

# A comparative study on living condition and well being of male and female aged residing in selected areas of Western Rajasthan

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## ABSTRACT

In Indian societies aged are provided a significant position. In traditional India ageing was not at all seen as a problem, in fact traditional norms and values of Indian society laid stress on showing respect and providing care for the aged. The dawn of modernization, industrialization, urbanization, occupational differentiation, education, and growth of individualistic philosophy has windswept the traditional values. These all have huge impact on living condition and well being of aged. Wellbeing is an indicator of one's quality of life, happiness and positive health. Therefore this study was carried out with the objective to assess and compare living condition in addition to well being of aged residing in Western Rajasthan. For this purpose 640, male and female, aged were selected with snowballing method. The result revealed that well being of both male and female aged in Western Rajasthan is enhanced with increase in their living condition being normal.

## INTRODUCTION

In India the growth of older population is faster than the total population. As a result the numbers of caretakers for elderly are on a decrease. Also due to contracting families, modernization, women's working outside, busy life schedule, materialism and self-centred life values, care of the elderly is becoming difficult for the youth. The living condition and quality of life of the elderly is becoming poorer.

Decline in the living condition of aged residing in

urban and rural areas of Western Rajasthan is noticeable. The typical weather condition of Western Rajasthan like repeated droughts and energy scarcity motivate the young people to move out resultantly making the quality of life of elderly people living there intricate and challenging. Due to droughts and water shortage western part of Rajasthan is particularly underdeveloped and among all population groups, older people live in most difficult conditions (Tyagi, 2006). Lack of proper livelihood, suitable jobs and business opportunities combined with paucity of educational opportunities and training lead

young people away. There are large number of youth migrations from villages and small cities to metropolitan cities and metropolis because of these various geographical, economic and social reasons. Increasing exposure and attraction towards the western life style and materialism propel them to leave their parents and grandparents behind. Sometimes elderly parents themselves do not agree to leave their place and live with their children in big cities because they cannot adjust with the fast paced life of these cities. Coupled with this are reasons like shortage of space in metro cities, high rent, changing role and expectation of woman of the young families to live alone, their concept of privacy and space and desires not to take responsibilities of elderly people for long period are some of the reasons due to which the living condition of aged is affected.

Living condition is an important factor for assessing well being of aged. Wellbeing is an indicator of one's quality of life, happiness and positive health. Wellbeing of aged depends on how they evaluate their lives. According to Diener (1994) subjective wellbeing comprises people's long term pleasant affect, lack of unpleasant affect and life satisfaction. Well being has been explained by Verma and Verma (2009) as "the subjective feeling of contentment, happiness, satisfaction with life experiences and one's role in the world of work, sense of achievement, utility, belongingness and no distress, dissatisfaction or worry, etc."

Gender has always and globally been a deep seated social factor in granting status to its people, as a result of which different resource allocations and behaviour is meted out to males and females in families and society. As it is mainly in favour of males over females. The aged are in the lower rungs of social hierarchy and with the prevalent gender disparity, it can be assumed that older males enjoy a better living condition than the females. Health, education, economic and political inequalities between men and women in Rajasthan is more common. (Agewell Foundation and Advocacy Centre, 2015). In this context the present study was carried out with the following specific objectives:

- To assess the living condition of the selected male and female aged residing in urban and rural areas of Western Rajasthan
- The Well being of selected male and female aged.

## MATERIAL AND METHODS

### Hypothesis:

- The Well-being of the aged male will not vary from that of aged females.
- The living condition of the aged male will not vary from that of aged female.

### Locale and sample selection:

This study was conducted in Jodhpur, Bikaner, Pali, and Sirohi districts of Western Rajasthan and selected villages near these districts. A total sample of 640 aged between 65 to 70 years of age living in family set ups were selected on purposive incidental basis. Out of 640 aged 320 were male and 320 were female. Individuals, who had low score on Katz IIADL (Katz Index of Independence in Activities of Daily Living) tool, were not included in the study. People who were suffering from serious illness and mobility limiting conditions like stroke and resulting paralysis, advanced heart failure, COPD, advanced cancer, severe asthma, hospitalization of more than a month, those undergoing medical treatment for psychiatric illness and those living in old age homes were also excluded from the study.

### Procedure of data collection:

The investigator first identified around 1000 aged individuals by snowballing method from four districts of Rajasthan viz., Jodhpur, Bikaner, Pali, Sirohi. They were screened with Katz IIADL to assess their functional abilities. Only those who have high score on Katz IIADL were selected. A short enquiry on their health status was recorded too. Keeping the pre decided criteria of sample selection, and seeking their informed consent the sample of 640 aged were finalized.

### Tools used:

*The katz index of independence in activities of daily living (Katz IIADL):*

The katz index of independence in activities of daily living commonly referred to as the Katz IIADL. It was first developed in 1963 by Dr. Sidney Katz. The index ranks adequacy of performance in the six functions of bathing, dressing, toileting, transferring, continence and feeding. Subjects are scored yes/no for independence in each of the six functions. A score of 6 indicates full function, 4 indicate moderate impairment, and 2 or less indicates severe functional impairment. The old people

who scored high were selected for the study.

*P.G.I. General well-being measure:*

In 1970, Dr. H. Dupuy developed a General Wellbeing Schedule which was later modified by Edwards, Fazio and many others in several large scale studies. This tool was modified and developed by Verma and Verma (2009). It contains 20 items which express the subjective feelings of one’s well-being.

*Living conditions:*

A self constructed schedule was developed to assess the living conditions mainly focusing on aspects like type of household, type of family, type of house and facilities of water, electricity, toilet, availability of separate room and recreational places for the aged.

**OBSERVATIONS AND ANALYSIS**

Data such obtained was tabulated and analysed with appropriate statistical measures. It is important to know about the living conditions of aged as it shows how they are being taken care in their families by their own children and other family members.

Tables 1 a, b, c, show comparative data of aged male and female living in Western Rajasthan. As per the type of house more than half (68.8%) male had their own household and 62.5 per cent female reported to enjoy headship of their house. In present study more females (35%) were living in their son’s household while 27.5 per cent of their male counterpart reported to live in

household of their sons. On comparing the type of family aged males and females live in, it was found that 25.6 per cent male live in nuclear family while only 9.4 per cent females reported to live in nuclear family. The results show that 44.4 per cent aged male and 47.5 per cent of females are living in extended family whereas 30 per cent male and 43.1 per cent females reported to live in joint family. In most of the Indian families’ grandparents share responsibility of taking care of their grandchildren particularly grandmother’s help in raising grandchildren. This may be one of the reasons that less number of females are living in nuclear family as compared to aged male. According to Behera (2015) in her study on elderly 84 per cent of the elderly female were always involved in taking care of the grandchildren. She also found that the extent of the support of female elderly in caring of the grandchildren is much higher than male elderly. As per the number of family members, it is evident from above table that almost same percentage of male (70%) and female aged (68.8%) are living in the family with more than five members. Regarding the type of house the data reveals that 71.2 per cent of male and 78.1 per cent of females are living in pucca house. In present study 14.4 per cent male are living in kutcha house while only 7.5 per cent female are living in such type of house. The results highlight that maximum numbers of male (78.8%) and female (91.9%) aged are living in individual house. The findings pertaining to ownership of the house reveals that 45 per cent male are living in their child’s house while only 18.8 per cent female are living in their child’s house. Here 52.2 per cent male have ownership of their

Table 1 a, b and c : Compares living conditions of male and female aged living in urban and rural areas of Western Rajasthan (n=640)				
Table 1 a				
	Type of household			
	Male (n=320)		Female (n=320)	
	Frequency	Percentage	Frequency	Percentage
Own	220	68.8	200	62.5
Son’s	88	27.5	112	35
Daughter’s	2	0.6	2	0.6
Others	10	3.1	6	1.9
<b>Type of family</b>				
Nuclear	82	25.6	30	9.4
Extended	142	44.4	152	47.5
Joint	96	30	138	43.1
Other	0	0	0	0
<b>Number of family member’s</b>				
5	62	19.4	70	21.8
More than 5	224	70	220	68.8
Less than 5	34	10.6	30	9.4

	The house			
	Male (n=320)		Female (n=320)	
	Frequency	Percentage	Frequency	Percentage
<b>Type of house</b>				
Kutcha	46	14.4	24	7.5
Pucca	228	71.2	250	78.1
Semi pucca	46	14.4	46	14.4
Others	0	0	0	0
<b>If pucca house style of house</b>				
Flat	2	0.6	0	0
Individual	252	78.8	294	91.9
NA	66	20.6	26	8.1
<b>Ownership</b>				
Rental	8	2.5	26	8.1
Own house	168	52.5	234	73.1
Childs own house	144	45	60	18.8
<b>Number of rooms in the house</b>				
One	0	0	4	1.2
Two	64	20	168	52.5
Three	186	58.1	98	30.6
More than three	70	21.9	50	15.6
<b>Is there any independent place for aged within the house</b>				
Yes	222	69.4	200	62.5
No	98	30.6	120	37.5
<b>If yes –what</b>				
Separate corner	20	6.2	18	5.6
Veranda	56	17.5	104	32.5
Full room	146	45.6	78	24.4

	Facilities available in the house			
	Male (n=320)		Female (n=320)	
	Frequency	Percentage	Frequency	Percentage
<b>Water</b>				
Easy accessibility	246	76.9	264	82.5
Difficult accessibility	74	23.1	56	17.5
<b>Electricity</b>				
Proper lighting	240	75	250	78.1
Insufficient lighting	72	22.5	66	20.6
Not available	8	2.5	4	1.2
<b>Toilet</b>				
Proper and nearby	212	66.2	202	63.1
Proper but far off	32	10	34	10.6
Improper but present	68	21.2	70	21.9
Not present	8	2.5	14	4.4
<b>Recreational place near your house</b>				
Temple	56	17.5	164	51.2
Club or day care centre	14	4.4	6	1.9
Garden	14	4.4	16	5
Library	12	3.8	4	1.2
Hathai, pat or chopal	176	55	118	36.9
Others	24	7.5	4	1.2
None	24	7.5	8	2.5

house and maximum female (73.1%) have ownership of the house in which they are living. When aged were asked about number of rooms in the house more than half (52.5%) female had two rooms in the house while a few (20%) male had two rooms house. More than half the aged male had three rooms and 30.6 per cent females had three rooms house. As per the space available to them within the house, both male and female (female 69.4% and male 62.5%) have their own independent place in their house but (45.6%) male have full room for them while only (24.4%) female are given full room in their house. It is also clear that only 17.5 per cent males have veranda as separate place for them while 32.5 per cent females have veranda as their own separate space in house. From the table we can see that maximum male and female ageds have proper facilities of water, electricity and toilet. Majority of male aged and female have easy water accessibility (76.9% male and 82.5% female) but few aged, male (23.1%) and female (17.5%) reported to have difficult accessibility of water. Same number of male and female aged have proper electricity facilities available for them (75% female and 78.1% male). Bathroom and toilet should be as per specific requirement of aged because many accidents happen in toilets. The toilet should be nearby their room, the floor should be non slippery to avoid accidents. In present study more than half male and female reported to have proper toilet facility (66.2% male and 63.1% female). The findings are comparable to the study by Nishanthi and Kumar (2016) on living arrangement pattern of elderly in West Tiruchirappalli which conclude that both male and female have positive opinion on their living arrangement. Half of the elderly were living with their spouse and enjoying good infrastructure and physical facilities like toilet, water, electricity and ventilation of their house. Majority of them also have separate living space in their house. It is evident from above table that a

very few numbers of males (17.5%) spend their time in temples whereas as high as 51.2 per cent females like to spend their time in nearby temples for recreation. According to Giridhar *et al.* (2011) the most common activity among older women is spiritual in nature. Most of them are engaged in prayer, yoga or singing bhajans at some time during the day. In present study half of the male aged (55%) mentioned sitting at Pat, Hathai or Chopal for their recreation. Whereas 36.9 per cent female aged prefer to sit outside their house and chat with their peers.

When the aged in present study were assessed for their well being through questions related to their general concern, health, worry, distress, energy level, satisfaction, cheerfulness, relaxation and emotional behaviour control during past one month both male and female aged scored very high on well being scale (98.1% males and 100% females). According to Steptoe *et al.* (2015) psychological wellbeing and health are closely related and the link may become more important at older ages, if only because the prevalence of chronic illness increases with advancing age. The presence of chronic illness is associated with impairments in broader aspects of quality of life and affective well-being (Wikman *et al.*, 2011). If aged are in good health they will feel contented, relaxed, satisfied and their energy level will also be high but on the other hand poor health condition will affect their well being in negative way. Since in present study, the aged who were suffering from serious illness and mobility limiting conditions, those undergoing medical treatment for psychiatric illness were excluded from the sample which could be one of the reasons for high score on well being among male and female aged in Western Rajasthan.

Table 3 demonstrates mean score, SD score, t value and p value of well being of aged male and female. The mean of aged male (17.18) and aged female (17.39) and SD score of aged male (2.7) and aged female (2.78) are almost equal. Calculated t value of male and female aged

Table 2 : Comparing general well being of male and female aged (n=640)				
Grade	Male (n=320)		Female (n=320)	
	Frequency	Percentage	Frequency	Percentage
Normal	314	98.1	320	100
Poor	6	1.9	-	-

Table 3 : Mean, SD and t value of general well being of male and female aged					
	N	Mean	SD	t value	p value
Male	320	17.18	2.7	0.95	0.34 <sup>NS</sup>
Female	320	17.39	2.78		

NS= Non-significant

is 0.95 which is not significant either at .01 level or at .05 level. It indicates that there is no significant difference between well being of male and female respondents. Therefore, the Null hypothesis that “the well being of aged male will not vary from that of aged female” was accepted. The reason behind no significant difference in the well being of male and female aged might be because of the findings of living conditions in the present study which confirm that maximum number of both male and female aged were living in joint or extended family which may affect their well being in positive way. The support which they are receiving from family may decrease their stress, anxiety, worries and may increase their happiness and build them emotionally strong. The results contradict with the study by Kashyap and Sidhu (2011) who concluded from their findings that aged female population have better wellbeing as compared to male population.

### Conclusion :

The findings of the present study shed light on the fact that despite modernization, urbanization and disintegration of traditional joint families our culture is still respectful and caring for aged. In present study more than half the male and female are enjoying headships of their household which proves that their decisions are still respected and that they are not mistreated or uncared. The findings elucidate that most of the aged female are living in joint or extended families as compared to aged male may be because grandmother are sharing more responsibility in taking care of grandchildren. The other reason behind maximum female living in joint or extended family may be because female live longer as compared to male. According to Chengti (2007) Longevity varies considerably with the sex of a person and is greater for women than men. Maximum male and female aged were living in individual pucca house and at the same time more aged female were having ownership of their house as compare to aged male which is an indicator of their better economic condition. Living condition of maximum aged is of good quality but few aged reported that they have difficult accessibility of water, insufficient lighting and also facing the problem of improper toilets which shows that they still need attention and easy accessibility of basic facilities. In

present study female aged have temple and male aged have Hathai, Pat or Chaupal as the recreational place nearby their house. Recreational activities are imperative for healthy and successful aging. The improved living condition of the aged in present study gives us an idea about high well being of aged residing in Western Rajasthan.

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