



A study on the needs of elderly women for social assistance in Chennai's slums, Tamil Nadu

Dr. S. John Kaviarasu¹ , Arokia Sahaya Melson² and Dr. Richard MP² 

¹ Assistant Professor, School of Human Excellence, Loyola College (Autonomous), Chennai, Tamil Nadu, India

² Assistant Professor, Department of Service Learning, Loyola College (Autonomous), Chennai, Tamil Nadu, India

Correspondence Author: Dr. S. John Kaviarasu

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Abstract

Background: The second-most populated nation in the world, India, has recently experienced a major demographic shift. Age-related population growth has tripled, and future projections indicate that this trend will continue. Older women are more prone to becoming widowed, being destitute, and being exposed to unfavorable circumstances, such as poor health.

Aim: The aim of this study is to identify the physical and mental health issues that older women face and finally to recommend appropriate solutions to improve those conditions.

Methodology: The elderly women aged 60 to 75, were sampled using probability proportionate to size in a home survey of six urban slums in Chennai. Their physical and mental health state and their risk factors for disease were evaluated using a systematic questionnaire and an interview schedule.

Results: It has been found that 60% of older women do not consume enough veggies. It is discovered that the feeling of loneliness is experienced by a large majority (84%) of elderly women. The majority of women don't exercise enough, which makes them more likely to get sick quickly.

Recommendation and Conclusion: The most pressing need right now is a Senior Citizen Care Center within the slum itself. The elderly who are in need of meaningful activities to fill their time could be gathered at this centre. They require a caregiver who can provide them with physical workouts and counselling sessions to improve their mental health in this centre.

Keywords: elderly women, social assistance, psychological conditions, economic background, chennai slums, elderly care centre

1. Introduction

Young old (aged between 55 and 65), middle old (aged between 66 and 85), and old old are the three stages of old age (85 and older). Loss of calcium and other minerals causes the bones to become more fragile. Self-sufficiency, interdependence, full dependence, infirmity, and end-of-life are the five stages of aging.

Stage 1: Self-sufficiency

Now is the ideal time to take control of a chronic condition and develop better self-care practices for a healthier future. In addition, this stage forces the individual to write legal instructions and financial and care-related decisions, learn about the medical history of the family, and discover the expenses of long-term care and ways to pay for them.

Stage 2: Interdependence

At this stage, the older adult starts to feel less independent, anxious about their safety, worried about their physical limitations, some mental deterioration, and a lack of accessible access, like driving at night.

Stage 3: Dependency

The elderly person will require assistance with transportation, meal preparation, bathing, grooming, dressing, seeking personal care and attention, help, therapy, and ultimately a loss of social interaction during this time.

Stage 4: Infirmity or crisis management

In this stage, the older adult must deal with a significant loss of physical and mental function, chronic pain, managing several health disorders that call for treatments and therapies, and lastly coping with cognitive issues like thinking, memory, impulse control, and judgement.

Stage 5: Finale or end of life

At this stage, the patient's illness is getting worse and affecting their quality of life, forcing them to routinely attend the emergency room. They strongly desire to remain at home instead of visiting a nursing home or hospital.

The stages of life that everyone must go through are inevitable. Being dependent on others for everyday needs is necessary at two vulnerable life stages: infancy and old age. The elderly feels inadequate at this point, while children feel excellent. The younger generation's long-standing sense of obligation and duty to their elders is eroding, according to research. The aging population struggles with the decline of traditional values on the one hand and the inadequacy of the social security system on the other (Bhat, 2001) ^[4]. The majority of senior citizens are not happy with the assistance their family members provide. They frequently have a tendency to repress all of their desires and lack the confidence to express their true desires, even to their own children.

Like most nations worldwide, India's population is going through a demographic shift. In the last fifty years, there has

been a significant increase in the average life expectancy, which has accelerated ageing. In India, there are currently 104 million elderly people, but by 2050, that number is expected to treble, reaching 323 million, or more than 20% of the country's whole population.

The process of getting older is being feminized in India. Older women have the highest morbidity rates, particularly those who live in cities; slums are not an exception to this pattern. In order to create policies and programs to enhance older women's quality of life, it is crucial to assess their health and understand its causes in urban India (Udhayakumar, 2012) ^[26].

Compared to older men, elderly women experience more serious issues. Due to the disadvantaged character of their social and traditional family structure, many elderly women struggle to live alone. They contend that they are regularly treated disrespectfully and alone. Women typically outlive men, therefore many elderly women must live as widows during their golden years, where they encounter loneliness, neglect, and social marginalization (Age well foundation, 2015).

There are a variety of factors that stifle their feelings and make their life unworthy, even though it is understood that old age is a blessing and that it provides the opportunity to share uncommon experiences with family members. They get the idea that they are no longer welcome in society as a result. Elderly women are not given their fair share of societal and familial duties. The widespread belief among the populace is that older individuals will no longer be useful for development and will also lack the energy to assume new responsibilities. According to the World Health Organization, if people are able to enjoy these extra years of life in excellent health and if they live in a supportive environment, their capacity to participate in numerous activities will be somewhat similar to that of a younger person. The ramifications for older people and society are more serious if these extra years are characterized by impairments in physical and mental capabilities. While technology has increased life expectancy, the alterations it has made to cultural and societal norms have shaken the elderly's status and sense of self-worth and denied them the ability to contribute meaningfully to society (Naresh, 2012) ^[18].

There are various perspectives on how senior women are seen around the globe. Socio-economic inequality has been revealed to be a major cause of aging-related health issues worldwide. The majority of people depend on medicines to manage at least one disease. Many people also use medications to manage conditions like diabetes, asthma, and high blood pressure that don't go away entirely (Pandve, 2010) ^[19]. Alarmingly, things are also happening in India. In multidimensional poverty as of 2016, the average deprivation score for Indians—which also includes senior citizens—was at 43.9%. It is obvious that senior citizens' poor health is a result of their financial situation. They do not object to eating good food for a healthy physique because of their dire financial status. Although Tamil Nadu sets a high bar for development, there are differences in how the elderly are cared for. The daily sustenance and tranquility of this age group living in slums presents several difficulties.

In terms of metropolitan area size, Chennai ranks fourth in the nation. In 2011, slums accounted for 29% of all occupants in Chennai. In terms of senior citizens (those over 60), Tamil Nadu has the second-highest percentage in the nation. In addition, a study by the UN Population Fund found that the

state is greying at a rate of 2.2%.

The majority of elderly women live independently since their family members do not provide them with adequate care. People who have retirement funds and pensions are certain of their financial stability, but their social lives require supportive systems to endure. More than 90% of the population, according to Amelia Gentleman in MINT, does not receive a state pension, and the vast majority is still dependent on their children. As they get older, those from low socioeconomic backgrounds find it more difficult to make ends meet.

India's urban environment now includes slums. People from various religions, linguistic groups, castes, and occupations typically make up the population of slums. According to estimates, 70 percent of old people worldwide reside in developing nations. According to social scientists, there is a general decline in the social standing of the elderly in India, and family members are increasingly considering older individuals to be a burden because of their incapacity or reliance. The ability of the family to offer elderly persons with high-quality care has deteriorated as a result of modernization's rapid changes to the family structure (Johnson, 2004) ^[13]. Slums lack social interaction and are secluded from the outside world. Significant research has shown that social isolation has a key role in raising the chances of psychiatric morbidity and mortality in later life. To satisfy the social and psychological requirements of seniors, innovative service is urgently required.

Elderly women who are poor confront many difficulties, but they are rarely given much attention. A generation that abuses its elderly and elders will suffer the same fate as it did when they were older. Senior citizens make up a priceless repository of human experiences that is endowed with knowledge of many kinds of encounters and profound insights. As the late Kofi Annan, former secretary general of the United Nations, observed with great accuracy, "Like how trees develop stronger and rivers get larger as they age, so too do people acquire a vast amount of knowledge and wisdom. As a result, seniors should not only be respected and treated with admiration, but also as the precious resource that they are. (Gupta, 2015) ^[9]. It is crucial to take the appropriate steps to promote older people's holistic health through social assistance because it is clear that they are the nation's greatest resource.

2. Reviews of literature

2.1. Social conditions

In the elderly population, social condition implies social support and interaction. More desires are there in older women, but they are not met by partners. "Wellbeing and a sense of independence both benefit from a sense of closeness to people and to a community or neighbourhood." (Luijckx, K., Strum, J., & Briggengate, T. (2018). Elderly women have been providing for the family for a very long time. Ann Bookman and Delia Kimbrel show how changes to work and home life are making it harder for families to care for ageing relatives. (Bookman, A., & Kimbrel, D. 2011).

2.2. Physical health

At any stage of life, it is crucial to maintain a healthy lifestyle, but for senior citizens who need to eat a diet rich in protein, healthy fats, complex carbs, and fibre, this is especially true. According to the national care for Aging care, many seniors'

meals are monotonous or their food intake has decreased. They lose out on micronutrients that are rich in vitamins and minerals as a result. Fruit and vegetable-rich diets reduce the chance of developing chronic diseases and promote healthy ageing. Seniors who live alone frequently consume less fruits and vegetables and have less access to those that are high in phytochemicals and nutrients that are protective. Due to poor eating habits, low socioeconomic level, and social isolation, older people are more susceptible to malnutrition. (2007) Wadhwa Seniors are known to be more vulnerable to malnutrition and vitamin deficiencies, which can lead to numerous nutritional deficits. People who live alone, in rural poverty, or in urban slums appear to be more likely to consume bad diets. (Penedo, 2005).

2.3. Diseases

Diseases enter the body when there is a lack of physical health. Many health problems affect the elderly. Despite declining over the past 20 years, cardiovascular disease still ranks as the leading cause of death among older people. This group encompasses congestive heart failure and chronic ischemic heart disease. As people get older, this could not get enough attention. Inflammation and additional vascular abnormalities caused by atherosclerosis raise the risk of heart, cerebral, and peripheral vascular disease as well as other organ damage and cognitive decline. The most prevalent chronic illness in elderly people is hypertension, which plays a significant role in atherosclerosis. Even at advanced ages, isolated systolic hypertension is strongly linked to death, especially in older persons. The evidence suggests that intensive therapy should be given and continued so long as it is well tolerated and consistent with the patient's goals. Cancer is the second most prevalent killer of older persons. Slow-growing tumours seem to affect elderly frequently. The second most prevalent chronic illness among elderly people is osteoarthritis. Women appear to be more likely than males to have osteoarthritis. Obesity increases the chance of developing osteoarthritis, and as the population ages—and particularly as the overweight population ages—the prevalence of severe hip and knee arthritis will increase. Treatments for osteoarthritis might involve pricey joint replacement surgeries, which are frequently combined with rigorous rehabilitation programmes. Particularly in elderly women, low back discomfort is a prevalent ailment that frequently has multiple causes. Alternative medicine therapies may be beneficial. As people age and become more overweight, diabetes rates have been rising. Peripheral neuropathy and peripheral arterial disease are also linked to diabetes and can cause ulcers and amputations in the feet. In contrast to osteopenia, osteoporosis is linked to an increased risk of bone fractures. Women over 65 are advised to undergo a bone density examination. Spending on healthcare primarily goes to older people who have several chronic diseases.

2.4. Psychological conditions

In a case study, it was shown that a sizable proportion of older women had the lowest income per person, the highest proportion of primary-level education, and the highest rates of negative affective psychiatric illnesses. (Hiremath SS, 2012).

It is essential to look into the mental health of elderly slum dwellers. Hyperconnectivity is a feature of the twenty-first

century. The aging population of India experiences loneliness and is becoming more cut off from its surroundings. Although we are digitally connected, we are completely emotionally cut off from one another. A complex reaction to the absence of companionship among elderly people, feeling lonely or cut off from one's surroundings is more than just a simple human emotion. "Depression and suicide can result from loneliness, which frequently takes the form of strong emotions of abandonment and emptiness. According to estimates, 40% of older adults experience loneliness. Concern, empathy, affection, and trust must be displayed in order to offer emotional support or affective assistance (Tsai H, Tsai Y). It has been decisively proven by numerous research that older women have far worse health than older men. In both developed and underdeveloped countries, including India, older women are more likely to have psychiatric diseases, and they are also more likely to co-occur (Malhotra, S., Shah, R. 2015).

The loneliness, alienation, helplessness, and meaninglessness that older people experience are the root causes of their psychiatric issues. They experience psychological problems when they live alone, are not respected by others, or when their contributions or functions are ineffective and detrimental to the persons involved. These psychological issues lead to mental health issues.

2.5. Economic conditions

The elderly women from lower income groups may have worse nutritional and health condition due to a variety of reasons, including food sharing practices, consuming leftovers, inadequate medical facilities, poor sanitation, and low levels of education (Srisakumari, 2011). As the senior population in the third world is denied access to basic necessities, the problem of elderly poverty has been a persistent phenomenon (Keyfitz and Flieger, 1990; Chambers, 1995) In developing nations, poverty is thought to be a key risk factor for ageing (Sen K., 1994), and according to a World Bank study, elderly people and people with dependents are typically poor and vulnerable in developing countries (World Bank 1994).

2.6. Need for elderly care centre

Old age clubs are well-known in Japan as the foundation for many programmes undertaken by the elderly. Seniors are advised to participate in activities organized by old age organizations so that people can enjoy their later years and use their wealth of knowledge and experience as productive members of society. Therefore, the majority of them belong to senior citizen groups and other organizations (Goodman, 2002).

3. Objectives

- To comprehend the demographics of older women
- To determine the health status of the elderly women
- To comprehend the psychological state of elderly women
- Investigate the socioeconomic status of elderly women.
- To explore the need and significance of an Elderly care centre for the ongoing / continuing services

4. Methodology

The researcher used a descriptive research design to describe the health issues faced by elderly people living in slums. New

Boopathynagar, Mangalapuram in Chetpet, Sathyavani Muthunagar, Gandhinagar-B block in Pallavansalai, Jothiammalnagar, and Samiyarthottam in Saidapet were the six habitats used for this study. The Greater Chennai Corporation's zones V, VIII, and X have 12 habitats that the researcher initially identified as being recognized by the body responsible for clearing slums in Tamil Nadu. A schedule for the interviews was created, and 150 responses were chosen. From October 2021 to December 2021, data were gathered. Five respondents were used for the pretesting of this study.

5. Limitations

The Greater Chennai Corporation's zones have not all been studied by the researcher. Although there are many unrecognized slums, the researcher has only obtained primary data from the recognized slums of the TN Slum Clearance Board. In light of the availability, the researcher has gathered more responses from women.

6. Findings/Results

In order to survive on a daily basis, elderly women in slums must overcome numerous obstacles. In order to help the elderly women living in the slums, the study examines the economic situation, physical and psychological health, social and environmental conditions, and environmental factors.

Table 1: Age of the respondents

S. No	Particulars	Frequency	Percentage
1	60 to 65 age group	50	33.3
2	66 to 70 age group	80	53.3
3	71 to 75 age group	14	9.3
4	Above 75 age group	6	4.0
	Total	150	100

At the age of 60, old age begins. According to Table 1, elderly women between the ages of 66 and 70 account for more than half (53%) of the respondents. One third of the respondents (13%) are over the age of 70. The average female life expectancy in India is 70.3 years, based on the most recent WHO data released in 2018. The current study also demonstrates that the majority of elderly people live up to 70 years.

Table 2: Present source of income

S. No	Particulars	Frequency	Percentage
1	Old Age Pension	35	23.3
2	Supported by Children	53	35.3
3	None	52	34.7
4	Self	10	6.7
	Total	150	100

Senior citizens' healthy lives depend on their source of income. With a strong financial foundation, the majority of older folks' demands are met. The majority of senior citizens in slums rely on their own income.

According to this study, 35% of the respondents are elderly people who depend on their offspring for support. 65 percent of senior citizens rely solely on their own income to support

themselves. It is shown that 66% of senior citizens live on less than Rs. 2000 when we consider their own income. The finding from the latest study showing 64% of seniors over 50 prefer to work after retirement in order to retain their financial independence, mental stability, and healthy lifestyle is also significant. Senior individuals from the middle and higher middle classes in metropolitan India were polled by Antara, a wholly-owned subsidiary of Max India Ltd., to gain insight into their daily life, aspirations, tastes, opinions, and consumer behavior features. (Economic Times, 14.01.2022). Older family systems have higher levels of reliance. It still exists right now, just in a different way. As a woman ages, she is in a situation where she has no source of income and no claim to property as is the case in conventional households, which makes her dependent on others more problematic. "About 90% of the elderly were engaged in the unorganized sector, i.e., they lacked a consistent source of income," claims Gupta (2013) [8]. (Ingle, G. K. 2008) [12], "the old-age dependence ratio for the entire country of India climbed from 10.9% in 1961 to 14.2% in 2011, and it is projected to increase even further to 15.7% and 20.1% in 2021 and 2031, respectively. (GOI, Elderly Care in 2021).

Table 3: Monthly income of senior citizens

S. No	Particulars	Frequency	Percentage
1	Below Rs. 2000	99	66.0
2	2001 – 5000	29	19.3
3	Above 5000	16	10.7
4	Nil	6	4.0
	Total	150	100

According to table 3, two thirds (66%) of the respondents are able to make ends meet on less than Rs. 2000. It is impossible to survive on this tiny sum. Since the most recent upgrade in 2008, we have been using \$1.25 as the global line. New worldwide line price as of October 2015 is \$1.90. It costs Rs. 143 daily. It comes to Rs. 4290 when calculated for a month. It is acknowledged that senior individuals with lower incomes are unable to cover all of their expenses.

Table 4: Number of people speaking to the elders in a day

S. No	Particulars	Frequency	Percentage
1	Many people	10	6.7
2	Some people	20	13.3
3	Very few people	110	73.3
4	Nobody	10	6.7
	Total	150	100

Man is a social creature. According to the study, elderly women made up the vast majority (73%) of the respondents, and they said that relatively few individuals engage with them. Involvement in social interactions improves health, according to a variety of scientific studies. Prospective research on mortality in industrialized countries provides the most startling evidence. These studies repeatedly demonstrate that those who are less engaged in social interactions have higher mortality rates than people who are more engaged (House, Landis, and Umberson 1988) [11].

Table 5: Number of times having food

Sl. No	Particulars	Frequency	Percentage
1	Three times food	38	25.3
2	Two times food	82	54.7
3	Only once	30	20.0
	Total	150	100

Senior citizens only eat twice a day since they have smaller incomes. It has been discovered that seniors should have smaller meals more frequently. For the majority of senior citizens, eating 5-6 little meals a day is preferable since it can lessen the highs and lows of insulin levels. Additionally, this will benefit senior citizens who have discomfort while eating heavy meals due to chest congestion or respiratory issues. It provides more opportunities for socializing and being with people, which encourages those who have lost their appetites to consume more calories.

According to Table 5, more than half of the respondents (55%) eat twice as much as usual. It is really disheartening to learn that a sizeable percentage of responders (20%) only eat once a day. Another observation is that senior citizens do not consume enough fruits and vegetables. These elderly people struggle to eat enough fruits and vegetables due to their low income and their children's lack of support. We are informed that "we need to take 300 grams of veggies and 80 grams of fruit per day" in order to keep excellent health. (Sachdeva, S., T. R., & R. Sachdeva 2013) [23]. Respondents' responses to these questions, which were asked in this survey, are overwhelmingly negative. Once more, 53% of respondents said they occasionally eat veggies, while 37% said they do so infrequently.

Table 6: Consumption of adequate vegetables

Sl. No	Particulars	Frequency	Percentage
1	Frequently	5	3.3
2	Sometimes	80	53.3
3	Rarely	55	36.7
4	Never	10	6.7
	Total	150	100

Table 6 also clearly shows that a majority of respondents (53.3%) only seldom consume suitable amounts of vegetables and that just 3.3% of respondents (the minority) never consume fruits on a regular basis. 6.7% of the respondents said they eat insufficient amounts of veggies on a regular basis.

Table 7: Consumption of fruits

Sl. No	Particulars	Frequency	Percentage
1	Frequently	0	0
2	Sometimes	20	13.3
3	Rarely	10	6.7
4	Never	120	80
	Total	150	100

A nutritious diet should include fruits and vegetables. Senior folks' ill health is associated with reduced fruit and vegetable consumption. The risk of non-communicable diseases is raised as a result (NCDs). Insufficient eating of fruits and vegetables in 2017 was thought to be responsible for 3.9 million deaths worldwide (WHO, 2021). There is a larger likelihood of lowering the risk of various NCDs, such as cardiovascular illnesses and some types of cancer, if fruits and vegetables are www.dzarc.com/social

a regular component of the diet. If taken as part of a nutritious diet low in fat, carbs, and salt/sodium, fruits and vegetables may help prevent weight gain and reduce the risk of obesity, which is a different risk factor for NCDs. However, more study is required to make this determination. Eating a variety of fruits and vegetables also helps to ensure that one is getting the right amount of many of these essential nutrients because they are excellent sources of vitamins, minerals, dietary fiber, and a number of healthy non-nutrient components like plant sterols, flavonoids, and other antioxidants (WHO).

Table 8: Health hazards of the respondents

S. No	Particulars	Frequency	Percentage
1	Diabetic	46	30.7
2	Cancer	1	.7
3	Arthritis	16	10.7
4	Blood Pressure	40	26.7
5	Coronary Disease	9	6.0
6	Respiratory problems	11	7.3
7	Eye problem	8	5.3
8	Thyroid	11	7.3
9	No	8	5.3
	Total	150	100

In the elderly population, a healthy lifestyle makes life simple. Medicines are quite low because of their dependence. They are more susceptible to a variety of ailments since they consume very little food. Few (5%) of the respondents are in good health. 95% of those who responded are afflicted with one of the diseases. The older population is sick in 28.3% of rural areas and 36.8% of urban areas, respectively, according to NSSO data.

Table 9: Frustration felt by the respondents

Sl. No	Particulars	Frequency	Percentage
1	Sometimes	30	20.0
2	Frequently	110	73.3
3	Occasionally	10	6.7
4	Rarely	0	0
	Total	150	100

Senior citizens' psychological health

Seniors who live in slums report feeling a lot of tension and frustration, according to one study. Through the use of pertinent questions to pinpoint these characteristics, the respondents' mental health was assessed.

Table 10: Smiling of elderly women

Sl. No	Particulars	Frequency	Percent
1	Sometimes	15	10
2	Frequently	0	0
3	Occasionally	30	20
4	Rarely	105	70
	Total	150	100

Women in their 80s and 90s who are frustrated do not smile. Seventy percent of the respondents, or more than two thirds, admitted that they don't often smile. "Researchers have shown that good emotional states and qualities have positive effects on the development and maintenance of relationships in the domain of relationships. Positive affect-prone people are more

likely to interact with others on a social level. (Watson, 1988; Watson *et al.*, 1992). It has been consistently observed and proven that happier smiles are related to excellent mental health. Science has shown that smiling alone can elevate mood, lower stress levels, promote immunological function, and lift the spirits of others around you. This connection between the brain and immune system is demonstrated in studies "over and over again."

Table 11: Loneliness felt by the respondents

Sl. No	Particulars	Frequency	Percent
1	Sometimes	20	13.7
2	Frequently	120	80
3	Occasionally	10	6.7
4	Rarely	0	0
	Total	150	100

Their loneliness also doesn't produce a grin, only tears and annoyance. The respondents' top issue in terms of their quality of life was loneliness, and statistically speaking, women were more concerned about it than men. According to a Goel P. K. study, 32.2% of older people experience loneliness. In a survey conducted in Chandigarh, India, it was found that female respondents made up more than two thirds of the respondents (72.8%), while male respondents made up the second-highest percentage (65.6%). People should strive to deal with loneliness by leading a happy lifestyle and engaging in healthy behaviors. According to this study, the vast majority (80%) of respondents reported feeling lonely in their families. The bad mental health is a result of this. It is clear that the family is lonely, which prevents them from appreciating one another. Their faces become less cheerful as a result of their frustration. According to the results of the current study, the physical and mental health of elderly women is not very good. The study's key findings include the participants' current source of income, frequency of eating, consumption of fruits and vegetables, and physical activity.

Table 12: Wish to spend the rest of the days

Sl. No	Particulars	Frequency	Percent
1	In the family	124	82.7
2	In the slum	20	13.3
3	Old age home	6	4.0
	Total	150	100

In order to preserve their physical health, senior women are known to require significantly more care. It is necessary to provide the help right away. To preserve their physical health, they require direction and attentiveness. Additionally, their poor mental health is abundantly obvious. They experience frustration and loneliness. Instead of smiling, they cry harder. The government must establish a policy that states no one should ever go to bed hungry. To ensure the physical and emotional health of all citizens, certain conditions must be met. They refused to go to an old age home when asked if they needed to be taken there. Almost all respondents (94%) said they wanted to stay in the slum, and they especially wanted to be with their families.

Table 13: Preference of day care centre in the local area

Sl. No	Particulars	Frequency	Percentage
1	Yes	107	71.3
2	No	43	28.7
	Total	150	100

Elderly care places a strong emphasis on the social and psychological needs of senior individuals who want to age with dignity yet require support with everyday tasks and medical treatment. The majority of geriatric care is provided without payment.

India and Nepal share a similar cultural perspective on caring for the old. Children usually take care of their parents as they get older, usually their sons. In these nations, senior citizens, particularly men, are held in the highest regard. Older, wiser people must be honored and respected according to traditional beliefs. According to a study that used information from India's 60th National Sample Survey on health and living circumstances, about one-fourth of older people reported being in bad health. The groups that were poor, single, less educated, and economically inactive tended to report having poorer health.

The Indian government has made several advancements similar to those made by Nepal under its eleventh Five-Year Plan. According to Article 41 of the Indian Constitution, seniors will be provided with Social Security benefits for their welfare and medical needs. The 1973 Criminal Procedure Code contains a provision requiring children to support their parents if they are unable to do it themselves, alluding to its historical roots.

Additionally, they were asked if they would want to live near a senior care facility. 71% of respondents said that having the centers in their communities would be preferable. All senior adults prefer a daycare facility close to where they live, that much is obvious. In that center, they are all looking to socialize.

7. Policy level recommendations

It is very evident that older women require rapid assistance if they are to have healthy lives. They require direction in order to improve their social lives.

7.1. Source of income

The government offers an old age pension of Rs. 1000. There aren't many elderly people in the slums who receive this pension. Many elderly people are ineligible for the same due to limits put in place by the government. The government denies the application if the elderly mother has one or more sons. Reworking this requirement would allow for the possibility of providing old age pensions to all individuals who have reached the age of 60. To ensure that all seniors receive this benefit, the government must update the eligibility requirements. Since the majority of elderly women rely on this meager sum for their living, this amount needs to be increased.

7.2. Consumption of vegetables and fruits

The eating of fruits and vegetables by family members could be promoted. Seniors need to be reminded to eat enough fruits and vegetables. Families that are unable to purchase must necessarily be assisted. Social work agencies operating in the neighborhood may provide this support.

7.3. Physical exercises

Everyone should engage in some form of exercise. People start to feel lazy in their minds as they age. They constantly desire to lay on the bed. They will feel more active if they perform some easy workouts. If we do not move at all, our muscles do not work properly. It is impossible to lose weight after the age of 50 to 60, especially if we do not exercise and rely solely on restricting our caloric intake. Because it might be quite harmful if all the muscles are lost. A week of lying down causes a 5% loss in muscle mass. The elderly person might not receive this back. For them to engage in physical activity, support is required.

7.4. Medical treatment

Government hospitals can be recommended to them. Additionally, nonprofit organizations in the area may be able to notify them about their services. It would be really advantageous if a doctor saw them once every two weeks or more frequently.

7.5. Boosting their mental health

We recognize how upset and lonely they are. In addition, they cry more and smile less. Mental energizers might be able to reduce this. Nonprofit organizations or medical professionals working in their local communities may collect them and provide them some suggestions on how to keep their minds active.

7.6. Geriatric care centre

Every slum could get a geriatric care center, and it could be expanded to include rural villages as well. Most elders continue to be apathetic and lethargic because they have no one with whom to interact socially. They will be able to eat one nutritious meal each day if this care center is constructed in the slums. They are able to interact with people. The elderly who don't have caregivers can be picked up at this center. Every center needs a caretaker who will teach the residents about the importance of physical activity and conduct input sessions to improve their mental health. Lunch needs to be supplied to everyone who visits the center so that their nutritional needs are met. Senior citizens' quality of life will improve if they eat enough fruits and vegetables.

It is certain that the physical health of all older women will improve if they consume enough nutrient-dense diet, including fruits and vegetables. They could improve their physical health by engaging in easy exercises like yoga. They will gain understanding and move on in their lives thanks to the input sessions on numerous themes. Above all, they will be encouraged to engage in social interaction at the center, which will help them forget their concerns, feelings of loneliness, and irritation. Their smiles will outweigh their tears, and they will cry less often.

A separate budget must be set aside by the state and the center to carry out this unique activity, it is also advised. Elders may find significance in their lives if this is implemented in all the places where there are challenges. Additionally, they can be motivated to make the most of their downtime. Seniors must have access to recreation facilities that are specifically created, such as community parks, social gathering places, and drop-in centers.

8. Conclusion

Urban population growth is booming quickly, which poses major problems for providing the bare minimum of services. Slums are a product of uneven urban expansion brought on by the excessive concentration of economic resources in Chennai. Senior citizens have the privilege of living on earth, so their health is quite vital. They have inadequate physical health because of their low income, lack of exercise, and poor eating of fruits and vegetables. They experience loneliness and frustration as a result of the neglect of their physical health. They cry more and smile less as a result of mental health issues. All these problems may be resolved and their living conditions improved by a senior citizen care centre that the government could manage. The social worker's provision of food and daycare will improve the seniors' quality of life. Senior citizen might not feel unwell if these centers are built in all ecosystems. To make senior persons' lives worthwhile, this might be applied to all rural areas as well.

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