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Health problems of the Indian female elderly: Some critical reflections and possible way-out

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India, like most other societies, is aging. The 60+ population today constitutes over 8 per cent of country's total population. With the increase of the lifespan due to improved health facilities, sanitation, qualitative improvement in food intake and better awareness of public health issues, coupled with overall improvement in general socioeconomic conditions, people in India live longer compared to their earlier generations. While this increased lifespan of the general population is a happy sign, it also is not without problems associated with it.

Problems associated with this aging population are many and complicated. Health-related issues seem to top the list. Female elderly have become an especially vulnerable group in this area. The oldest of the old (80+) among them pose special community challenges. Elder female abuse on the community front and geriatric issues on the health front have surfaced as major social pains. Family relations, social networking and inter-generational interactions have become critical parts of community living of the elderly women – both in urban and rural India today. These are just a few of the many vital concerns in regard to the Indian elderly women. To put it succinctly, cultural gerontology is faced with stiff challenges but also has a great opportunity to contribute meaningfully to a needy section of Indian society.

The present paper looks into one specific area that needs careful sociological attention in this regard: the health status and health issues concerning the female elderly. Carefully considering available secondary data at the national level, this paper attempts to go beyond the figures and to understand and empathise with the suffering female elderly. The statistics at the national level clearly point out to serious double disadvantages of being aged and being women especially in availability of healthcare services, resources for buying these services and, knowledge and attitudinal gaps. A large number of these elderly women are widows with a negative social stigma, weak economic standing and poor communication skills that add to the sufferings due to failing physical and mental health.

Keeping this scenario in mind and going beyond the analysis of the available statistics, this paper adopts an interdisciplinary approach to analyse the grim situation and endeavors to suggest both immediate and long-term, well-designed and functional suggestions to reduce the suffering and improve the quality of life of these sufferers. References are cited and sources are provided for further research into this highly needed area of study.

Biography

Vighnesh N Bhat holds academic degrees of PhD in Sociology from Pittsburgh, USA, Masters in Sociology from Pittsburgh, USA, M.A. Psychology from Nagpur University and MCH from JNU, New Delhi. He taught post-graduate courses in Central University of Hyderabad (7 years), University of Pittsburgh, USA (3 years), T.A.Pai Management Institute, Manipal (3 years) Kuvempu University, Shimoga (17 years) and Haramaya University, Ethiopia for one year. He worked as Professor, Dean and Director of University's Social Science Faculty, Director of Publications, Director of Research Centre, Director of ISB&M, Pune, Mulshi Institute of Management, Pune. He has been member of several important academic committees including those constituted by the University Grants Commission, Government of Karnataka and Government of India. A member of the Committee on Educational Reforms (Govt. of India) of which the Central HRD Minister was the President and UGC Chairman was the Convener and which has drawn up the blue print for higher education in India for 2000-2010

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