

# Changing Pattern of Nutritional Status Among The Elderly Women of Bishnupur District in Manipur

**Kshetrimayum Sunita Devi**

Research scholar

Department of Anthropology

C.M.J. University

G.S.Road Jorabat, Meghalaya

**Dr. Md. Latif Shah**

Research Guide

Department of Anthropology

C.M.J. University

G.S.Road Jorabat, Meghalaya

## ABSTRACT

The unequal relations in gender are social creations and in most cases are propagated through socialization. Men are considered “superior” to women; just because of their sex, the difference between genders can be easily felt. Placing women below men, denote the lower status of women in every facet of life where health is also included. As women begin to grow old, the health requirements also start varying, because of their culturally and biologically assigned roles, cause more health care needs than men. Biologically, they have to bear the burden of reproduction and will have to go through all the complications and anxieties related to pregnancy and delivery.

### 1.1 INTRODUCTION

Culturally speaking, Indian women are anticipated to do work for the male fellows in the household. They were assigned to work for the latter’s satisfaction and happiness. Added to this, the society expects elderly women to play a very significant role in providing informal healthcare to the other members of the family. Generally, this scenario continues throughout all the phases of a female’s life; and an elderly woman holds absolutely no identity of her own where her social status is low in all communities’ across India. Moreover, elderly women are considered useless and powerless creatures, to be left alone or to be shifted from one son’s house to another son’s house.

Women beyond 60 years and above, are financially and socially dependent on their husbands or someone else in contrast to older women in most of the nations in the world. These women are extremely alone in every sense, there no income, low income or constricted income eventually lead them to compete penury and destitution. The greatest trauma is when society adds restrictions on their costume, diet, appearance, and activities.

### 1.2 Ageing

Aging is an expected manifestation which refers to the process of growing older, a highly inevitable phase in any man’s life. Aging to a great extent affects the holistic wellbeing of a person which includes both

psychological and physiological factors influencing them. The multiple dimensions of aging viz. chronological, physical, psychological, cultural, social, financial, and spiritual aspects determine the wellbeing of a person at any point of time. WHO (2017) states that mental health, as well as emotional well-being, are important in advanced years like any other time of an individual's life. Any sign of emotional distress in the form of increased dependency, loss of freedom and loneliness in older people, result in failing health, economic insecurity, isolation, neglect, abuse, fear, boredom, inactivity, lower self-esteem, absence of self-control, lack of preparation for old age, bereavement and a drop in socioeconomic position with retirement and disability.

### **1.3 Population Ageing**

"Population ageing" is defined as 'the process whereby older individuals become a proportionately larger share of the total population' (Lloyd- Sherlock, McKee, Ebrahim, Gorman, Greengross, & Prince, 2012). The number of older population in the developing world is increasing rapidly and it is estimated that by the year 2050, 80 percent of the population will be living in the developing countries (World Population Ageing, 2015). This exponential increase in life expectancy and longevity, the number of elderly is increasing even to a greater extent and this phenomenon is referred to as 'demographic transition'.

### **1.4 Population ageing in Global and the Indian context**

Japan has the highest proportion of elderly population accounting to 30 percent and many countries are estimated to reach a similar proportion by the middle of the century. Some of the countries which have higher elderly population include Europe, North America, Chile, the Islamic Republic of Iran, the Republic of Korea, the Russian Federation, Thailand, and Vietnam. This is followed by Brazil, China, and India which are on a rise (Beard & Sadana, 2015). Currently, there are about 962 million elderly aged 60 years and above which comprise about 13 percent of the global population. There is an annual rise in the elderly population by 3 percent and it is estimated to rise to 1.4 billion by 2030 and 2.1 billion by 2050. The elderly of the age group more than 80 years is expected to triple by 2050 which is 137 million in 2017 to 425 million in 2050 (UNITED NATIONS, 2017).

### **1.5 Implications of Population Ageing**

Population ageing has the elderly experience an array of problems which can be categorized as social, economic, health and psychological. Some serious issues that have to be addressed include poverty, social insecurity, food insecurity and health problems including malnutrition which is seen at an alarming rate. While other problems faced by elderly are lack of income, irregularity in facilities providing any allowances causing absence of finances, causing illness, health deterioration causing inability to work and also loneliness (caused due to the abandonment of the family members) (Kalia, Virk, Guota, & Singh, 2014). They are also facing

problems like low social status, financial deprivation, abandonment, and humiliation (Singh, 2013). Thus some of the problems that were faced by the elderly included fragmentation of the traditional family networks causing changes in the family structures along with transnational, rural and urban migration causing loneliness among the elderly. Social-economic factors affecting the health condition thereby deteriorating the functional ability of the elderly.

There is a lesser awareness of geriatric issues and training in gerontology, despite an increase in the elderly population. Ageing is related inextricably with various global public health concerns particularly with regard to universal health coverage, NCDs and disability including post-2015 development age and SDGs. These agendas are not complete unless health and well being of the elderly is addressed. As already mentioned decline in fertility and a steady increase in life expectancy, there is a trend in terms of a gradual shift in the disease pattern from infectious diseases to non-communicable or chronic diseases, this is also called as an epidemiological transition (McKeown, 2009). The epidemiological transition is regardless of any income level and some of the diseases include non-communicable diseases like heart diseases, cancer, diabetes, and other degenerative diseases. There is a high burden of these diseases; about 86 percent in high, 65 percent in middle and 36 percent in low-income countries and by 2030 the projection account for more than half of the disease burden in low-income countries and more than three fourth in middle-income countries. The ageing population is prone to NCDs having further implications on health and functionality (Global Health and Aging, 2011). Despite the efforts made by the Government and the other regulating bodies to introduce new policies and programs, the elderly are facing various problems in terms of social, economic and health-related securities.

### **1.6 Ageing and Health**

World Health Organization (WHO) states the mechanisms linking age to health status are 'complex'. Studies suggest 'age' as a powerful predictor of the state of an individual's health and a key factor associated risks of mortality and morbidity. Along with age, other factors include the diversity in terms of health status/ health trajectories, life course, environment (pollution/ accessible infrastructure) and behaviors patterns. With those factors various predictors like inter alia, genetic factors, individual factors like occupation, income status, education cause variability in health status. Ageing is associated with accumulated cell damage with time causing weakening of the immunity increasing the susceptibility of developing a potential risk to various diseases. Other habits like smoking/ drinking/ consumption of tobacco/ unhealthy diet or inadequate diet over a period of time can affect the health of the elderly. In addition, ageing is associated with declining health and functioning with regard to onset (gradual or sudden/rapid). There is heterogeneity among the elderly population underscoring a need for a diverse health system to address their needs (World Population Ageing, 2015).

### **1.7 Ageing, Health and Nutrition**

As already mentioned above the elderly are susceptible to infectious diseases due to progressive deterioration of immune function with age. Co-morbid risk factors have delirious health consequences among this population. Researchers call it the compression and expansion of morbidity which is experienced with an increase in age there are changes in the incidence, progression, and recovery of any morbidity with related disability and its effect on the mortality, this interplay of changes in mortality and morbidity results in improvement of health. Factors like increasing age, underlying physiological changes increase the risk of chronic diseases and thus increase the burden of disability and death. Also, there is an increased risk of elderly experiencing more than one chronic condition leading to 'multimorbidity' which is difficult to be captured by traditional disease classifications (Global Health and Aging, 2011)

Taking into account the effect of increasing age among elderly and implications on health it is often observed that the elderly are at risk of suffering from malnutrition. Nutrition is one of the core determinants of the health of the elderly. Malnutrition amongst the elderly can be due to varied reasons. With increasing age, there are physical and physiological changes among the elderly affecting the dietary intake among them. Malnutrition is often caused due to reduced sensory impairment like loss of taste and smell hampering the appetite. This phenomenon among the elderly is often under-diagnosed (Wells & Dumbrell, 2006). Nutrition and health need attention, especially during the later age. Poverty and other related complexities including food security and nutrition transition (change in the pattern of dietary intake) has a nutritional burden among the population causing compromised health and nutrition status which has to lead to diet-sensitive chronic diseases. A study was carried out in rural areas of Patiala among the elderly population to assess the malnutrition, it was observed that a large sample (86.9%) were suffering from anemia and the BMI was higher in women as compared to that of men ( $21.3 \pm 1.94$  and  $19.3 \pm 5.5$  respectively).

### **1.8 Status of elderly women in India**

Traditionally, the majority of Indian families had a joint family structure. This extended family system consisted of two generations or more who lived together. This arrangement had usually benefited the elderly as they were given special power and status. Children at present are increasingly opting out of the extended family ties depending on the availability of jobs and continued urbanization. This creates an 'empty nest' feeling among the elderly. It is almost sure that the population of the elderly will grow dramatically in the coming years, causing the number in the family to reduce. The absence of traditional caregivers, and the fragmentation of the joint family, along with the new trend of women willing to move out of the household

work for work, has further contributed towards the vulnerability of the aged who require extra care and attention (HelpAge, 2015).

In the National Policy for Older Persons (1999), the Government of India pledges itself to protect and safeguard the empowerment of the older persons. The National Policy looks at the elderly person's concerns as national concerns, assuring that they will not live ignored, unprotected, or marginalized. The Policy stated that the main objective is the well-being of the elderly population which also aim to strengthen them by giving an appropriate condition in society. It also promises help and support to the older persons so that they live their lives in dignity, purpose, and peace, being in the last stage of life. Thus, the Government of India has assumed the responsibility towards the vulnerability of the destitute, those of the aged and needy. However, in modern society, we cannot have a prejudiced view of helplessness confined to poor economic condition. Even senior citizens from financially well off families have a vulnerability, though of a different sort. It can be inferred that the elderly are not a homogeneous community nor is their vulnerability level. It is calculated that each year three percent of the population is pressed below the poverty line on account of the amount spent on health issues.

### **1.9 Conclusion**

Considering the Indian scenario, life expectancy has increased from 38 years before the National Health Policy (NHP) of 1983 and currently it is 65 years. It is estimated that it will rise to 74 years by 2050 (Census of India, 2011). The percentage of elderly in India has been increasing and is projected to be one of the countries with the highest elderly population. India has around 104 million elderly population and the number is expected to rise to 296.6 million i.e. 20 percent by 2050 (BKPAI, 2011). According to the Population Census carried out 2011 the elderly in India comprises to about 103.9 million out of which 51.1 million and 52.8 million are males and females respectively. The elderly contribute of about 8.6 percent of the entire population, out of which 8.2 percent are males and 9 percent females (Borah, Shukla, Jain, Kumar, Prakash, & Gajrana, 2016). The United Nations Department of Economic and Social Affairs (UNDESA) suggest the number of elderly in India comprises to about 8.3 percent which constituting about 93 million and it is estimated that by the year 2050 the elderly population in India will rise to 19 percent in the near future. It is estimated that the population is rising with 2.5 million elderly every year from 2005 to 2010 concluding the projected elderly population by 2050 will be 158.7 million and India will acquire the label of "an ageing nation". This increase has an impact on the national infrastructure and health systems. A study states that the effect of urbanization, modernization, and globalization has to lead to changes in the social and economic implications among the ageing population in India which include the type of social relationship, costs of social security, health care, labour force and migration (Bhat & Dhruvarajan, 2002). Considering the improved life expectancy, the number of 'oldest old'

(85 years and above) population is increasing at a fast pace constituting 8 percent of world's population; a total of 12 percent in the developed countries and 6 percent in the developing countries. The rise is projected to increase by 351 percent between 2010 and 2050. The global number of- centenarians is projected to increase 10-fold between 2010 and 2050. The Global Health and Ageing report state the increase in life expectancy has lead to the occurrence of "beanpole family" a vertical extension of family structure with smaller generation gaps which shapes the society, economic security, and social dynamics. The elderly have an interchanging role as they provide familial support and caregiving to the members of the family (Global Health and Ageing, 2011)

### References

- Arlene T. 1992. "The Weathering Hypothesis and the Health of African-American Women and Infants: Evidence and Speculations." *Ethnicity and Disease* 2:207-21.
- Berkman, L. F., Glass, T., Brissette, I., & Seeman, T. E. (2000). From social integration to health: Durkheim in the new millennium ☆. *Social science & medicine*, 51(6), 843-857
- Burbank, P. M., Greene, G., Owens, N., & Riebe, D. (2011). What do we know about resilience in older adults? An exploration of some facts, factors, and facets. In *Resilience in Aging* (pp. 51-66). Springer, New York, NY.
- Burzette, R. G. (2007). Personality development from late adolescence to young adulthood: Differential stability, normative maturity, and evidence for the maturity-stability hypothesis. *Journal of personality*, 75(2), 237-264.
- Hagestad, G. O. Neugarten, 1985. Age and the life course. *Handbook of Ageing and the social sciences* (2nd ed.). New York: Van Nostrand.
- Hughes, W. T., Armstrong, D., Bodey, G. P., Bow, E. J., Brown, A. E., Calandra, T., ... & Young, L. S. (2002). 2002 guidelines for the use of antimicrobial agents in neutropenic patients with cancer. *Clinical Infectious Diseases*, 730-751.
- Lincoln, K. D., Taylor, R. J., Woodward, A. T., & Chatters, L. M. (2012). Demographic correlates of DSM-IV major depressive disorder among older African Americans, Black Caribbeans, and non-Hispanic Whites: results from the National Survey of American Life. *International journal of geriatric psychiatry*, 27(9), 940-947.
- Nieri, T. (Jan, 2008). Culturally-sensitive research: Emerging approaches in theory, measurement and methods for effective research on acculturation, ethnic identity and gender. Washington, DC: Meeting of the Society for Social Work Research.

- Resnick, B., Gwyther, L. P., & Roberto, K. A. (Eds.). (2010). Resilience in aging: Concepts, research, and outcomes. Berlin, Germany: Springer Science & Business Media
- Roberts, B. W., & DelVecchio, W. F. (2000). The rank-order consistency of personality traits from childhood to old age: a quantitative review of longitudinal studies. *Psychological bulletin*, 126(1), 3.
- Sabharwal M (2015): Changes during ageing and their association with malnutrition. *J Clin Gerontol Geriatr*, 6, 78–84.
- T., Ozbilgin, M., & Bell, M. P. (2009). Revisiting the social construction of family in the context of work. *Journal of Managerial Psychology*, 24(1), 46-65.