
**MY AGE AND MY HEALTH (A STUDY IN TWO VILLAGES UNDER
DIBRUGARH DISTRICT OF ASSAM)**

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ABSTRACT

This paper is an attempt to explore the health condition of the aged women. Even the study also tries to examine whether the gender role expectations for aged women stand as a barrier for achieving equal rights with men in patriarchal society. The study reveals that maximum number of aged women is suffering from age- based disease, but they have not been neglected by their family members. The family members gave their proper company and took appropriate care of their health. The study shows that maximum number of the aged women were provided required medical treatment and got opportunity to consult with doctors.

Keywords: Aged, Health, Women, Assam

INTRODUCTION

The aged women tend to be less healthy than their male counterparts. Their living conditions are not conducive to good health. Compared to their wealthier peers, they are more likely to be living alone, to have inadequate diets, to have less access to information about how to maintain their health and to have fewer physician contacts per year (Van and O’Rand, 1981; Hooman and Kiyan, 1988; Srivastava, 2010). Health status of the aged people is different individually depending upon the equality in and similarity of opportunities, status and access to resources at every stage of their lives from early childhood to old age, and whether at home, at work or wider society. In this regard De Souza (1982) describes four factors which determine the health status of the aged: (i) the nature and condition of their hard work combined with poor nutrition leads to the state of general disability and most of the aged suffer from what may be called ‘ deficiency’ illness; (ii) environmental conditions such as poor sanitation, lack of basic amenities such as water and proper drainage system tend to make the environment itself a health hazard; (iii) inadequate and unbalanced diet; (iv) the availability and quality of services.

In a study conducted by Chandha and Sinha (1997) found that the most problematic areas of aged is health, followed by psychological, financial and social problems. Health problems face by the aged may probably increase the dependency of the elderly to their family members. As women live longer than men, they are left alone to live their later lives in isolation and widowhood and they are also likely to live more years in ill health (WHO, 2003), poverty, financial insecurity, high levels of dependency and gender-based discriminatory practices. Indian society has been dominated by patriarchal system which keeps women subjugated and in a subordinate position in comparison to men throughout their lives has a major impact on their health and well-being as they go through the process of ageing. Being silent sufferers, the health of aged women is often neglected or ignored. Significantly, most of the aged women due to household responsibilities and work, put their own physical and mental health at jeopardy at some point of their lives and also most of the time the aged women themselves do not conscious about how disadvantaged they really are. Therefore, in order to study the condition of aged women in rural areas of Assam, the present study is an attempt to explore the health condition of the aged women living in Dibrugarh district of Assam.

FIELD AND METHODOLOGY OF THE STUDY

The study is based on aged women living in two villages namely Kapahua and Barbam No. 1 villages of Tengakhat circle located in Dibrugarh district of Assam. Hence, for the purpose of this work, it is essential to provide a brief account of Assam, Dibrugarh district, and Kapahua, Barbam no 1 in particular. **Assam** is an area of 78,438 sq. km with population 31,205,576 (male 15,939,443, female 15,266,133). According to 2011 census; literacy rate is the state was 73.18%. Male literacy rate was 78.81% and female literacy rate was 67.27%. **Dibrugarh** district is occupies an area of 3,381 square kilometres. As per 2011, the district has a population of 1,327,748 persons (male 680,114 and female 647,634). According to 2011 census; average literacy rate of Dibrugarh in 2011 were 76.22%. The male literacy rate was 82.59% and female literacy rate were 69.52%.

Kapahua village is located in Tengakhat circle of Dibrugarh district of Assam. Assamese is the local language in this village. The village has population of 1129 of which 574(51%) are males while 555 (49%) are females as per population census 2011. Population density of the village is 559 persons per sq.km. Kapahua is known as a sonowal kachari village because of predominance of sonowal kachari population. They all are the same religious group, i.e. Hinduism. In 2011, literacy rate of Kapahua village was 90.20%. In Kapahua village male literacy stands at 94.64% while female literacy rate was 85.45%. Coming to medical facilities there is only one primary health centre, where minimum facilities for health care are not available. Another village is **Barbam no. 1** which is located in Tengakhat circle of Dibrugarh district of Assam. The village is

dominated by Other Backward Class (OBC) population. Only one religious group i.e. Hinduism found in this village. The Barbam no.1 village has population of 1197 of which 612 (52%) are male while 585 (49%) are females as per population census of 2011. In 2011, literacy rate of Barbam no.1 village was 74.68%. In Barbam no. 1 village male literacy rate stands at 83.88% while female literacy rate was 65.17%. Assamese is the local language in this village. There is not a single primary health centre. People have to travel several kilometres to reach hospital which is located at Tengakhat town for treatment of patients.

In this study, out of total 1140 female population, from two villages i.e., Kapahua and Barbam No. 1 village of Dibrugarh district of Assam, 118 women have been found who crossed the age of 60 years and all of them were purposefully considered as respondent by employing census survey method. The data of this study have been collected from both primary and secondary sources. Primary data were collected with the help of interview schedule, field observation and case studies. On the other hand secondary data were collected from census report, various books, journals, official reports and records, newspapers and internet etc.

HEALTH CONDITION OF AGED WOMEN

Health is the first and most important concern when we talk about the old age. Health is one of the areas which determine the well- being of the aged person in society. Health problems face by the aged may probably increase the dependency of the aged people to their family members.

In this study it is found that of the total number of 118 aged women who are suffering from at least one age- based disease. But the most common diseases from which the highest percentage of aged women in the Kapahua and Barbam No. 1 village is found to be weak eye sight 96 (81.35%). The same findings have also been observed by other researchers (Behura and Mohanty, 2005). They are followed by those who suffer from rheumatism (88 or 74.57%) and high blood pressure (47 or 39.83%). However, the diseases from which the aged women suffer are hearing problem 38 (32.20%), nervous disorder 26 (22.03%), dental problem 17 (14.40%), low blood pressure 14 (11.86%), gastric 12 (10.16%), giddiness 12 (10.16%), skin problem 4 (3.38%), cough 3 (2.54%), sugar 2 (1.69%), and asthma 1 (0.84%).

Moreover, it is found that out of 118 respondents, an equal number of respondents i.e., 2 (1.69%) respondents were unable to get out of the bed, go to toilet, bathing, walk inside the house, to take food and to dress up properly. On the other hand, 116 (98.30%) respondents were able to do same activities. Only 4 (3.38%) respondents among the total respondents were unable to walk for some distance while 114 (96.61%) respondents were able to walk for some distance. It is found that the respondents who were unable to perform their day to day activities and to move freely inside and outside home mainly due to their poor health condition.

Significantly in this study it is found that most of the respondents are conscious about their diseases. Findings reveals that the highest number of respondents (112 or 94.91%), they were consult with doctors. Again, maximum number of respondents expressed (100 or 87.74%) that they are accompanied by their family members to visit physician's place.

Only 6 (5.09%) aged women were unable to consult with a medical practitioner. Out of 6 respondents, 4 (66.67%) respondents were unable to consult with a medical practitioner due to lack of money. The rest of the respondents 2 (33.33%) were unable to consult with a medical practitioner because of there is nobody to bring a doctor or take them to the doctor.

In the present study it was found that so far as the type of treatment concerned, highest number of respondents, i.e., 90 (76.27%) use allopathic medicine that is followed by 28 (23.72%) respondents who use traditional indigenous medicine. Significantly among them majority of the aged women were reported that due to financial difficulties they could not use allopathic medicine.

Significantly it is found that, out of 90 (76.27%) respondents, in case of 55 (61.11%) respondents, children bear the medical expenditure. In case of 35 (38.89%) respondents the family members bear the medical cost of the respondents.

Out of 118, 105 (88.98%) respondents opined that their family members were give attention to their physical and mental health. On the other hand, 13 (11.01%) respondents said that their family members do not give attention to their physical and mental health. It is found that out of 13 respondents, 5 (38.46%) respondents' family members do not pay attention to their physical and mental health because they consider the respondent as burden of their family. 8 (61.53%) respondents family member do not give proper attention on physical and mental health of the respondents because they are busy at their own work.

In this study it is also found that 90 (76.27%) respondents are fully satisfied with the treatment they are undergoing. Again 22(18.64%) respondents who are partially satisfied and a very meagre percentage of (6 or 5.08%) respondents are not at all satisfied with the treatment they are undergoing. They expressed that they are not at all satisfied because they were not consulting with a medical practitioner due to lack of money and lack of other persons' assistance.

There are two sub centres having doctors and other health workers in the study areas. The respondents generally visit this health centre for their health treatment and if necessary they also visit Tengakhat Model Hospital for their treatment.

CONCLUDING REMARKS

The above findings suggest that health problems face by the aged women in rural areas is the first and most important concern as the most frequent problem faced by the aged women is health problem. In this study it is found that most of the aged woman is suffering from various age-based diseases, but they have not been neglected by their family members. The family members gave their proper company and took appropriate care of their health. Most of the diseased aged women were provided required medical treatment and got opportunity to consult with doctors. Strong family support and care is immediately available, particularly in times of ill-health. Their medical needs are not ignored and they are given full co-operation by their family members. They are active and able to render their advice and expertise in important family matters. The study also reveals that the aged women are not ignored by the family members up to a mark and though ageing is a problem in the human society however in this study no gender discrimination is found in context of aged women. Therefore from this study it is clear that though the aged women have been suffering from different kind of diseases and economic hardship but they are not neglected as an aged person within the family, community and society.

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