,94,138	100.00

SOURCE-J&K CENSUS 2011

Table 1.4 Old Age Women in Kashmir as Per Age-Group

District	60-69	% age	70-79	%age	80 Above	%age
Anantnag.	19796	15.15	10075	15.58	4133	13.41
Bandipora.	7216	5.52	3280	5.07	1724	5.60
Baramulla.	19260	14.74	9609	14.86	4923	15.97
Budgam.	13226	10.12	6537	10.10	2814	9.13
Ganderbal.	5324	4.07	2559	3.96	1448	4.70
Kupwara.	12714	9.73	6445	9.97	3921	12.72
Kulgam.	8357	6.40	4106	6.35	1832	5.94
Pulwama.	12189	9.33	6089	9.41	2707	8.79
Shopian.	4913	3.76	2455	3.80	1192	3.87
Srinagar.	27673	21.18	13513	20.90	6124	19.87
TOTAL	130668	100.00	64,667	100.00	30,818	100.00

SOURCE-J&K CENSUS 2011

SUMMARY AND CONCLUSION:

The ageing process involves changes in physiological, pathological, social, and psychological conditions of a person, and is associated with a decline in functional status, impaired muscle function, decreased bone mass, immune dysfunction, anemia, reduced cognitive function etc. Majority of the elderly women belongs to district Srinagar followed by district Anantnag. Minimum number of elderly women belongs to district Shopian. The majority of the elderly women in rural sector belongs to district Baramulla followed by district Anantnag, Kupwara, Budgam, Pulwama, Kulgam, Bandipora, Shopian, Ganderbal, and district Srinagar. While as majority of the elderly women from urban sector belong to district Srinagar followed by Anantnag, Baramulla and Budgam. The majority of the working elderly are from district Anantnag followed by Srinagar, Baramulla, Kulgam and district Pulwama while as the majority of the non working elderly women are from Srinagar district followed by Baramulla, Anantnag and Budgam. In the age group of 60-69 years majority of elderly women belong to Srinagar followed by Anantnag, Baramulla, Budgam, Kupwara, Pulwama, Kulgam Bandipora, Ganderbal and Shopian. In the age group of 70-79 years majority of the elderly women belongs to district Srinagar followed by Anantnag, Baramulla and Budgam while as in the age group of 80 years and above again majority belongs to Srinagar district followed by Baramulla, Anantnag, Kupwara, Budgam, Pulwama, Kulgam, Bandipora, Ganderbal and Shopian. Individual's social support plays an influential role in life satisfaction. Well-being of elderly may affect by change in health status and personality. The prevalence rate of depression among elderly in India is likely higher than other developing countries. Psychological factors which include loneliness, poor

social/ family support, isolation, dependency, loss of own family care and affection, stressful life events, perceived poor health, low level of spirituality and higher use of emotion-based coping increase the risk of depression among elderly.

REFERENCES:

1. Arunima gupta and sandeep kohli (2011), Adjustment patterns and anxiety in community-dwelling elderly: Exploring the gender differences, Journal of mental health and human behavior 16 (1)

2. Amarya Shilpa et.al; (2015), Changes during aging and their association with malnutrition, journal of clinical Gerontology and Geriatric: 78:84.

3. Kowal Paul and Edward J. (2001), Definition of an older person. Proposed work definition of an older person in Africa for the MDS project Geneva: WHO 2001.

4. www.Britannica.com

5. Department of economic and social affaire population division (DESAP), World population Ageing (2015)

6. Census 2011, Government of India.

7. Pintu Sil (2016), Different social adjustment variables among retired old aged women and men, International journal of science and health care research. 1(1).

8. Pallavi Banjara (2015), Factors associated with the life satisfaction amongst the rural elderly in Odisha, India, Health and life outcomes, 13:201

9. Lena et.al; (2009), Health and social problems of elderly: A cross-sectional study in Udupi Talluk, Karnataka, Indian journal of community medicine 34(2).

10. Dr. Farhat jabin et.al; (2016), Loneliness and depression among old aged people, The International journal of Indian Psychology, 3(59) 137-146.

11. **Md. Nasir uddin Mina (2017), depression among elderly people, ARCADA, B.Sc un**published Dissertation University of Helsinki.

12. Sandeep Grover and Nidhi Malhotra (2017), Depression in elderly, Journal of Geriatric Mental Health IP: 169:149:9.2.

13. **Yuchun Wu and Chang Zhang (2011), the impact of Isolation and Loneliness on Elderly** well-being, NOVIA B.Sc unpublished dissertation, university of applied science.

14. Donald H Peterson and Darren ER Warburton (2010), Physical activity and functional limitations in older adults: A systematic review related to Canada's physical Activity Guidelines, International journal of Behavioral Nutrition and physical Activity. 7:38.