

Vulnerability Dimensions of Oriya Elderly Women

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ABSTRACT

The present paper looks into the situational analysis of elderly women in Orissa. It studies the health, social and economic dimensions of aged ladies in four districts of the state using both qualitative and quantitative data. The results of the study were highlighted in the geographic, socio-cultural and political uniqueness of the state. Findings show that traditional family ties are strong and aged women generally enjoy respect and security at the familial and community level. Almost a half of the respondents were below poverty line. Many administrative hurdles were reported in disbursing social assistance to the needy elderly. Informal support system rule over the state intervention, but in formal community participation systems like Panchayati Raj, Self Help Groups, Mahila Mandals, their presence is negligible. Suggestive interventions were made to suit socio-cultural parameters.

Key Words: Elderly Women; Health Vulnerability; Economic Vulnerability; social vulnerability, social security

INTRODUCTION

This paper looks into the vulnerability aspects of elderly women in the state of Orissa. It is often held that along with the socio-cultural milieu of the place of habitation, geographical and climatic aspects as well as State's interests and efforts in social, economic development and welfare of the people play crucial role in the vulnerability of the population including elderly people. In this scenario, socio-economic condition of the people and developmental initiatives by the government would be looked into as a context where situation of elderly women in Orissa would be analyzed. With its rich cultural heritage, mineral wealth, natural

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resources, technological advancement and high potential for growth and development, Orissa occupies a unique position in the Indian subcontinent. Orissa, located on the eastern coast of India, with a land area of 155,707 sq.kms, constituting 4.7 percent of the total land area of India, emerged as a constituent state in the Union of India in 1950.

It may be noted that situation of elderly in the country has more or less changed, especially when seen in the background of their status and prestige in the ancient and medieval period. Apparently, the ascribed status of elderly, their unconditional authority is no longer evident. With change in the composition and functioning of the family and pro-active role of family or community, the vulnerability of elderly has increased. Elderly women are all the more susceptible in the patriarchal social structure where they are hardly encouraged to be independent — economically, socially and psychologically. Illiteracy, poverty, subordination, chronic malnutrition and high morbidity pattern define the condition of women, which, often gets accentuated in the case of elderly women, making them more vulnerable.

Orissa has abundance of natural resources as it contains a fifth of India's coal, a quarter of its iron ore, a third of its bauxite reserves and most of the chromite that attracts foreign investment. Rourkela Steel Plant was the first integrated steel plant in the Public Sector in India. It receives unprecedented investments in steel, aluminium, power, refineries and ports. India's topmost IT consulting firms, have large branches in Orissa and others are setting up development centers in Orissa. Because of its mineral wealth and strategic location it attracts foreign investment in steel, aluminum, power, refineries, and infrastructure. Many foreign steel companies like Arcelor Mittal and POSCO have invested money to make steel plants in the state. Orissa is also emerging as a player in the IT services industry.

In contrast, certain factors place Orissa in the lowest rung of development with respect to other states in the country. It is one of the states where proportion of population below poverty line is more than 40%. One district — Kalahandi — still is known for hunger deaths. Orissa is identified with poverty, underdevelopment and apathy, though natural and human resources are abundant in the state. In this backdrop the present study aims to look into the condition of elderly women in the state of Orissa.

Focus of the Present Paper

The paper attempts to look into situation of elderly women in Orissa with respect to the factors determining their vulnerability, at the physical, mental

and social levels. The paper would examine the efficacy of support system available for elderly women and its role in reducing the vulnerability of aged women. The paper sets itself to the following objectives:

1. To look into the socio-demographic situation of elderly women in Orissa.
2. To find out the health status of elderly women and the availability of health care system
3. To explore social status of elderly women and the support system available to them.
4. To examine social welfare initiatives for reducing vulnerability of aged women in Orissa.

Research Design: Adhering to descriptive research design, the present paper takes an elderly woman as a female who has completed the chronological age of 60 years. For data collection, a structured interview schedule has been developed covering such dimensions as identifying information, health status, health care system, social and economic condition, knowledge and availability of social assistance programmes, etc. This apart, qualitative data were gathered from various stakeholders like Block development officers, welfare officers, NGO workers, panchayat members, elderly women and their relatives through focus group discussions. Stratified random sampling was used. The state was divided into four zones — north, south, east and west and from each zone one district was randomly selected. Four districts selected are — Bolangir, Cuttack, Ganjam and Sundergarh. In total, 980 respondents were interviewed in Orissa. Two-thirds of the data were collected from rural areas and one-third from urban centers. From Bolangir 24.8% of the total sample size was collected, while 25.5% of data were gathered from Cuttack, 25% from Ganjam and 24.8% from Sundargarh. Roughly 2/3rd (68.9%) of the interviews were done from rural areas and 1/3rd (31.1%) from urban ones.

Orissa has 30 districts, 314 community development blocks, 6235 Gram Panchayats and 51,124 villages. In the total population of 368 lakhs in Orissa, 31 lakhs (8.4%) are elderly. The ratio of male and female elderly in the state is 1:1. Coming to the four districts under study, Bolangir has the highest proportion (9.6% of the general population; number:127724) of elderly with aged women having higher proportion (elderly male female ratio — 47: -53). Number wise, Cuttack tops with 270393 (9.4%) elderly (male-female ratio – 51-49). In Ganjam, the district with highest population and with highest proportion of out-migration, elderly population is 8.8% (number: 279330) and in Sundargarh, aged population is least (6.9%; number: 127003).

The state has a total urban population of 15%, almost a half of the national average. It is one of the least urbanized states, which makes the state predominantly rural. Literacy rate in Orissa is in consonance with the national average. It is 63.6% (males: 76%; females: 51%). Further, the state ranks eleventh on Human Development Index.

Orissa is predominantly Hindu dominated with 94.3% of Hindu population. One-fourth of Orissa's population is tribal. About 80 percent of the total workforce is involved in agriculture sector, which forms about a half of the State's Domestic Product. As of now, Orissa receives the lowest per capita investment of all 28 states from the central government towards human resource development. Orissa has been one of the most natural disaster-prone states of India. Floods and droughts regularly devastate the State and cyclones are common. Frequent occurrences of natural calamities stand as a barrier to economic progress of the state.

Health Vulnerability

In old age health deteriorates and many age related complications develop in the body. Let us now take a look at the health care system in Orissa so as to have an idea of what is in store for elderly who, more often than not, need health care services much more than the younger population. The state has 3 medical colleges and hospitals, 32 district hospitals, 22 sub-divisional hospitals, 231 community health centers, 117 primary health centers and 6241 sub centers. Further, there are 5 Ayurvedic Hospitals, 619 Ayurvedic dispensaries, four homeopathic hospitals, 560 homeopathic dispensaries and nine Unani dispensaries. The private health care sector is not popular (Private hospitals account for 10% of hospital beds as compared to 61% for the country²). A large number of traditional healers practice all over the state, especially in the tribal districts. In consonance, the study results bring out that 84.3% respondents preferred going to government hospital and 13% to private health care settings. There are 2.7% elderly who prefer home remedies or traditional healers or quacks. Added to this huge gap exists between required number of health care professionals in terms of doctors, nurses, midwives, multipurpose health workers and the existing ones. Further, inadequacy in health infrastructure is reported too (Mishra, 2003).

Secondary information shows that certain factors put people in Orissa vulnerable to nutritional deficiencies and health problems. The Crude Death Rate in rural Orissa is 10.3, which is higher than the national average

² Integrated Database India Website, 2005

of 8.7. Life expectancy at birth in Orissa (1999) was 61.64 years as against All-India average of 63.50 years. Nutritional status of women in Orissa as indicated in NFHS-2 survey shows that almost half (48%) of women in the State have BMI below 18.5, indicating high prevalence of nutritional deficiency. The state has a significant malnutrition problem, which in old age adds to health vulnerability of elderly, especially women. As the cropping pattern is highly rice intensive, poultry and fruit cultivation have not received much attention. Since little poultry and fruits are locally produced, much of the underprivileged rural people have inadequate access to nutritious diets. Analysis of all these show that average health status of people in Orissa is not so encouraging when compared to that at the All-India level. Orissa contributes 1/3rd of the Malaria deaths in the country as more than 60% of tribal population of the state lives in malaria infested areas. TB prevalence is also high, about 60% above the national average and a sizable proportion of population suffer from TB. Many elderly women respondents are reportedly suffering from TB and malaria. The state continues to carry a high disease burden measured in term of DAILY per 1000 population (Orissa: 2778, India: 344) of which 59% is due to infectious diseases, and maternal, perinatal as well as nutritional problems.

Poverty, gender, caste and tribe, geographical location and other social factors clearly affect the health status. In terms of access to health services there are both demand and supply side constraints that play a role. According to an estimate, more than 40% of the population in Bolangir Kalahandi, Mayurbhanj, Kandhamal and Sundergarh have to travel more than 5 kms to reach the nearest health facility. In the study, information about the distance of nearest government hospital from the place of residence of respondents bring out that 48% elderly women have to travel a small distance (1-2Km) to reach to nearest hospital. Another 37% stay at about 3-5 Km away. For the rest of the respondents nearest health care center (private or government) is at a large distance (6 to 50 Km). Looking at outreach services, only 4% elderly maintained that Mobile Medicare Unit has visited their neighbourhood in the last one year. Similarly, 6% confirmed that medical camp was organized in their area in the last one year. This shows that most of the elderly women are not able to avail these outreach facilities which are much needed in the light that in old age mobility gets reduced due to various ailments, public transportation is not good and only 40% of the villages have all-weather connectivity through roads (Source??). It is clear that the lack of adequate public services

affects poor people more significantly as out-of-pocket health expenditure relative to income is disproportionately heavy.

Added to this, both qualitative and quantitative data reflect that there is a need to create awareness about active and healthy ageing, light exercise, yoga, etc., for the elderly to keep themselves fit and healthy.

Economic Vulnerability

Orissa has the dubious distinction of being one of the most states of the country with 47% of the population living below poverty line, nearly double the national average of 26%. Further, work participation rate is low, the rich natural resources of the state notwithstanding. Among males, work participation rate is 52.7% while among females it is 24.6%, with the state average of 38.8%. Pressure on agriculture still continues to be high in Orissa — Census 2001 shows that out of the total workers 24.1% are cultivators, 14.7% are agricultural labourers, 2.8% engaged in household industries and 25.6% were other workers. Likewise, per capita income of 2002-03 for Orissa (at 1993-94 prices) was Rs.5665, which is nearly half of the All-India average of Rs.10,964.

Let us look at the economic condition of elderly women in the study. Occupational status of people has a direct impact on their vulnerability. In that context, findings show that almost a half of the elderly women (55%) are housewives only (or non-workers). Among the workers, 42% are daily wagers and 8.4% agriculture workers. Only 11.4% respondents are self employed and 6% are into salaried job. There are 32.3% pensioners. Further, there are 22.2% elderly women earning low income (50-250 rupees), 38.9% are earning medium (251-500 rupees) and 38.9% have high income (550-8000 rupees).

Since in patriarchal social structure, women have traditionally been taken as dependent on family, a look into the total monthly income of the family would be beneficial to understand the economic condition of women. In the study, 18% of respondents' total family monthly income is very low (50-1000 rupees), 34% have low (1001-2000 rupees), 22% medium (2001-3000 rupees) and 26% have high income (3001-80000 rupees).

To facilitate analysis, total monthly income of the family has been divided into two groups based on poverty line. Taking the national average of family monthly income below poverty line as Rs.1700 in rural areas and Rs.2300 in urban areas, families of respondents have been divided into two categories: family's monthly income as below poverty line (BPL)

and above poverty line (APL). Poverty is more prominent in urban areas than rural areas — 51% are living BPL in rural areas 69% in urban Orissa. Widows are more economically vulnerable than married. Further, statistical evidences do not show any strong linkage of caste and poverty.

It is often held that elderly women's vulnerability is more often dependent on her status and support available at family and community level. Let us look at factors influencing social vulnerability of elderly women in Orissa.

Social Vulnerability

Certain aspects of socio-cultural milieu may well be highlighted again. Orissa is predominantly Hindu society, with dominance of tribal population as well as people belonging to scheduled castes. Society is mainly rural in character, with traditional contours of norms and religious values. Puri, with its Jagannath Temple, carries strong religious heritage (considered one of the four *Dham*) and a sought after pilgrimage. This apart, in Orissa, there are other famous religious places and temples that attract tourists every year.

In the study, 53% elderly are staying in joint family and 7% aged women are staying alone, which is less than the national average of 11.1% (Census, 2001). There are 5.3% elderly women staying with other than natural families (married daughters, friends, in-laws), which again is higher than states like Uttar Pradesh, Madhya Pradesh, Jharkhand, Bihar, Chhatisgarh, etc.

Further, instances of elderly abuse on respondents (ignoring, verbal abuse, bashing, slapping, beating, forcibly getting household work done, even throwing out of household) have been quite lower as compared to other neighbouring states like Bihar, Jharkhand, Madhya Pradesh, Uttar Pradesh, Chhatisgarh, etc.

Added to this, participation in community life in terms of elderly club (1%), self help groups (2.4%), mahila mandals, etc., have been meager, it is higher than other states like Bihar, Jharkhand, Madhya Pradesh, Uttar Pradesh and Chhatisgarh.

The findings of focus group discussions with stakeholders too reverberated the fact that elderly women are largely not left to fend for themselves. If family is poor and cannot afford to medical expenses of the aged lady, they would skip one meal to arrange for her rather than ignoring her need for treatment.

These trends of lower proportion of elderly women living alone and higher rate of those staying in other than natural families, lower incidence

of elderly abuse and higher levels of participation in community life may be traced to the more or less 'intact' traditional culture of Orissa where family values, community pressure to care for the elderly is much more. Strong religious tradition (that preaches to give utmost respect to elderly and ancestors) may also have its share of influence.

Social Security

Let us take a look at social security measures available for elderly in Orissa. According to one estimate, one-third of the elderly population is living below poverty line and one-third just above it. This puts two-thirds of the elderly population vulnerable to destitution and in need of social support. This may be seen in the light of the fact that nearly 47% of the population in Orissa lives below poverty line. It may be noted that Ministry of Social Justice and Empowerment, under its scheme Integrated Programme for Older Persons (IPOP), provides funds to civil society organizations for initiating welfare activities for needy elderly, say, construction of old age home, day care centers, multi-service centers, etc. Annual Report of Ministry of SJE (2006-07) brings out that funds released under IPOP is 193.5 lakhs for Orissa for the year is 2005-06, much higher than other states like Uttar Pradesh (74.7 lakhs), Assam (44.4 lakhs). There are 53 NGOs working for the cause of elderly in Orissa, much higher than neighbouring states like Bihar (1), Chhatisgarh (1), Assam (14), Madhya Pradesh (9). The State has 44 Old Age Homes and 68 Recreational or Day Care Centres, 2 mobile health units run from government's initiatives or funds.

Further, Ministry of Rural Development, has launched Annapurna scheme in 2000, in which 10 Kg of food grains are provided to needy elderly who are not getting benefits under Old Age Pension Scheme. Information received from District Administration of sampled districts shows that in Orissa, 64800 elderly receive grains under Annapurna Scheme. Among the sampled districts, Ganjam has highest number of beneficiaries (5534), followed by Cuttack (4038) and Bolangir (2519) while no information is received for Sundergarh. In the study, respondents were asked about awareness of social welfare programmes as well as their availability. There are merely 36.6% elderly ladies who have heard of Annapurna scheme and only 5.6% are availing it. Qualitative data bring out that quantity and quality of food grains distributed is below the level of satisfaction over which the attention of the policy makers needs to be focused.

Further, National Old Age Pension is one of the most popular social security programme of government of India, which has varied versions of eligibility conditions and amount of pension that differ from state to

state. In Orissa, 150 rupees are provided to needy elderly with cut off age being 65 years. Annual Report of Ministry of Rural Development (2005-06) brings out that for the year 2005-06 about 5 lakh (4,93,187) elderly received benefits under NOAP. Data of the study show that nearly 80% of the aged women were aware of NOAP scheme and about 62% of the respondents have tried getting OAP and merely 30% of them are getting the pension. Stakeholders reflect that 150 rupees is hardly sufficient for destitute elderly women to manage even two meals a day. Various government officials, NGO functionaries, panchayat leaders have maintained that the eligibility criterion of destitution or no kith/kin to look after should be done away with

Day Care Centres, a scheme initiated in late eighties with financial assistance from Min. SJE is least popular as hardly 1.8% of the respondents were aware of it and 0.2% are reported availing it. Regional variations have also surfaced during FGDs. In Cuttack, elderly women are active participants in the three DCCs being run in the district while elderly women of Ganjam hardly know about their existence.

In Indian context, Old Age Homes have not been well accepted as families have moral obligation to care for their elderly relatives. Only 4% of the elderly women knew of Old Age Home, 0.7% elderly women have tried and 20% are ready to go if needed. Cuttack has many old age homes but qualitative data show that most women are not willing to avail their services.

CONCLUSION AND SUGGESTIONS

The study brings out that elderly women in Orissa, more often than not, enjoy the traditionally driven respect and deference. Though almost a half of the population is poor, strong family ties, traditional norms and informal system of support in terms of social groups in the community silently play crucial role in ensuring support and security to the elderly.

Many socio-demographic indicators confirm state's poor economic status, though factors like rich base of natural resources, human capital, technological advancements, foreign investment, etc., define Orissa's potential for success and development. Poor economic context, undoubtedly, makes elderly women vulnerable. Since, strong social ties may prove to be anti-dot of economic vulnerability, involvement of elderly women in income generating activities through self-help groups would be beneficial. Since involvement of elderly women in SHGs mahila mandals

has been encouraging, these informal civil society initiatives need to be strengthened.

There is a dire need to create awareness about inculcation of healthy habits, balanced diet, exercise, yoga among elderly, which voluntary organizations may well take up. Further, rural connectivity and inadequate transport facilities both public & private are genuine handicaps in Health Outreach that needs to be improved significantly. Geriatric clinics and services are required, at least, at district and block levels.

Keeping in mind the fact that almost two-thirds of the elderly population requires social security measures, there is a need to expand the services like old age pension as well as annapurna. Further, amount of 150 rupees is hardly enough to meet ends for a month; it surely needs to be raised. Administrative hurdles and procedural delays should be curbed to make these services meaningful.

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