



---

## Exploring the Socio-Economic Landscape of Elderly Women in Sindhudurg District, Maharashtra

---

**Prof. Dr. Anant Nana Lokhande**

Asso. Prof. & HOD, Dept. of Economics, Sant Rawool Maharaj Mahavidyalay, Kudal, Dist. Sindhudurg (MS)

**Corresponding Author – Prof. Dr. Anant Nana Lokhande**

**Email- [anantlokhande04@gmail.com](mailto:anantlokhande04@gmail.com)**

**DOI- [10.5281/zenodo.10669956](https://doi.org/10.5281/zenodo.10669956)**

---

### Abstract:

This research looks at the health problems that older Indian women face and the socioeconomic environment in which they live, focusing specifically on the Sindhudurg district. The study emphasizes the complex nature of older women's lives by thoroughly examining demographic traits, health status, living arrangements, and access to healthcare services. Results show that older women in Sindhudurg district suffer from a range of health conditions, which are made worse by restricted access to medical services. These conditions include joint pain, diabetes, heart disease, and asthma. Even though some people receive government health benefits, many others still struggle to get the right care and frequently have to travel great distances for it. The recommendations include expanding access to free healthcare, setting up psychological counseling institutions, boosting public health infrastructure, and offering legal safeguards against abuse. The study emphasizes how crucial it is for the government and the community to work together to address the multifaceted needs of older women and improve their general well-being.

**Key words:** Elderly women, Health challenges, Konkan, Healthcare, Demographic characteristics.

---

### Introduction:

The People who are 60 years of age or older in India are referred to as elders, and they are a group of people who face a variety of difficulties, including those related to their financial stability, health, leisure activities, social integration, and mental health. Both men and women face these issues, as their experiences are frequently influenced by cultural norms, societal expectations, and resource availability. Among the many problems that older adults face, making sure they and their dependents have enough money to live on continues to be a top priority. A large number of senior citizens struggle with money instability, especially when they don't have sufficient savings or pension plans, which makes them more susceptible to financial difficulties.

Furthermore, there should be a lot of focus on the health dynamics of older women in India, particularly in Maharashtra's Sindhudurg district. A wide range of physical and mental health issues, from chronic illnesses to mobility restrictions, are frequently brought on by aging. Osteoporosis, arthritis, and cardiovascular conditions are examples of degenerative diseases that are becoming more common and affecting older women's independence and quality of life. Affordable and high-quality healthcare services are crucial, but they are frequently hard to come by, particularly in rural

areas where access to healthcare facilities may be restricted or nonexistent. Senior women face challenges with their emotional and social wellbeing in addition to their physical health. Seniors who have lost their economic independence and physical vitality may experience a reduction in their feeling of self-worth and a shift from being self-sufficient to depending on social and family support systems. These difficulties are made even more difficult by social isolation and loneliness, especially when older women have little opportunity to communicate with younger family members or neighbors.

Furthermore, older women's emotions of boredom and purposelessness may be exacerbated by the lack of engaging activities and possibilities for leisure time. The necessity for specialized interventions and community support networks is further highlighted by the fact that many older people do not have access to psychologically fulfilling activities, which are crucial for fostering cerebral stimulation and emotional fulfillment. With a focus on the Sindhudurg district of Maharashtra, this study paper seeks to shed light on the primary health concerns experienced by older women in India, given these complex obstacles. The study aims to identify important areas for advocacy and intervention by looking at the socio-cultural, economic, and environmental aspects influencing the health and well-being of elderly women.

Through the promotion of active aging initiatives, improved access to healthcare services, intergenerational connectivity, and social inclusion, the research aims to aid in the development of focused strategies that improve the lives of senior women in India's dynamic and diverse landscape.

**Objectives:**

- To comprehend the difficulties that Sindhudurg district elderly women confront.
- To identify the strategies used in Sindhudurg district to help the elderly deal with their circumstances

**Materials and Methods:**

The Sindhudurg districts was picked especially for this study. The primary data was collected through a questionnaire, and a total 294 respondents were selected for this study, who were from different age groups. The secondary data came from a variety of sources, including published documents from various journals, reports, and books. The Sindhudurg District Statistical Abstract, the Socio Economic Review.

**1. Challenges of Senior Women in India:**

The Age Well Foundation New Delhi has studied in detail the major concerns of older women in India. According to them, isolation or alienation in old age is among the most common issues that are affecting older women constantly. Older women, who are still living with their sons, daughters, and grandchildren, are also suffering from emotional alienation.

Owing to carelessness, ignorance, a lack of financial assistance, and women's religious beliefs, elderly women frequently confront serious health issues. The majority of older women's health issues go unreported since they spend most of their time indoors and hardly ever venture outside in public. Their family dismisses these, claiming that illnesses are typical in old age. Elderly ladies who live alone are unable to express their suffering since no one is around to listen to them patiently. Senior women's mental health is crucial at their age. For individuals 60 years of age and above, the projected prevalence rate of mental morbidity was 89 per 1,000 inhabitants, or around 4 million for the entire nation. The risk of specific psychiatric illnesses increases with age.

**2. The Indian government's policy to safeguard the health of elderly women:**

In India, policies for older women are essential for addressing the special requirements and challenges that this demographic group faces. The following are a few crucial policy areas that can improve older women's quality of life and general well-being:

**Accessibility and Cost of Healthcare:**

It is crucial to put policies into place that will increase senior women's access to reasonably priced healthcare services. This entails setting up

geriatric care facilities, offering financial aid or insurance for necessary prescription drugs and medical care, and guaranteeing access to specialist medical facilities for illnesses common in older women, like mental health issues, osteoporosis, and breast cancer.

**Social Security and Pension Plans:**

It is critical to fortify social security and pension plans in order to guarantee elderly women's financial security. Expanding coverage under current pension programs, giving widows and older women more financial support, and encouraging voluntary savings plans catered to the needs of the senior population are all ideas that policymakers should investigate. The creation of all-inclusive aged care and support services, such as daycare centers, assisted living residences, and in-home care initiatives, can serve to mitigate the caregiving obligations placed on older women and their families. Dignity, autonomy, and cultural sensitivity should be given top priority in these programs, which cater to the various requirements of senior women from various socio-economic backgrounds.

**Legal Protections and Rights:**

Enforcing and strengthening legal protections and rights for senior women is essential to safeguarding their well-being and preventing exploitation or abuse. This includes measures to address issues such as property rights, inheritance laws, and access to legal aid and justice systems, particularly for elderly women from marginalized communities.

**Employment and Skill Development:**

Senior women's economic independence and social inclusion can be improved by providing chances for entrepreneurship, ongoing employment, and skill development. To utilize the invaluable abilities and expertise of older women, policies should prioritize offering employment placements, training programs, and incentives to companies.

**Awareness and Education:**

Senior women can be empowered to make knowledgeable decisions about their health, finances, and general well-being by launching awareness campaigns and educational programs to support healthy aging, preventative healthcare practices, and financial literacy.

**Intersectoral Collaboration:**

Effective policy implementation and service delivery depend on fostering collaboration between government agencies, nonprofits, community organizations, and private sector partners. Policymakers can develop comprehensive solutions that satisfy the diverse requirements of elderly women in India by utilizing resources and expertise from a variety of industries.

In summary, the promotion of senior women's health, dignity, and empowerment in India requires the implementation of comprehensive

policies that cover healthcare, social security, legal rights, employment, education, and intersectoral collaboration. In order to ensure that older women's perspectives and goals are integral to the policymaking process, these policies should be informed by the voices and experiences of older women themselves.

#### Demographic characteristics of Senior Women in Sindhudurg district:

The Ratnagiri and Sindhudurg are the two districts that are included in the Sindhudurg district of Maharashtra. Both these districts have situated in coastal area of Arabian Sea. Problems like migration, low income, backwardness, lack of

industrialization, and lack of service sector prevent the overall development of Sindhudurg district. Demographic characteristics help to understand the nature of change in the population. The age variable has much importance in this research work because it separates senior women from the overall population of females in the state or country. The 60+ age is the age of senior women, and this study is related to only senior women. The Sindhudurg district has a higher sex ratio than the other districts and regions in Maharashtra state. The age-wise classification of senior women in Sindhudurg district is illustrated in the following table.

**Table 1.: Age wise classification of Senior Women in Sindhudurg district**

Sr. No.	Age		Sindhudurg
1	60-70	Count	219
		%	74.5
2	71-80	Count	62
		%	21.1
3	Above 81	Count	13
		%	4.4
	Total	Count	294
		%	100.0

Source- Field survey

The age distribution of a sample of the respondents in the Sindhudurg district is displayed in Table No. 1. Seventy-five percent of the population is in the 60-70 age range. The age group above 81 (4.4%) is the smallest, and the next largest is 71–80 years old (21.1%). The population's proportion of people under or equal to a given age is displayed by the cumulative percentage. In this case,

74.5% of the population is 70 years of age or younger, and 95.6% is 80 years of age or older. The typical trend in the Sindhudurg district is that as people age, the percentage of elderly people decreases. Senior ladies are no different. Consequently, compared to other age groups of senior women in Sindhudurg district, one-third of women in the 60–70 age range were in the majority.

**Table 2: Living Arrangement of Senior Women in Sindhudurg district**

Sr.no.	Living Arrangements		Sindhudurg
1	Living alone	Count	24
		%	8.2
2	Living with husband only	Count	152
		%	51.7
3	Living with unmarried children	Count	80
		%	27.2
4	Living with married children	Count	25
		%	8.5
5	Living others	Count	13
		%	4.4
	Total	Count	294.0
		%	100.0

Source- Field survey

The living arrangements of a people in Sindhudurg are displayed in Table No. 2. 51.7 percent of people only live with their husbands. Living alone (8.2%), living with married children (8.5%), living with other people (4.4%), and living with unmarried children (27.2%) make up the next largest category. The way older women live is very important if they are to have enough financial,

psychological, and physical support for the rest of their lives. The majority of respondents (27.2%) shared a home with their single children. After examining the differences in the respondents' living arrangements between the districts, it was found that most of the respondents lived in the districts alone with their wives.

### Health status of senior women in Sindhudurg district:

An important indicator for exploring the social condition of senior women is their health status. In fact, health conditions need to be investigated by physical and psychological health situation of senior women so as to understand their overall health situation. The Physically and psychologically, both kinds of situations can deteriorate. In this direction, an attempt has been made to examine the physical health situation by taking into account the major health problems of senior women, the care taken by their family members, and the availability of health facilities in the villages.

The Senior women suffer from various health diseases such as Joint pains, Blood pressure, Diabetes, heart disease, Asthma, and some others like eye problems, hearing problems, etc. In the case of joint pain, out of total respondents, 40% were suffering from this kind of disease, whereas 16.2% were not suffering from this and about 44% of respondents didn't know that they were suffering from this health problem. Out of total respondents, 53% were suffering from diabetes, 4% were not suffering from it, and about 43% of respondents could not respond to this health problem. As far as heart-related diseases is concerned, 55% of respondents were suffering from this, whereas 1.5% respondents were not suffering from it, and about 43% of respondents didn't know that they were suffering from this health problem. Moreover, 49% of respondents were suffering from asthma, 7% were not having this problem, and 44% of respondents did not respond to this health problem. The blood pressure disease was found among the 56% respondents, and only 0.3% respondents had this problem, and about 43.7% of respondents had not been diagnosed with this health problem. For other diseases like eye problems and hearing problems, 30.6% of respondents had this problem and 25.7% did not, whereas 43.7% of respondents could not respond to this health problem.

#### Conclusions:

1. Living arrangement is important for the senior women to live with good physical, economic and psychological support for the rest of life. The half of the total respondents lived with their husbands only (50%), followed by respondents who lived with their children (27 %), living with married children (11%) lived alone (7%) and those who lived with others (4%).
2. The present study observed that, Senior women were suffered from the various health diseases such as Joint pains, Blood pressure, Diabetes, Heart, Asthma, and some others like eyesight problems, deafness problems etc.
3. Out of total respondents 40% respondents were suffering from Joint pain disease, 53% respondents

were suffering from diabetes. As far as heart related diseases are concerned, 55 % respondents were suffering from this. Moreover, 49 % respondents were suffered from the Asthma disease. Blood pressure disease was found among the 56% respondents whereas other diseases like low vision, hearing disabilities, 30.6% respondents had these problems.

4. The study observed three sorts of health clinics in the villages like private health clinic, public health Centre and rural Vaidya from that they can avail health services. Out of total respondents, 11.7% respondents had received the health service from the private health clinics in the villages and 45.7% and 3.1% respondents had received the health service from the public and rural Vaidya (Ayurveda Doctor) in the villages.

5. The study found that majority of the respondents had taken benefit of government health facility, but still public primary health centers were not sound to take care of majority of the diseases of senior women. It was also observed that for their health treatment they were needed to go minimum 5 to more than 20 kilometers away from the villages.

#### Suggestions:

1. Access to free health care services is very important for older women in order to enjoy a satisfactory standard of mental and physical health.
2. Along with the health facilities, the consultancy centers also can be opened for the addressing solutions over the many psychological problems of senior women.
3. The study found that majority of the respondents had taken benefit of government health facility, but still public primary health centers were not sound to take care of majority of the diseases of senior women. It was also observed that for their health treatment they were needed to go minimum 5 to more than 20 kilometers away from the villages. Authorities of the health department of the state government need to take into account this condition and make available better health facilities for senior women.
4. The study strongly recommends that, the health department of the state government has to provide the public toilet facilities and promote the people for construction of toilets in house by taking help of government schemes in the rural area and more importantly there should be built the urinals for women at the side of roads as it is for gents.
5. The study also suggests that the senior women should be given legal security against abuse and harassment.
6. The study also suggests that, there should be a state level institute and its branches throughout the state for studies and research of senior women and men. Moreover, this institute should conduct the various research and surveys to provide policy

guidelines about the senior women and women in the state.

Lastly the study expects that the key of the success of government policies regarding the welfare of senior women that only providing government policies are not enough to change any particular thing, but people participation honestly and rigorously is needed.

**Bibliography:**

1. Angra, S.K., Murthy, G.V.S., Gupta, S.K. & Angra, V. (1997) Cataract related blindness in India and its social implications. Indian Journal of Medical Research, 106, 312-324
2. Bali, A. (1997), Socio-economic status and its relationship to morbidity among elderly, Indian Journal of Medical Research. 106, pp 349-360
3. Chahana, H.B., & Talwar, P.P. (1987) Ageing in India: Its socio-economic and health implications. Asian Pacific Population Journal 2 (3) pp 24
4. Dalal, P.M. (1997) Strokes in the elderly: prevalence, risk factors and the strategies for prevention. Indian Journal of Medical Research. 106, pp 352- 332
5. Dandekar, K. (1986) The elderly in India. New Delhi: Sage publications
6. Deaton, A. (2007), "Height, Health and Development", Proceedings of the National Academy of Sciences of the United States of America, 104, 33, pp.13232-37.
7. Deaton, A. (2008), "Height, Health and Inequality: The Distribution of Adult Heights in India", American Economic Review: Papers and Proceedings, Vol. 98(2), PP. 468-74.
8. National Sample Survey Organisation (2006), Morbidity, Health Care and the Condition of Aged, Government of India, New Delhi,
9. Lidwin Dias, Elderly Women In India: Challenges And Interventions, Perspectives IN Social Work Xxii (2) August-2017.Mumbai.
10. Ratnagiri and Sindhudurg District Socio Economic Review-2012-13, & 2014-15.