

Chapter 8

Life World of the Oldest–Old Women from Phenomenological Persepective



S. Jayashree and K. Rajendra

Abstract Men and women experience aging differently due to structural, social, economic, and cultural factors. Among aged women, 90+ are more vulnerable and helpless segment. Feminization of aging is evident in this segment due to extended longevity. The present study explores the lived experiences of 90+ elderly women living in family. It also seeks to comprehend the conditions, life situations, and day-to-day activities of elderly. It further attempts to know the social support mechanisms available to elderly and adaptive mechanisms adopted by the elderly. Whether enhancement of life span for women is really a boon or a bane? The needs and demands of the oldest–old women have not been given any priority in welfare policies. Lack of gender-specific old age policies and gender-specific health policies is the real constrains to meet the needs of the elderly women. Thus, an elaborate and accurate knowledge of the position of elderly women is a primary requirement to frame a social policy relevant to the well-being of the elderly women. Realistic appraisal of current situation of elderly women is need of the hour. In the present study, interpretive phenomenological perspective is used to understand the everyday life and inner feelings of elderly. Sociological phenomenology is also administered to understand day-to-day life of oldest–old women.

Keywords Interpretive phenomenology · Oldest–old women · Feminization of aging

Recently there is an accelerated growth of elderly population all over the world and it will grow rapidly due to declining fertility, declining mortality and inventions in the field of medical science in controlling diseases and morbidity. By 2050; aged 65+ is expected to rise to 1419 million or 15.9 percent of the world population. (UNDP, 2003; McCracken & Phillips, 2005). Besides this, very old especially 80+ and 90+ segments are increasing very fast. When society has limited number of elderly people, issues pertaining to them were more or less same. Now, researchers

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found that elderly are not homogenous segment. Life of elderly differ on the basis of various socioeconomic and cultural parameters such as age, sex, marital status, geographical location, income, and in case of India it is caste and class. On the basis of various challenges faced by elderly in general and different segments of elderly in particular gerontologists have classified aged as young-old, old-old, and oldest-old.

Men and women experience aging differently due to structural, social, economic, and cultural factors. Issues of elderly women in general have been studied by various scholars. However, tribulations of 90+ elderly women have not been given importance in research studies, because societies do not bother to have concern on the dying and unproductive segment of the population. From various studies on elderly, we have now come to know the fact that, elderly women are also not homogenous group; each segment of elderly has different issues, challenges, and problems. Among aged women, 90+ are more vulnerable and helpless segment; they have already been relegated and marginalized by society, and they are further sidelined, when they reach advanced age. Feminization of aging is evident in this segment due to extended longevity as compared to men in later part of life.

Women at any age and stage have already been neglected, because of structural constrains and marginalization. Being a woman, aged, dependent, and being widow, their condition is pathetic and dismal. Besides these, issues, social security, meager financial means, psychological trauma, grinding poverty, discrimination, social stigma of various types and other structural constraints are haunting elderly women. With all these hassles of life how they lead their life is a whooping question. Hence, the valid question arises, whether enhancement of life span for women is really a boon or a bane? Under these circumstances, how best they can meet the genuine needs. The needs and demands of the oldest-old women have not been given any priority in welfare policies. Lack of gender-specific old age policies and gender-specific health policies is the real constrains to meet the needs of the elderly women in general and oldest-old women in particular. Thus, an elaborate and accurate knowledge of the position of elderly women is a primary requirement to frame a social policy relevant to the well-being of the elderly women. For that we have to prepare a realistic appraisal of current situation of elderly women. (Jayashree, 2017).

Theoretical Background

During the late 1970s and 1980s, a widespread transformation occurred in the sociological study of aging in which the “facts” of aging—as stated in the big theories by the big theorists—were increasingly ignored or questioned. Indeed, they began to oppose or avoid metanarratives and catch all explanations of aging. Humanistic gerontology developed at this time and drawing on social phenomenology to provide entry points to the social construction of aging focused on the meaning and experience of aging (Hepworth, 2000). Most recently, the 1990s and the beginning of the new millennium have seen the emergence of a critical cultural gerontology (Gullette,

2000). Overall there has been a greater adoption of postmodern theories, a celebration of specificity and difference in research, a focus on body, self, social identity, self-identity, autonomy, and everyday life (Sahoo et al, 2009).

In the present study, interpretive phenomenology was used to understand the everyday life and inner feelings of elderly women. Interpretive phenomenology is both a philosophy and a methodology that is used to analyze meaning in everyday life. (Koch, 1995) Hermeneutic phenomenology stresses that, every event or encounter involves some type of interpretations from an individual's background, and that we cannot separate this from an individual's development through life. (Susann, 2003) How older people peep into their past and recall and construct their lives through autobiographical narratives. They had distinct ways of life. It also provides link and bridge between past and present, continuity and change. As individuals grow old, they expose to new and diverse experiences which will be reflected in everyday life of older people.

Sociological phenomenology also administered to understand day-to-day life of oldest–old people. According to Alfred Schutz “all humans, carry in their minds rules, social recipes, conceptions of appropriate conduct, and other information that allows them to act in their social world. Schutz views the sum of these rules, recipes, conceptions and information as the individuals ‘stock knowledge at hand.’ This stock knowledge gives people a frame of reference or orientation with which they can interpret events as they pragmatically act on the world around them.” (Turner, 2013: 685).

In any population, oldest–old are limited in number and they are mostly dependent and susceptible to all sorts of problems and challenges. Their mobility is restricted due to higher morbidity rate. They have come to this stage of life due to many interwoven factors, from genetics to lifestyle, finance to interpersonal relationships. Though most of the elderly women in India, live in family atmosphere issues of living arrangements and caring are the twin challenges they encounter the most. Who looks after them? What they anticipate from caregivers, from government and from larger society? How they lead their day-to-day life? What are their inner feelings? The present study explores the lived experiences of 90+ elderly women living in family. It also seeks to comprehend the conditions, life situations, and day-to-day activities of elderly. It further attempts to know the social support mechanisms available to elderly and adaptive mechanisms adopted by elderly. As Schutz pointed out “Peoples’ reality is their stocks of knowledge.” Researcher used these stocks of knowledge of the respondents through long hours of face-to-face interaction. It allows the researcher to see the world from the social actors’ point of view. Hockschild (1973) pointed out that, previous studies are “age-centric” and ignore the elderly’s view of themselves and their viable roles in society. Hence, present study focused on lived experiences of elderly women which will be helpful for the policymakers on elderly women. Therefore, an attempt has been made to get the valid experiences through a different methodology. It is carried out by using extended rounds of semi-structured and sometimes unstructured interviews.

In India, generally women are considered as core caregivers for the whole family. She has never been seen as care receiver. Caregiving has been ingrained to her by

birth. Caregiving does not fetch any monetary benefit which has pushed women to periphery. A long tradition of devaluing women and concomitantly their work of caring.... Women are socialized to serve and care for others.... This expectation probably emerges far more from women's lower status in society than from a natural predisposition in these directions. Kerner Furman (1997).

Review of existing literature indicated that, a number of studies have been carried out on pathological, socioeconomic and psychological aspects of aged in general. Studies on elderly women concentrated more on widowhood and care issues, and these studies treated all women elderly as homogenous group. Despite their multiple marginalization (being women, widow, being old and dependent) studies are deficient, in case of old-old elderly widows and their caring scenario and woes.(Jayashree, 2017: 194) No study, so far conducted on 90+ elderly women by using hermeneutic phenomenological perspective.

Limitations of the Study

Those who are living in old age homes were excluded. Male elderly were also excluded in the study.

Objectives of the Study

1. To record overall life experiences as narrated by respondents.
2. To identify everyday activities of the respondents.
3. To know their attitude toward modern society and youth.
4. To ascertain social support mechanisms available to them.
5. To suggest policymakers

Sample

The study conducted in Dharwad city of Karnataka State. Elderly women who have crossed 90 years were taken for the study. Dharwad city consists of 22 wards. Out of that, 25 percent of the wards (05 wards) have been chosen for the study. There were 61 elderly women who have crossed 90+ age in these five wards. Respondent's age was ascertained through latest voter's list. Semi-structured interview schedule with more open end questions was used to elicit information from the respondents. Researcher conducted **three rounds of interviews** and each round of interview enhanced the researcher's insight and we could gather lot of information in successive interviews. Confidentiality and anonymity were ensured for the respondents.

Interviewing 90+ elderly is not an easy task, because most of the time, they were not interested to interact, “withdrawal symptoms” already set in among most of the elderly; hence, dropout rates were very high and they were not interested to share certain things with others. Hence, building a rapport was a herculean task for the researcher.

Aging Scenario in India, Karnataka and in the Study Area

With continued decline in fertility and mortality, population aging is accelerating in India. According to 2011 census, elderly comprised of 8.6%, and it is projected to increase to 12.4% by 2026. The composition of elderly in different segments is also changing, for example, the share of young–old has decreased from 65.2% in 1961 to 61.7% in 2011, whereas the share of the old–old has increased from 34.8% in 1961 to 38.3% in 2011. (Irudaya rajan & Balagopal, 2017: 03) Feminization of widowhood is also evident in India which impinges the life of elderly women in all respects of social life. According to National Sample Survey (NSS) 42nd round there were 654 widows and 238 widowers per 1000 old persons in rural areas. The respective figures were 687 and 200 for urban areas. Table 8.2 substantiates the fact.

Presently, Karnataka State has 9.5% of aged population (Census 2011). Elderly population in Karnataka increased from 7.3% in 2001 to 9.5% in 2011. Out of the total elderly, 4.5% were elderly males and 5.0% were elderly females. There are 30 districts in Karnataka in which Udupi District has highest number of aged (13.15%) and the lowest number of elderly found in Raichur District. Highest number of female elderly also found in Udupi District. Feminization of widowhood and feminization illiteracy is evident in all the districts of Karnataka. In Karnataka, 0.5% were widowers whereas 2.70% were widows (Census 2011). Following tables present the glimpses of aging scenario in India as well as in the State of Karnataka and Dharwad dist (Tables 8.1, 8.2, 8.3 and 8.4).

Table 8.1 Elderly population aged 60 years and above in India, 1961—2011 (in millions)

Census year	Total			Rural	Urban
	Persons	Female	Male		
1961	24.7	12.4	12.4	21.0	3.7
1971	32.7	15.8	16.9	27.3	5.4
1981	43.2	21.1	22.0	34.7	8.5
1991	56.7	27.3	29.4	44.3	12.4
2001	76.6	38.9	37.8	57.4	19.2
2011	103.8	52.8	51.1	73.3	30.6

Source Elderly in India (2016), pp.15

Table 8.2 Elderly persons and widowed in Karnataka State

All ages	% of elderly			% of widowed		
	Persons	Males	Females	Persons	Males	Females
60–64	3.4	1.6	1.7	0.8	0.1	0.7
65–69	2.5	1.2	1.3	0.7	0.1	0.6
70–74	1.7	0.8	0.9	0.7	0.1	0.6
75–79	0.9	0.4	0.4	0.4	0.1	0.3
80 +	1.0	0.4	0.6	0.5	0.1	0.4
Total	9.5	4.5	5.0	3.2	0.5	2.7

Census of India, 2011 (DDW-2900C-02fer3-MDDS.xls)

Table 8.3 Elderly population in Dharwad district

Elderly population		
Dharwad district	2001	2011
Total population	16,04,253	18,47,023
Elderly male	55,572	82,759
Elderly females	61,910	91,008
Total elderly	1,17,482	1,73,767
% of elderly	7.3	9.4

Census of India 2011

Table 8.4 Elderly persons and widowed in Dharwad

All ages	% of elderly			% of widowed		
	Persons	Males	Females	Persons	Males	Females
60–64	3.4	1.6	1.8	0.8	0.1	0.7
65–69	2.6	1.2	1.4	0.8	0.1	0.7
70–74	1.6	0.8	0.8	0.7	0.1	0.6
75–79	0.9	0.4	0.5	0.4	0.1	0.3
80 +	0.9	0.4	0.5	0.5	0.1	0.4
Total	9.4	4.5	4.9	3.2	0.5	2.7

Census of India, 2011(DDW-2900C-02fer3-MDDS.xls)

First Round of Interview

In the first round of interview, we have collected all the relevant socioeconomic cultural profile of the respondents. Respondents who were shown interest and were able to converse well were selected for the second level of interview. At the third round of interview, there were only nine respondents. These nine respondents' responses were "real-life experiences." Third round of interview was conducted at home as well

as in parks and in playgrounds where elderly are freely available. Third round was combination of both informal talk and interview. In the third round, body language, atmosphere in the home/park/playgrounds, conversation of other members, interruption of members, and other trivial aspects have also been taken into consideration in order to arrive at a comprehensive understanding of the life situations of elderly.

In the first round of interview, out of 61 oldest–old women, we could collect information from 53 respondents; eight respondents were not able to answer and not ready to give interview. Overwhelming majority of the respondents were between the ages of 90–95 years and only two respondents crossed 100 years. 91.66% of the respondents were illiterate, and 5.17% were retired from government service. Majority of the respondents have elderly children as their caretaker. Respondents who were living alone left their children's home long back. Feminization of widowhood was clearly evident in the study. Respondents were having intimate relationship with their grandchildren than their own children, and they spend time in watching TV and chanting God's name. Majority of them were taken one or the other benefits from the government (Sandhya Suraksha, or Indira Gandhi National Old age pension (IGNOAP)/widow pension). 89.16% of the elderly were living with son, and 10% were living in daughter's house. Staying in daughter's house is not a usual phenomenon in Indian social fabric because of staunch patriarchal principles. Respondents revealed some of the interesting facts about living with daughters. Respondents do not have sons was an obvious reason for their stay in daughter's house. In some cases, sons were not looking after, some of them had left son's house due to harassment; sons were staying in different places and caretaking by rotational base were some of the other reasons. In three cases, respondents are staying permanently with daughter. They had come during daughter's delivery and stayed in daughter's house by looking after grandchildren. Those elderly who were staying with daughters are feeling better as compared to those who were staying with sons.

None of the respondents were ready to go to old age homes, and they never thought of the same. Respondents pointed out that, family atmosphere is very important and it is first priority during old age. Relatives and well-wishers come home enquire about health and well-being of the elderly that gives lot of solace to the aged. The study conducted in Japan revealed that, older people who reported a lack of social contact were 1.5 times more likely to die in the next three years than were those with higher social support (Sugiswa et al., 1994).

Only 15% of the respondents pointed out that, their health is very good. These respondents did not have any ailments. 80% of respondents visit doctor along with son/daughter and 12% of the respondents visit doctor along with grandchildren. Except two respondents, all the other respondents visit private hospitals. Some of them were suffering from multiple ailments which inhibit them from doing day-to-day chores. Majority of them were suffering from diabetes (35.84%) BP (28.24%), and joint pains (78%). 71.66% were suffering from eye and ear problems. Respondents reported that, they get required social support from the family. Families in which son and daughter-in-law were employed, social support mechanism was not so cherished, and it is more of a routine in nature, because it is provided by the servants and the people who are not the family members. Most of the elderly do

not have vibrant activities of daily living. Some of them expressed that, they are not able to cope up with the modern gadgets like mobile, TV, and other household gadgets. Modern values and life patterns are not palatable to them. Hence, they grumble, irritate and some of the respondents said that, they talk themselves. Thus, **self-murmuring mechanism** they resort when they are not happy about family members.

Second Round of Interview

In the first round, researcher has made close rapport with the respondents and by seeing their interest, willingness, ability to participate, they had been asked to partake in second round of interview. 14 respondents gave their consent to participate in second round of interview. However, researcher could take interview for 11 respondents due to their non-availability and ill health during interview period. In some cases, sons/family members were not allowed them to give interview. Second round of interview focused on everyday activities of elderly, adaptive mechanisms as well as attitude toward younger generation and perceptions about modern society were collected. In the second round of interview, some of the earlier questions were repeated to ascertain whether answers given were correct. Time of the interview, presence of family members, body language of the members in the family, activities, situations/contents (both material and non-material) conditions of the home are potential contextual data which helped the researcher to arrive the finding of the study.

In the second round of interview, respondents were very happy because someone is listening to them carefully. During the interview, some interruptions by the family members was usual phenomenon. Second round of interview was time consuming; researcher took half a day with each respondent. Majority of the respondents narrated their past life, their job, turmoil, children, friends, values, and old social fabric during the course of the interview. They have mixed feeling about today's modern society. They commented that, today children are not having patience to listen; peace and happiness both are missing among them.

As one woman said *"I married at the age of 16 now I am 93 years. I spent entire life in this home; my old memories are attached to the soil and stone of this home."* She said, *women are born for adjustment; for women natal home and marital home are two different islands. After marriage, only woman has to adjust to new atmosphere, new ideas, attitudes, values, desires, and ambitions. Adjustment is ingrained in women, whereas men are always living and staying in their own house with their kith and kin.* She indirectly hinted on patriarchy. She further said, *"Elderly of tomorrow will have lot of complexities and difficulties unless they make their own financial and social arrangement. Government is doing little things for elderly women, whatever they are doing is not sufficient for their survival and maintenance of health."* She lamented that, women are heavily penalized in the coming years. Because women in general are regarded as traditional caregivers and society always

see elderly women as care provider and seldom see as care receiver. According to her, *filial piety and intimate relationships will evade in future.*

Questions on younger generation, modern society, elderly care, and old age homes, health issues, everyday activities, leisure and recreation, interpersonal relationships, family bondage, adjustment mechanisms and financial matters were discussed. Some of the elderly were not so vocal in their expressions with regard to finance and interpersonal relationships. Overall response was very good and researcher could able to arrive at some generalizations which are given below. With regard to caring, one of the respondents expressed that *“My children are at least looking after me. If not, at this advanced age where I can go? Compared to other women in my neighborhood, I am lucky”* Overwhelming majority of the respondents were not dependent on others for their routine daily activities like going to toilet, dressing, and bathing, (ADL). They were dependent on others while going out for bank, post office, and hospital. One of the respondents said *“Age related health issues are common. I am not engaged and involved in many activities as earlier, whatever essential I do. I am not washing my cloths. Not attending any function. If I want to attend some function I am not insisting family members to take me. I know that, they don’t like to take me. They give some lame reasons like “dinner will be late there” “you are diabetic patient,” “there will be lot of crowd,” etc..*

One old lady whose husband is suffering from Alzheimer disease was very vocal. She expressed that *“because of me my husband is alive; he lost his memory when he was young-old and I have to monitor everything. At this age I am taking all possible care. Children are also supporting me, she wept and said “he should die before me otherwise his life will be miserable. I am taking good care of his health I don’t have the feeling that he is dependent on me.”*

Health is a big challenge and it influences all other aspects of life in old age. All the respondents attributed their health to food, lifestyle and heredity. Majority of them had a proud feeling that, they lived up to 90 years without major health issues. Mental health and depression were totally absent among respondents. Majority of the women do not visit doctor for small ailments and resort to home remedies. However, some hurdles in administering medicines and appointment with doctors have been expressed. Because of rampant illiteracy among respondents, they are not able to recognize the tablets. On the basis of color of the tablet, they take medicine. With regard to intake of medicine respondents pointed out that, if there is multiple medicines they are confused and they totally dependent on others. Almost all the respondents revealed the same opinion about their everyday life. They follow the routine and engage in only essential activities, majority of them confined to a particular room/place/bed/chair. They talk very less and spend more time in relaxing.

Third Round of Interview

By the time of third round of interview, researcher has established very good rapport and intimacy with the respondents. Respondents were confident that, researcher has

lot of empathy on them. In this round, elderly women narrated their inner feelings. In the first and second rounds of interviews, most of the elderly were reluctant to reveal the negative aspects which they were encountering in their daily life. They have some kind of phobia that, they lose family member's confidence. When researcher asked first time they never revealed because it is embarrassing and painful to disclose with others that, one's son is not looking after and rejected them. They used gentle terminology like, *"Not comfortable; Children have their own problems, It is new way of life. We are not useful, Our era has gone, etc."* Some of the respondents revealed family secrets and took promise from the researcher that, matter discussed should not be revealed to anybody.

One elderly woman was not happy about her family members. She said *"we have lot of reputation as a big and prestigious family and our family is known to everyone in this place. If I reveal the difficulties I face, my family prestige will vanish. To keep my family stature I just kept it to myself and swallowing the pain which I am undergoing."* Family members are not giving proper food to her and they say, *"Older people do not need more food."* Since she is a diabetic patient she wants to eat frequently, but family members are not providing adequate food. She has five sons and on rotation-wise she has been looked after by her sons. She said, *I should have at least one daughter she would have understood me and I would have shared my feelings I do not have any friends, all my age mates have passed away. God has given me long life and I am waiting for the final call from the God."*

Majority of them talked about God at one time or another and involved in spiritual activities. They opined that, *"God determines everything, Trust in God, He will direct us, Life is God driven. You have to follow His will. Future is in the hands of God."*

A woman aged 93 pointed out that, past life was a glory *"we had many pressing problems. there was no money not even things which we needed, there were not much cloths to wear, not even electricity in the house, toilets and bathrooms were outside the house, no tap water, we have to draw water from well. I was nurtured in a joint family and married to joint family. With all these hassles of life we did not fight for anything, women in the family used to be together, work together, enjoy together. Preparation for festival was a joyous occasion and all of us sit together for lunch and dinner. Of course, we did not have much freedom to take decisions. Today everything is there for the younger generation but they are not happy and contented. She again lamented that, without contentment what is the use of freedom? She reminisced 'Earlier life was so good.'"*

One of the respondents aged 96 narrated her story. She has been interviewed thrice and she was at ease during all three interviews. She was living with her son and grandchildren. She did not have any ailments during the second round of interview. When we have gone for the third round of interview, she had fracture in the leg. She used to do all her daily activities without depending on others. Because of fracture she was not able to move, her daughter from nearby village came to look after during her immobility. She said *"when I am unable to move, I am more comfortable with my daughter than sons. She said God has graced me by bestowing long life and now waiting for the final call of God."* She attributes her long life to her prayers, peaceful life, and intake of limited food, lifestyle, contentment in life and heredity.

The lady about 92 years has two daughters and four sons. Presently, she is living with fourth son and his family. She was ready for the third round of interview. In the first two rounds, she provided lot of information regarding her family (husband, children, and daughters-in-law). She said food, shelter, and clothing have been provided by son who is also crossed 60 + . *“These are not the only needs of elderly; I would like to give something to people who have helped me during crisis. I have taken lot of pain to bring my children to this level. She lamented that now-a-days people are forgetting past life. Being a widow, I took the help of my parental house and educated all my children. Now family members in my home treat me like a thing not as a human being. My existence is not at all considered in any of the family matters. They think, I don’t know anything if I did not know anything, how I would raise my family in crisis.”* She feels that, she should have been given little money for her own expenditure.

A subtle issue of gender identity was expressed by a woman. In her words *“I have accepted masculine role and performed my role as a male due to circumstances. People used to comment on me remarked that, she has done work like male because I used to take up all work which is traditionally designated as male work.”* By gender identity is meant “how one defines oneself as a woman (or man), and in what ways one feels feminine or masculine” (Huyck, 1994:203). Social isolation, toleration, remain invisible, constant insults, not raising the voice, are some of the ingrained features of womanhood, and these will be precipitated due to financial insecurity and dependency during old age.

A woman who has just completed 90 years was very vocal and also independent. She was well informed and daily reading newspaper and does her work without taking assistance from anybody. She said: *“People advise me that, due to my age I should disengage from all the affairs of the family, but I am not interested to disengage when I am not dependent on others why I should disengage?”* In this case, Robert Butler’s (1987) idea is apt to mention, he concludes that, in some cases, old age is equated by society with powerless and useless as a result of disease, disability, and uselessness. Butler (1987: 243) defines agism as “reflecting a deep seated uneasiness on the part of the young and the middle aged, a personal revulsion and to aversion for growing old, disease, disability and a fear of powerlessness, uselessness and death.”

The above narration reflects that, for Indian women, widowhood and old age always go hand in hand. Feminization of widowhood and poverty culminates at fag end of life. “Lifetime” work done by women is not recognized nor counted in monetary terms. Manu’s dictum is still hold and practiced by society. Laws of inheritance are constrained by social structure of society, which is not favorable to women. Elders are not seen as human beings but as objects, who therefore can more easily be denied opportunities and rights. In many cases, she has to fight for her husband’s property. Her “invisible contribution” in young ages compound in poverty and insecurity at old ages. A vast majority of women are homemakers and their “invisible work” is neither quantified or remunerated nor recognized. Thus, their invisible work does not fetch them solid income and financial security. It is assumed that “women are passive and invisible receivers” mere dependants and not

contributing to economy of the family because of these they hardly have a voice in the decision-making forums.

Cultural practice and tradition in India preferred to give more importance to elderly in the family. Advanced age always respected and revered by society and family. Oldest-old are treated with honor and respect. However, of late these feelings are slowly evading and fading out. Social isolation and loneliness are precipitating the well-being of the elderly. Stereotypes are accepted, perpetuated, and reinforced in language, in medical practice, in policy and programs not just in individual relationships. (Jai Prakash, 2011: 120).

91-year-old widow lives alone in a big house, and she is well educated having a son and daughter. Son stays in USA. Daughter is married moved to her husband's place in the same city. She had lots of issues with her daughter who has married to a different caste person. Whenever daughter visits her, she reacts in a typical manner either she keeps mum or she talks too much by quoting what all she did for her children and sacrificed a lot for bringing up children. This lady is suffering from attention seeking syndrome. Because of her good health as well as sound economic background, she expects her daughter to be with her. There was no dearth of finance, as she was working in a bank. Daughter and son-in-law are good caretakers; however, she is not happy and feels that daughter should take care of her as she cared her daughter during childhood. Lack of understanding and too much expectations are the main reasons for her behavior.

Most of the experiences and contexts related to elderly women are always constructed by society. Woman aged 93 staying in her brother's house, she lost her husband at the age of 33, and she has one daughter. After the death of her husband, along with daughter she came to her elder brother's house. She is doing her day-to-day activities without depending on others. She narrated her 60 years story where she suffered a lot along with her daughter. She gets old age pension from Government of India. She experienced lot of humiliation, distress, agony in her life because of her poor financial conditions. She said *"Emotionally I was totally deprived and depressed. Feeling of emptiness, routine life pattern and aimlessness bothered me. There were lot of restriction on my talk, dress, movement, and participation in social life.. Now I am looking after myself and not depended on others for my daily needs. I should die without burdening on others"*. She said *"Women's social responsibilities and roles are decided by men in the family."* In this connection, it is worth to mention French Sociologist, Pierre Bourdieu in "Masculine Domination" (2001) speaks to the social practices of the society that are so dominant that they are hardly perceived. Masculine domination is "a form of symbolic violence, a kind of gentle invisible pervasive violence that is experienced through the everyday practices of social life." Robert Connell advances the concept of hegemonic masculinity, referring to the gender practices of everyday life that "embody (y) the currently accepted answer to the problem of the legitimacy of patriarchy which guarantees (or in taken to guarantee) the dominant position of men and the subordination of women" (Connell, 1995: 77).

Elderly women aged 96 is staying alone in her own house. She was a teacher in a school and living in a portion of the house and the other portion she has rented

it out. Her son lives in the same locality in a different house. She was not adjusted with her son's family and she moved out after the death of her husband. She is able to perform her work without any difficulties. She has a cook and a servant to look after the daily chores. She said *"I never feel lonely and deserted, If I am not looking after my health, who will help me in future? With my pension I do whatever I want. I want to have independent life. I keep myself active and it is the secret of my life."*

Majority of the respondents commented on younger generation and modern society. They opined that, social disability and oppression were tagged to women in our generation, today's women are lucky they have been given lot of opportunities to participate in social and economic activities and discriminatory attitudes toward women have been reduced. In today's society everything is available without any difficulty. Younger generation is very intelligent, progressive, competent, and potential. In addition to this, individualism, success in career, selfish nature, impulse buying, market-driven culture, comparison, intense desire to have everything at a time, and materialistic attitude are widely seen among them.

Some of the respondents expressed that, *we have very formal talks with our own children. It is like question and answer type like, how are you? Take medicine in time, Take care, Look after, and Sleep well.* Though elderly wanted to talk more with them, children are busy and cut short their communication. However, compared to other elderly, we are blessed; at least our children are asking and enquiring us.

Majority of the respondents pointed out that, modern society offers many new things for youngsters to enjoy their life. They opined that, in a past changing world; values of the society are also changing drastically. With regard to youth, respondents did not express positive opinion. According to them, they are restless, money oriented, engrossed in modern gadgets especially in mobile. They are quarrelsome, not respecting old values and old people. However, they are more competent, smart, have big dreams, more fashionable, more intelligent than earlier generation. They are spendthrift and invest money on temporary things derive immediate happiness than think about permanent and enduring things.

However, they lack patience and do not know how to maintain their health and emotions. According to them, *great strength of their generation was contentment, acceptance, adaptive nature, emotional control and maintenance of tranquility; hence life satisfaction is higher for our generation than today's generation. Without anything we were happy and with everything youngsters are not happy. We live in old memories and we always cherish these memories even today. We had great ability to withstand everything in life. Today's modern society is full of inconsistencies, contradictions, uncertainties, imperfection emotional detachment, appalling interpersonal relationships.*

Results

The aforementioned results of the study show that, 90+ elderly women's day-to-day life is very simple. They brood over the past things and compare the earlier

spent hard days with the present situation. Mental health and depression were totally absent among respondents. Majority of the women do not visit doctor for small ailments. Initially, they try out home remedies, self-medication, food restriction, asking informal advice from close circles, modifying the sleeping pattern, dieting, asking religious healers, and seeking alternative healing to maintain their health.

They have also adopted some mechanisms to overcome the family tussle, in most of the cases they have engaged in spiritual activities which solace them. Some of the respondents kept quiet for all the unwanted happenings in the family.

Counseling interventions for both caretakers as well as elderly women need to be planned for their quality of life. Almost all the respondents opined that, their health was good. They opined that, as we have lived up to 90 years, without good health how it is possible to live more than 90 years. Though they look pale and have at least one ailment they never bothered much. Study found that, families provide support for elderly respondents. However, as caretaker's family grows, they have other obligations and responsibilities; quality care and respectful care are not available to elderly as anticipated. Elderly women who are illiterate and poor were more vulnerable and dependent because they do not possess any assets, no savings, and unable to demand anything from their own children.

A common idea from these narratives is that one must have some financial security during old age. Before the onset of aging people should make own financial provisions for the unforeseen conditions during old age. Some of the following suggestions can be incorporated. Minimum pension scheme exclusively for elderly women may be thought of. Special pension for very old women may be introduced. Health insurance cards for elderly women. IT benefits may be extended to children who are looking after elderly can be thought of. Daycare centers and recreational clubs can be opened for elderly women. U3A (University for Third Age) may be introduced, so that hidden talents of old people can be explored for future generation.

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