

Disability and psychosomatic agony among elder women in slums of Coastal Andhra Pradesh

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Received: May 05, 2018

Accepted: June 10, 2018

ABSTRACT

The support of women in family life is a continuous and most conscientious activity to fetch the betterment and goodness of life. Women are combination of love, care, emotions, and responsibilities and exceptional in the approach they tackle the circumstances in their lives, but few conditions that come with age are most strenuous and exhausting. It's a fact that we cannot avoid or obstruct the increasing age and health issues and substandard social variables that append with distress and woe, but a word of concern can help them acknowledge a blissful life.

Keywords: Women, disability, elders, slums, psychosomatic issues.

1. Introduction

The desire of living happily is the hardest to have in the lives of the slum dwellers the clutches of poverty, unemployment, mal nutrition, health issues and the deteriorating environment are the most burdensome scenario. Life brings lots of changes with time and age that cannot be denied. The life expectancy has been increased from seven decades (1).

The age of 60 and above are considered as senior citizens in India (2)

The percentage of elder population is also increasing among the clusters of the slums suffering with acute and chronic diseases and burden of psychosomatic disorders.

It's very true that life should go on but many a times, it's not and that easy as said to be, and in elder crowd its real hard task. Age is an imperative aspect that unfolds numerous health complications along with decisive parameters of living and critical psychological problems. The behavioral disturbances incline towards increasing age (3). When these disturbances are not identified and treated in required time and the clinical and social inference is predominant among them (4). The trauma and distress is very much among the diseased and the life is miserable (5). The circumstances and the status of the elder population is incomplete though they completed all their duties and responsibilities towards their own families but they are all alone in the crucial juncture of life seeking for attention and consideration for a better morning in their lives.

2. Materials and Methods

The permissions were provided from the local leaders to interact with the elder population of the selected slums across the coastal line of Visakhapatnam for a period of six months September 2017 to February 2018. The questionnaire was executed by personal interviews with them after the announcement and explanation about the gathering. The notified and non-notified slums were considered and 127 women were interviewed from six slums and were examined for further investigations.

Table 1, depicts the distribution of slum category along with ward numbers and zones, where 127 respondents were considered. Table 2, depicts the social variables like age, education, occupation and income of the respondents to understand the impact on the slum dwellers. Table 3, depicts the ailments among the encountered slum dwellers.

Table 1: List of distribution of Slums

Sl.No	Name of the Slum	Slum Category	Ward No	Zone	No. of Respondents
1	MVP. Village	Notified	7	I	28
2	Gudlavani Palem	Non-Notified	6	I	21
3	Peda rushikonda	Non-Notified	6	I	24
4	JalariYendada	Notified	7	II	17
5	Fishermen Colony	Notified	7	II	25
6	Jodugulla Palem	Non-Notified	6	I	12

Table 2: The social variables among the respondents

Sl.No.	Variable	Group	Number	Percentage
1	Age			
		55-65	32	25.1
		66-75	56	44
		76 and more	39	30.7
2	Education			
		Nil	45	35.4
		Primary	63	49.6
		Secondary and more	19	14.9
3	Occupation			
		Yes	42	33
		No	85	66.9
		Daily Labour	6	4.7
		House Maids	21	16.5
		Street Vendours	15	11.8
		Old Age Pensions(State Government)	51	
4	Income			
		Nil	34	26.7
		<500	51	40.1
		501-1000	42	33

Graphical Representation for table -2

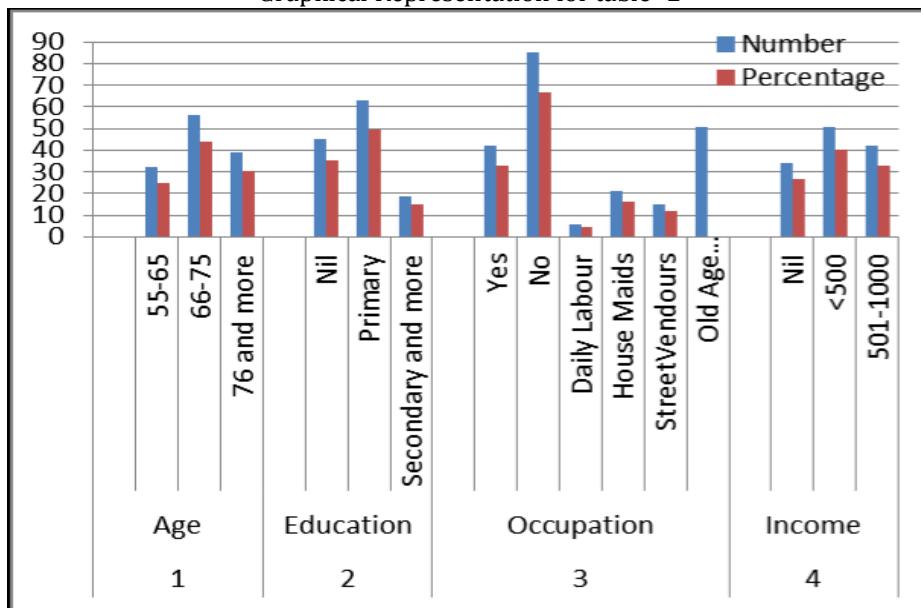
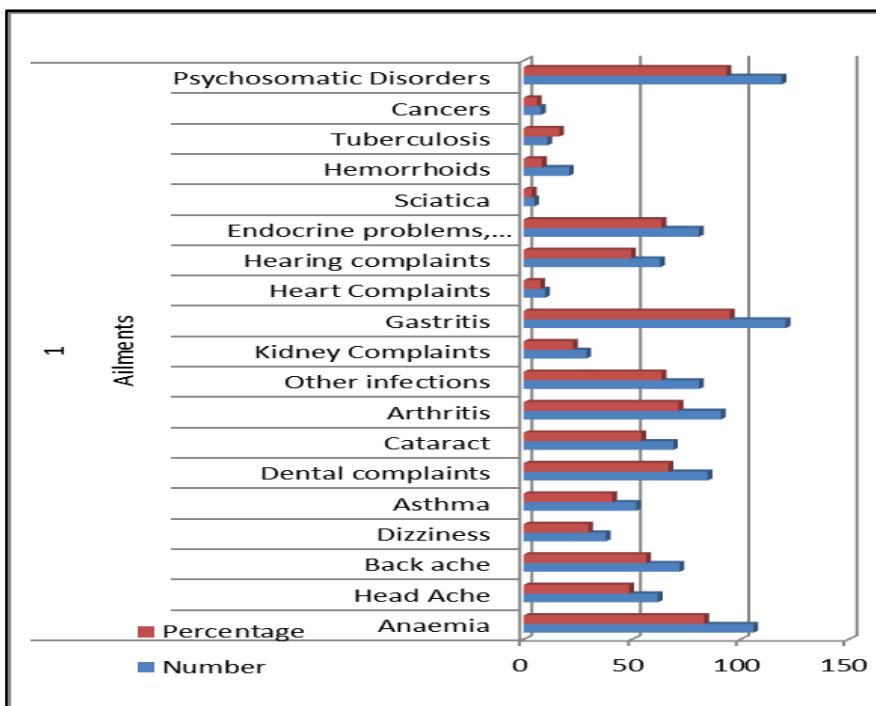


Table 3: The ailments observed among respondents

Sl. No.	Variable		Number	Percentage
1	Aliments	Anemia	106	83.4
		Head Ache	62	48.8
		Back ache	72	56.6
		Dizziness	38	29.9
		Asthma	52	40.9
		Dental complaints	85	66.9
		Cataract	69	54.3
		Arthritis	91	71.6
		Other infections	81	63.7
		Kidney Complaints	29	22.8
		Gastritis	121	95.2
		Heart Complaints	10	7.8
		Hearing complaints	63	49.6
		Diabetes	81	63.7
		Sciatica	5	3.9
		Piles	11	8.6
		Tuberculosis	21	16.5
		Cancers	8	6.2
		Psychosomatic disorders	119	93.7

Graphical Representation for table -3



Results and discussion:

Table 1 represents the distribution of notified and non-notified slums; the total number of respondents is also denoted. Table 2 represents the social variables like age, education and income of the respondents. The age group from 55-65 were noted as 32 in number and 25.1% and 66-75 as 56 in number and 44% and more than 76 as 39 in number with 30.7%. Hence the encountered age group from 66-75 is denoted high in number.

Education and its importance are negligible among them. Only 63 in number with 49.6% are denoted with primary education and 19 in number as 14.9% with secondary and more. The number of 45 with 35.4% is denoted as illiterates. Only 42 in number with 33.0% had occupation and 85 in numbers with 66.9% without occupation denotes the inability to meet the living expenditure. There are various categories such as daily labor as 6 with 4.7% very tough works like some of them worked as house maid's 21 in number with 16.5% and street vendors 15 in number with 11.8%. Some had an opportunity to avail old age pension from the state government with 51 in number and 40.1%. The income was denoted nil for 34 numbers with 26.7% less than 500 rupees as 51 with 40.1% and 501-1000 as 42 in numbers and 33% which is even less bearing them below poverty line. There are many ailments and diseases observed among the women, slum dwellers. Population are denoted with anemia as 106 numbers and 83.4% with significance of malnourishment and poverty, headache as 62 numbers and 48.8%, backache as 72 numbers and 56.6%, dizziness as 38 in number and 29.9%, asthma as 52 in number and 40.9%, dental complaints as 85 in number and 66.9%. The eye sight problems are more, cataract among them are 69 in number and 54.3% where 15 need to be operated and waiting on the queue in the list of government hospital. Many of them are arthritis patients as 91 in number with 71.6%. Many other infections are also observed among 81 numbers as 63.7%. The kidney complaints as 29 numbers and 22.8%, among them 7 are on dialysis, and 5 for transplantation in the queue of Jeevan Dhan program. Gastritis is a common complaint among them, they self treat with the soda a carbonate drink available in pan shops near the vicinity of the houses. 121 numbers among the 127 sampled populations are suffering with gastritis.

The heart complaints among them are 10 numbers with 7.8%, hearing complaints among them are very high that increases with age, 63 numbers and 49.6%. Endocrine problems like diabetes and thyroid are 81 in numbers with 63.7%, among them 3 had undergone the goiter surgery also. The sciatica complaint is observed among 5 numbers with 3.01%. Hemorrhoids (Piles) are a common complaint among them, in 21 numbers and 16.5% suffering with constipation.

Tuberculosis is also observed among 11 numbers with 8.6%. There are 8 cancer patients with 6.2% among them 2 are oral, 3 cervical and 3 breast cancer patients. The psychosomatic disorders are very common among all the 119 numbers with 93.7%, they are suffering with depression, loneliness and negligence among the family members and moreover the clutches of poverty is most sorrowful.

Conclusion:

The elder crowd is sensible with age and psychological trauma that shoots up the agony in their niggling lives. The disability among them is high and they have to depend on other members of the family. With the growing age the health issues also shoot up among them. Now-a-days we can assume that old age is a punishment as a lot of negligence is observed living in the family though. There are numerous health complaints among them that are discussed in the tables and graphical representations, to acknowledge the anguish and trauma. A word of concern and comfort and affectionate help in their need of living lives can relieve them from psychosomatic agony.

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