



# ELDERLY WOMEN`S EXPERIENCES OF HEALTH PROBLEMS IN KASHMIR: A QUALITATIVE STUDY OF DISTRICT ANANTNAG

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## ABSTRACT

*Ageing is an irrevocable biological process and is defined as the survival of the increasing number of individuals, who have completed their adult roles. Ageing is stated as the inevitable consequence of decline in productiveness. Globally, number of old age population is increasing with advancement of biomedical technology. Ageing is population is a multifaceted process involving biological, psychological and socio-cultural changes which affects the elderly with different health related problems. The focus of the present study is to explore the effects of aging and Health-related problems experienced by elderly women in Kashmir. The present study is qualitative and explanatory in nature. The data were collected from 30 elderly women living in the district Anantnag of Jammu and Kashmir. In this study, snowball sampling is used to rectify the elderly women from different settings. The findings revealed that the major health problems (Diabetes, hypertension, cardiac illness) and psychological problems (loneliness, elderly abuse, depression, and negligence) were faced by elderly people in Kashmir.*

**KEY WORDS:** *Elderly women, Health problems, Experiences, Phenomenology, Kashmir*

## INTRODUCTION

The Global Report on Aging confirms that in the 21st Century older people in India, especially older women, face multiple forms of discrimination, such as limited access to jobs and health care, abuse, being denied the right to own and inherit property, and not having a basic income and social security. Many older women say their health is poor, and their mental health isn't much better. One out of every five older women said their health was severe. Subjective well-being measures indicate that over half of all older women show signs of mental distress. They also have a higher rate of both short-term and long-term illnesses than men (UNFPA, 2017).

In the demographic transition of Indian society, the proportion of elderly women over the age of sixty is growing faster than that of men. According to the census of 2011, there are 1,022 older women for every 1,000 older men who are 60 years old. At 65, 70, 75, and 80 years old, there are indeed 1,310, 1,590, 1,758, and 1,980 older women for every 1,000 older men (Shankardass, 2020). These figures indicate that ageing is becoming a more feminine trend, provided that the elderly. Women are disproportionately burdened with caregiving tasks and have lower levels of educational attainment, labour force involvement, economic security, and child care responsibilities than men. In terms of demographic, cultural, and economic considerations, women face more difficulties due to gender inequality. The effects of prejudice and missed chances on children extend far into adulthood, leaving them dependent on others not just in their youth but also in their old age. (Raju, 2014). As women get older, although they take on major responsibilities in the family support system (i.e., childcare and socialization), they feel more prone to neglect, exploitation, and abuse, and their families consider them a burden. Because of the rise in the average lifespan, women live longer than men, but for the same reason, they are at a greater risk of experiencing a variety of health issues. (Kaur & Kaur, 2019; Sameena, 2019) The situation for women is most dire in widowhood, as they are totally dependent on others. Losing a spouse in old age makes living much more difficult; almost three out of five older women who are single are very poor, and about two-third of them depend on their significant others for all of their wealth. The health problems and financial difficulties of the elderly are different compared to the rest of the population (Rafiq, 2018). As people get older, they are more likely to have health problems. These include problems with physical weakness, hearing and visual impairments, speech impairments, arthritis, high or low blood pressure, diabetes,



anaemia, digestive and gut problems, and other diseases. Older people may live longer, but they may be more likely to have disease and illness (Kapur, 2018). In addition to physical illness, older people are more likely to suffer from mental illness. Alzheimer's disease, dementia, and other forms of mental decline are strongly linked to getting older. Their decline in mental ability makes them dependent. The ageing process includes a painful separation from friends and family. They are losing faith in their own abilities and judgement but are determined to maintain control over the younger generations. They wish to intervene in all domestic and business problems. Young people today aren't open to hearing advice from older people because of the age divide. Instead of showing compassion for the elderly, they begin to aggressively demand their rights and control. This may create a feeling of depression and a loss of self-worth among elderly (Prasad, 2017). The cultural context of aging is no less important, as it can have significance on women's aging experiences and their associated health problems. Having access to health care is often expensive and challenging for women in underdeveloped countries like India who have spent their whole lives in the domestic or informal sector (WHO, 1998). Because of the patriarchal social structure, women are often denied basic necessities including enough food and medical treatment. Much of the research on women has concentrated on reproductive health but has largely disregarded the wellbeing of women as they age. The World Health Organization agrees that not only is current information on how gender influences "health in older age inadequate," but that in relation to "research and knowledge development," older women face "a double jeopardy" (ageism and sexism) of being excluded (Tuohy & Cooney, 2019). In the backdrop of the aforementioned trends, this paper attempts to explore the effects of aging and health-related problems pertinent to the elderly women in Kashmir.

## METHODOLOGY

### Approach and Participants

The focus of this research was to understand the lived experiences of health of elderly women in Kashmir. The study was carried during the academic year 2020–2021 as part of the research project entitled as 'Socio-economic and health status of elderly women: A sociological study'. An interpretative phenomenology approach was used as it emphasizes subjectivity (Titchen and Hobson as cited in Haralambos & Holborn 2013; Smith et al., 2009) and is mainly helpful in gaining invaluable information about the everyday life people with old age.

In this study, participants are drawn from district Anantnag of Jammu and Kashmir. Given the lack of access to official data about the population of elderly in the district, snowball sampling procedure was applied as it suited most appropriate to fulfil the sample size. Through this process, a sample of 30 elderly women was recruited as the final sample who openly reported their willingness to participate and answer about the experiences of their health problems. All the participants were informed about the purpose of the study and were reassured about the anonymity and confidentiality of the data. To keep this word, pseudonyms are used throughout the article in reference to participants.

### Research Methods, Procedure and Analysis

Keeping in view the qualitative nature of the study, a semi-structured interview schedule was adopted to collect in-depth data for the study based on the scholarly works of (Curtin and Clark, 2005). Questions framed were in line with the findings of previous studies with major focus on health problems and illnesses among elderly people. All the interviews were carried out in local language (Kashmiri). Moreover, the interviews were recorder using a tape recorder. To supplement the data with more reliable analysis other research methods such as observation was incorporated. The interview schedule used in the study was designed to address questions related to the following themes: the socio-demographic information of the participants, experiences towards physical health problems and socio-psychological problems among elderly women in Kashmir.

In analysis, all the data set including interviews, narratives and field notes were analysed using atlas.ti software, and codes (attributed to larger meaning categories) were developed. In the final stage, these codes were grouped in thematic designs, comprising a set of three final themes that integrated the content with the subthemes developed before (Miles & Huberman, 1994). These themes were finalized after a gradual cyclic process of checking, revising and re-checking the categories of codes to see similarities between different content, which also helped the researchers to understand the participants experiences in a much better way

### Research Findings

After the careful analysis of the data reflecting the participant's experiences of health, the results of the present study are categorised into following major sub themes: Socio-demographic profile of the participants, health problems of elderly (physical health and psychological health).

#### Socio-demographic profile

In the present study all the respondents fall in the age group of 60-85 years. among the total respondents studied, 18 were married and living in joint families with their husbands, 11 were widows and only 1 respondent were unmarried. In case of employment, majority of the respondents (28) were unemployed and the rest 2 respondents were retired government employers. With respect to the literacy level of the respondents, it was found that 20 respondents were illiterate and remaining 10 were having education of multiple levels. The results of the study found that 22 respondents were living in rural areas and the remaining 8 belonged to urban



areas. Table 1 indicates the demographics of the participants in terms of their age-group, marital status, occupation, literacy and area of living.

**Table: Overview of the Participants**

S. No	Variable	Response	Frequency	Percentage
1	Age Group		60-85 Years	100
2	Marital Status	Married	18	60
		Unmarried	1	3.3
		Widow	11	36.7
3	Occupation	Employed	2	6.7
		Unemployed	28	93.3
4	Literacy	Literate	10	33.3
		Illiterate	20	66.7
5.	Area of Living	Urban	8	26.7
		Rural	22	73.3

### Experiences of Health Problems

Consistent with the previous literature on health and aging in India, the present study found two reasons as the main cause problems of health among elderly. In other words, the health problems experiences by elderly women in Kashmir are mainly due to either biological conditions or environmental conditions (Balamurugan, & Ramathirtham, 2012). In this study, the major health problems experienced by elderly women were multimorbidity, chronic illness, isolation, loneliness, cognitive impairment, and abuse.

### Multi Morbidities

On the aspect of physical health problems, majority of the participants were of the view that they were experiencing multiple health problems in their old age. People experiencing multiple health related issues are grouped as "multimorbidities". Out of total participants, almost half of the the elderly women (14/30) were experiencing multiple health problems such as diabetes, high blood pressure, thyroid and cardiac problems. They expressed that living with multiple health problems in this age has made their life more painful and full of grief. This is what one respondent suffering from multimorbidity has to say:

From last five years, I am suffering from diabetes and cardiac arrest. Sometimes the sugar level gets too high that I feel like I am about to die. In these years I suffered from multiple strokes of heart. I use to take lot of medicine that has indirectly affected the other parts of my body. Recently, the doctor told me that you are going through the gastrointestinal complications that need an immediate action.

In addition to the above mentioned problems, about one-fourth (4/14) of these participants mentioned experiences of other health problems such as asthma, joint pain, regular fatigue and thyroid. As one participant stated that, 'I am scared of thinking that for how long I could survive with these health complications that have occurred to me'.

### Cardiac problem

Cardiovascular problem is the leading cause of morbidity among elderly women. Patients experiencing exertional dyspnoea, progressive fatigue, palpitation or very slow heartbeat, and dizziness. In this study seven of the participants were suffering from cardiac problems, one participant said that

Since I lost my younger son, I got affected with the heart problem. It has been now ten years living with heart complication. Many a times I faced heart attacks. As per the doctor, I had to take a medicine regularly until my last breath in order to survive with the days remaining in my life

The study also found that elderly women living with the cardiac illness lack the taste for proper diet and nutrition, causing an effect to their proper sleep which immediately results in the decline in their health conditions. Sharing her experience of the above problem, one respondent said

Look at me, you will see that how I had been effected with these fainting attacks of heart. I am now scared of having risk of getting disabled because last time I faced a stroke and my left body portion went on paralysis for two days. I am not having any taste for my day to day activities including my diet. The only thing which I need to remember regularly for my better health is medicine.



### ***Diabetes***

Diabetes is a hormonal problem characterized by an elevated blood sugar level in the blood serum, which causes chronic disease conditions. In this study, diabetes was seen as a common problem to most of the elderly women we interviewed. Most of the elderly women who suffered from diabetes reported that due to diabetes they had suffered from the loss of a tooth, nerve pain, and a fear of getting immobilized. One of the participants said that:

"I have had diabetes symptoms for past 8 years. When my blood sugar level rises, I sometimes feel weak, my hands and feet burn, and my mouth begins to feel dry. I am taking daily medicine before lunch and dinner to keep my blood sugar level at the normal range. As per my doctors' advice I am going on a regular checkup, and as of now, it's under control."

Likewise another respondent with the complications of diabetes aged 70 years mentioned that:

For the past 17 years, I have had disabilities. The participant is on insulin, which she takes just before her lunch and dinner. She even shared that my blood sugar level increased whenever I was stressed. My mouth becomes dry, and I have the urge to urinate frequently, causing dizziness. She had also gained weight. The doctor had advised her to take a daily walk as she was not able to do her daily routine. (P07, 80 years)

"My heart rate started increasing, and I feel more hungry than usual, and most of the time I feel weakness in my body, and I have lost my teeth as well". She even mentioned that she is taking an allopathic medicine suggested by her relative that helps her control her blood sugar level, but at the same time, she said that after taking this medicine she feels weakness in her body. (P11, 76 Years)

### ***High Blood Pressure***

The findings of this study found that nearly seventy percent (21/30) of elderly women suffered from the problem of high blood pressure. Among these, majority of the participants reported of having complications of hypertension from past few years. Moreover, these participants reported the experiences of facing symptoms of headache, dizziness and loss of eyesight. Two participants with the problem of high blood pressure revealed that:

I am having blood pressure problems." I have been taking my required medication every morning for the last 20 years. I am also on a low-salt, low-carbohydrate diet. I sometimes feel symptoms of other illnesses such as a headache and dizziness. I have been facing this problem from a long time and for that reason I am surviving because of the daily based medication as directed by my consultant. In spite of this the doctor has advised me to have a regular medical examination of the blood pressure.

I mostly have blood pressure problems. Occasionally, I used to have headache and pain in my body. But, from last one year my blood pressure level has been regularly coming beyond normal limits and because of that I am having cardiac complications from past few months. I am scared of thinking that it might have affected the other bodily parts as such.

### ***Gastro intestinal problem***

Issues related to stomach lining and digestion was quite commonly found among the elderly. In our study, fifty-six percent (17/30) respondents revealed that they were suffering from inflammation in stomach resulting in the issues of indigestion, pain in belly, and sometimes nausea. The results show that the problem of Gastritis among elderly results mainly due to the lack of hygienic food, stress and excessive use of medications. One participant of 83 years said:

I told you earlier that I am a diabetic patient from the last 10 years. You must be aware that diabetes is something which needs regular medication. These medicines had affected my stomach and caused pain in abdomen. Even though I shared this problem with my consultant. He was of the view that you have to bear the pain of stomach but you can't stop the medication required for diabetics. (P13, 83 years)

Among the participants facing gastro intestinal problems, the prevalence of known as constipation was reported by five women (29.4%) of the total population. The respondents reported changes in food and dietary habits that indirectly resulted in the weakness of their intestinal push; hence they are more prone to the problem of constipation as one participant said

I have problem of gastro intestinal infection. Indeed, I used to take medicines for this, however, it has affected the abdominal function of my body and from which I am facing now the problem of constipation.



Another respondent of 75 age told that, she has to take medicine for the safety of her stomach the moment she wakes up in the morning. She said, I start my day with two digestive enzyme supplements to reduce the problems of acidity, bloating and gases.

#### ***Extremity pain or joint pain***

One of the most common problems faced by elderly women is the joint pain. There are indeed several causes that triggered the problems of joint pain among old people. Weakness and pain in the various types of arthritis, and other complaints such as body weight are the cause of a person's aching joints. In this study, almost ninety percent (26/30) were seen as going with the complaints of joint pain. Besides physical reasons related to women's body, the major reason behind joint pain among elderly women in Kashmir was found to be the gradual shifts of climate and geographical location. In addition, the culture of disengagement and/or inactivity among old women was also found to be the reason for the joint pain among elderly. For example, the views of two respondents justifies the above facts as

I usually have pain in the lower limb. It gets severe in winters as my legs get swollen due to harsh climate. I need to keep my body warm in order to get rid of the inflammation and pain in my legs. (P24, 75 years)

I had weakness that affected the strength of my bones and joints. Even though I took a lot of calcium and multivitamin supplements but all in vain. I usually feel pain in joints and it gets increased whenever I took walk. (P4, 80 years)

#### ***Vision problem***

Among the commonly found illness among elderly is the problem of gradual impairment or low vision. This is commonly found among old people with systematic illnesses such as diabetes mellitus. Side effect of various drugs also leads to the symptoms of cataract among elderly people. In the present study, elderly women of old age mostly with the complications of diabetes and hypertension were found experiencing the problems of vision loss and more specially the vision cataract. For example, one respondent of 80 years old reported

Initially, I suffered from the problem of low vision soon after coming into contact with the problem of diabetes. Now, it has been ten years and the diabetics had affected my eyes badly. Recently, I go through the cataract surgery but the results seemed not so successful as it should be

Another respondent shared her experiences of vision problems. She said

I had a vision problem for the past 6 years and I am using spectacles since then. At first, my right eye lens got affected more by the problem of dimmed vision but, from last year I lost my eye sight. It is difficult for me to walk alone. I went for the treatment in private hospital but the doctor suggested having surgery and unfortunately the expanses are quite expensive. (P22, 76 years)

#### ***Psychological problems***

Elderly people have mental health problems because they are lonely, isolated, helpless, and don't feel like they have a purpose in life. People experience mental health changes when they live alone and/or when other people don't notice them, and when their contributions or roles in society are being condoned by other people (Kapur, 2018). In context to elderly people, the physiological imbalance emerges from loneliness, isolation, powerlessness and meaninglessness. This means that people with old age experience psychological distress only if they are kept isolated and when the functions they perform for the society are proved meaningless.

With regard to the experiences of psychological problems, participants brought into light a number of reasons that had affected their mental health and created imbalance in the psychological behaviour and which in turn initiates serious chronic illnesses in their elderly. Among different psychological problems loneliness, anxiety, depression were experienced by some of the respondents of the study.

#### ***Loneliness***

In literature, loneliness is used to describe the persistently depressing emotional state that has negative effects on people's outlooks. It has negative consequences on people's physical and emotional health. There are various indicators of loneliness among elderly. These include family isolation, inadequate support, uneven attitude from family members and illnesses. As a result of loneliness elderly people are seen commonly observing the issues of emotional distress and depression.

With respect to the problem of loneliness, twelve participants expressed their experiences of having loneliness in their life. For example, one of the respondents who lives alone in her in-laws house said



Soon after the death of my husband my daughter in law starts fighting with me on issues related to property and protection. My son who is married sees his family and gave little attention to me. I finally decided to live separately. (P16, 75 years)

Another participant shared her experience of isolation and grief by saying that

How strange this is to tell that, I have a son who lives in a separate place with his family. He never bothers to visit me once by saying that it is difficult for him to allow me to live with his family. I feel sad with his attitude towards me. Living with a husband who is near to his death kept me feels worried and thinking about who will look after me after his death. (P14, 75 years)

Besides this, some participants revealed their experiences of loneliness as a result of the negative attitude from family members. For example, one participant said

After the death of my husband, I realised that I had no one to talk in my family with whom I feel free to share my emotions. My son who remains busy with his work and my daughter in law who always avoids me with the reason of family chores, even my grandchildren's do not have time to talk or sit along with me... I remained confined within a single room alone (P22, 70 years)

### ***Anxiety and Depression***

Anxiety in elderly people is quite common. Previous research has found that the nature of anxiety among elderly population is mainly due to lack of proper health, finance and life episodes. Stress is another factor that results in both the psychological and physical symptoms of health among elderly. Although, it is normal to experience anxiety at any stage of life, however, research has found that unduly severe episodes of pessimism among elderly could lead to the cause of depression.

Research questions about the relationship of elderly women with their families helped us to understand the level of anxiety among participants. In most of the cases, participants reported instances of dissatisfaction with their family. Throughout the interviews, participants mentioned ill-treatment, hostile attitude and low level of physical intimacy of family members towards them. The findings revealed that lack of social support from family increases the depression among elderly women. Increase in the problems of health and illness with little expectations of medical care had also triggered the symptoms of anxiety and depression among elderly women in Kashmir. Other than the above factors, participants revealed emotional factors such as loss of interest, helplessness, negative mood, and hopelessness as the reasons for their depression.

### ***Dementia***

Dementia is a specific diseases generally attributed to the decline in memory or other mental activities. Through dementia, old people are mostly affected and the symptoms among elderly mostly remain about memory loss, loss of understanding and judgment, decreased ability to think and understand, and changes in person's expressions and attitudes. In this study respondents above the age of 65 were found affected with this problem. Upon interviewing, we found cases of women who have difficulty in doing menial tasks, remembering the tasks and loss of mental consciousness. Participants aged above 80 were found experiencing the complete loss of their memory. The members of their families revealed that they even find difficulty to recognise their family members. In some cases, this problem imposed harmful effects upon individuals as one participants said, "I sometimes get unconscious and began to beat my grandchildren's in front of their parents. I feel sad for me".

## **CONCLUSION**

In conclusion this can be concluded from the above analysis that the problems of aged people in Kashmir are diverse in nature. The study result major health problems such as chronic illness (diabetes, hypertension, cardiac illness), physiological and abuse related as such, however, there are many other health problems which remained unexplored. Concerning the miscellaneous health problems most of them were found due to the lack of health facilities, lack of financial assistance, innovative techniques, unawareness, individual negligence and knowledge. With respect to psychological problems for example old people experiencing loneliness, boredom, family negligence and abuse, it was found that there is a dire need of proper assistance, interaction and awareness programs in Kashmir valley. Also, health promotional activities needs to be endorsed regulated in order to decrease level of morbidity among elderly in Kashmir valley.

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