Chapter VI

Summary and Conclusions
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The researcher in this study proposed to understand elderly women’s functioning – ‘being and doing’ - what they value or what adds meaning to their old age. To understand what elderly women value, needs a space on which it is valued. The capability framework has two core components, ‘capability’ and ‘functioning’. Although they have different meanings, they are related to each other in helping an individual achieve well-being.

While capability reflects the freedom, functioning reflects the value one attaches to its action or behaviour or wants. The realisation of the functioning of a person depends on the freedom the person has to achieve. Thus, capability is a space of freedom, in which an individual is able to function. As mentioned earlier, Sen never attempted to propose a list of freedoms one should have in their life as it differs from context to context.

However, Martha Nussbaum tried to generate a list of freedom, equating it with the human rights framework. She advocated that every individual should have freedom to access basic necessities of life, irrespective of their position in a social setup.

Accordingly, the capability framework helps us understand the freedom one has in society. However, it is important to understand that every individual should have the freedom to realise his or her goal or choose something that is more meaningful for him or her. Nonetheless, society, on the whole, should provide the freedom, and freedom reflects the nature of society.

In this study, the researcher used hermeneutic phenomenology to explore what elderly women valued in their old age. The researcher also wanted to find out whether these elderly women have the freedom to realise their functioning in terms of health, work, social relations and social environment.
Therefore, the researcher chose the capability list proposed by Ingrid Robyns as it is gender-sensitive. Life experiences of elderly women’s functioning and capability in their social context reflect the freedom elderly women have in their old age.

- **Elderly Women’s Freedom and Health**

From the study, it is clear that elderly women value access, affordability, support, emotional security and safety in their old age. They need freedom to access health-care whenever they fall sick. However, not all women in the study can afford to access health-care. Although sickness and diseases are common and an inevitable part of ageing, managing health needs is a more individualistic in nature.

The narratives of elderly women suggest that most of them perceived health as lack of a disease and thought about it only when there is physiological disturbance. This is mainly due to their cultural and social contexts. If we look back at the Indian tradition, health or prevention of sickness was done through home-based care and medicines. As a result, following certain food regimes, eating habits, and rituals were practiced for promoting well-being. For instance, turmeric powder was added in food and even applied on the body as part of rituals. Turmeric powder acts as disinfectant and antiseptic.

Thus, even common people in India took preventive measures for a healthy life and well-being. However, colonial and post-colonial regimes in India have brought about a drastic change in the health-seeking practices and health administration.

The allopathic system was set up to cater to the needs of the British population in India and, later, it became the major health system. The public health-care systems set up in independent India had to struggle to fulfill the goal of health for all. It is true that different committees on health, headed by prominent professionals, have brought in good policies and programmes to strengthen public-funded health services.
However, there are several aspects that need immediate attention. This context has pushed public intellectuals, activists and informed health-care professionals to articulate the need for allocating sufficient budget for health-care spending.

The government’s insufficient funding and lack of appropriate tertiary care facilities have given opportunity for private health-care providers, thereby increasing an individual’s expenditure on healthcare.

In today’s situation, women’s health becomes a priority for her family and the state only when she is pregnant. This is evident from the sheer number of state-sponsored programmes for reproductive health. However, health policies for the elderly, especially elderly women, remains a distant dream.

As of now, research on health-care for elderly population is still in its infant stage. This research fills a major gap in this regard by answering several questions. Elderly women in the study perceive private health-care facilities as unaffordable for the poor and public health-care system as bureaucratic, time consuming, seldom humane and one needs support of human resources to handle the complexity of the procedures involved.

- **Education, Employment, Marital Status and Freedom on Health**

Elderly women’s current employment status is related to their previous educational and employment status that they achieved during their productive adult age. These two factors have a robust influence on their freedom to access health—care in their old age. This shows that education becomes an asset to these women in their old age. Education allows the unmarried and widowed elderly women to take care of their health needs.

For a married elderly woman, a supportive spouse can support her freedom and expand her choices. On the other hand, spousal death and spousal illness deprive these women of their freedom.
Elderly women’s social position of being educated, employed, and living with a supportive spouse acts as a means to convert their freedoms to function their physical abilities.

On the other hand, elderly women, who are widowed, without family support, uneducated or illiterate, unemployed, homeless, married to abusive husbands, or single, have restricted freedoms in accessing health-care. Elderly women in the male-controlled setting lead their lives with fear, and, in their old age, face deprivation that affects their mental health.

At this juncture, it is important to observe that it is unfair to blame individuals for the realisation of their freedom. As freedom in capability approach is a process rather than swift action. Thus, for example, a woman’s family’s social position determines her freedom to access health-care in old age. Freedom, on the other hand, is influenced by the space a family gives to articulation views. Such freedom for articulation has to be in the culture itself. Thus, patriarchal ideology in the socio-cultural context acts as a spoiler for women to express their rights.

In fact, the patriarchal system has constructed women as emotional beings with insecurities. Psychosomatic factors and fears stop women from thinking about freedom and function independently, even in their old age. Thus, we see that community or cultural arrangement in society as key agents in the prevailing order.

- **Welfare State and Freedom on Health**

Welfare state can play a key role in enhancing freedom of elderly women. Government-aided old age homes, both paid and unpaid, act as change agents to convert their freedom into functions, especially in terms of physical health, but tend to ignore these women’s emotional well-being.

The meager pension amount also adds to their freedom, but at a minimal level. The narratives explain that government-run health-care services needs to be more ‘old age friendly’.
In states like Tamil Nadu, old age pension is 1,000 rupees. The welfare from the state helps them to exercise their freedom in choosing the food they like and live a dignified life.

- **Freedom, Labour and Rest**

The elderly women valued rest and nurturance in their old age. Elderly women chose to work in their old age to protect themselves from being dependent on their family members.

The elderly women wished to be relieved from the responsibility of care work, as previously expected from their family members. They want to care for their family in old age according to their own capacity, and do not want to continue the care work they did in the productive adult stage. This gives them valuable rest in the old age.

The emerging trend of increased work force participation of elderly women from the census increases the risk and burden of diseases on these women as they are mainly employed in the unorganised sector. To overcome such trends, there is a need to identify the process of change happening within the family of elderly women so that a support system can be planned to realise their freedom to have rest.

Elderly woman in the study have expressed that they were asked to care for the family, especially taking care of young children, irrespective of their social position. The socio-cultural context of elderly women made them adopt caregiving as their primary role. Gender-based socialisation has made them accept the same without being critical. Even their entitlement and endowment does not influence such a practice. This is the reflection of function that is constructed on them by the patriarchal system, which considers women as nurturers. This continues even in their old age.
With regards to paid work, the elderly women’s narratives show that their social position did not have much influence, but was due to the circumstance of family income.

From the narratives, it is evident that elderly women took up jobs to support the family or to support themselves in old age. However, it was mainly to support their families and the decision to work was dependent on the family members. Elderly women, who were employed in organised sector, were able to eat the fruits of their labour only in their old age through pensions. Whereas elderly women, who were employed in the unorganised sector, still continue to work in the old age and want to take rest.

The patriarchal society of India sees women as nurturers. This resulted in the freedom to value responsibilities related to that of a nurturer. Thus, the space created for freedom for women’s labour is gender biased. However, women continue to act as nurturers because this is supported by institutions such as the socio-cultural systems and their norms. These systems do not have any infrastructure, but it is built in the minds of people. If state and non-state actors can bring in perspective change in society, especially at the level of family and culture, women can enjoy rest in old age.

Sometimes, elderly women themselves become counter agents and restrict their freedom to have rest. In order to bring about change, elderly women have to become change agents and question the cultural system that prevents them from taking rest.

Elderly women have to articulate their right to take rest and create a space in their family through persuasion. Elderly women have to be supported by government and non-government measures to ensure such changes, in their old age. Thus, it is clear from the study that elderly women have rationalised ‘care for others’ as an essential duty, limiting the role and time. In a way, caring for others has deprived them from doing things they value.
These elderly women are expected to show care even when they are in need for the same, and this is clearly evident from the study.

- **Elderly Women, Respect and Freedom**

The elderly women in the study value family relations, community relations, safer and pleasant environments to live in, and follow ritualism. This is seen across the narratives. The elderly women like to be part of a family and community. They do not want to be neglected and rejected in their social relations. They desire freedom so that they are valued in their family and community during their old age.

However, they see a change in the old age with change of social roles, but they never anticipated that they might be neglected or rejected or ignored in this circle. They feel it is cruel to be ignored in their own circle. They perceive ageing as a common process, but being ignored by the family members or dependent on them is a painful process and they feel that this is due to the change in value systems today.

Elderly women value family relationships and expect family support and care in old age. This phenomenon is seen across their social positions. It is important to take note of the phenomenon that family as a unit is undergoing a change in its value in the Indian context.

Family as the system socialised women to be dependent on family members for their needs, and older women have been cared for by adults in past. However, there is change in the attitude of adults on care for elderly women. Adults are engaged in demanding tasks and they have less time or space to think for the elderly people in the family. There is an inter-generational gap too. This needs to be seriously looked at because this is seen across social positions.

The social and cultural systems orientate women to be ritualistic, irrespective of their social positions, and, at the same time, attaches stigma to their single, widowed or destitute status.
Even though women in the study have different social positions, entitlement and endowments, they all go through the same experiences of disrespect and isolation from their social systems.

Although these women have expressed to be part of the system and contribute in their own capability, still it is difficult for them to gain acceptance. This shows that if a system is built on a certain ideology, it affects a person throughout their life.

The deprived elderly women explore options of newer social relations. However, elderly women find it difficult to change their expectations from their family in old age.

The study has shown that elderly women see old age homes as an alternative to stay safe, in case they are pushed out of their families. They are searching for agencies that can bring in the change, structurally and culturally.

The emerging pattern in the study shows that elderly women would like to be accepted and treated with respect in their social relations. They do not want to be perceived as burdens as they are willing to contribute to the extent they are capable of. The social systems to which elderly women are associated with seem to change with time.

However, elderly women fail to see family as a unit undergoing change and they are unable to identify the reason or protest the change. Moreover, they want to challenge the social and cultural institutions with patriarchal perspectives, as they add to their vulnerability of being dependent on adult members. These women also find it difficult to challenge and demand their rights from the family for fear of losing the relationship.

There is no agency to support and explain to family members about these women’s agony, and if they themselves become the agency, they fear losing their personal relationships. Thus, elderly women are in a dilemma, whether to talk about their rights with their family and community, especially one of being taken care of and being accepted in their old age.
Conclusion

The researcher, through capability approach, tried to understand issues of elderly women with the assumption that experience of ageing is not uniform and the social context adds another layer of meaning to these experiences. Through elderly women’s experiences, the researcher tried to bring out the context of these women in their life course. It is important to understand the elderly women’s experience from a life course perspective because ageing is another stage in human development and issues do not arise just because of ageing. Thus, issues faced by elderly women today can be faced by adult women in the next 30 years or so because there is a continuity to the problems of their life situation and it is not fair to blame the ageing process alone.

With this context, the research used capability approach, which specifically talks about freedom and choices that add meaning to an individual’s life. As discussed elsewhere, elderly women value different spaces of freedom. It is obvious that elderly women’s social positions gave them different experiences in their ageing process.

Although elderly women come from different social contexts, they tend to have ideas about their freedom. For instance, elderly women in the study have expressed accessibility of health-care, ability and freedom to rest, to be part of social relations and family as freedoms. This displays that there is process of change happening in families that these elderly women are part of.

Financial independence converts women’s freedom into functioning, irrespective of the family context. Secondly, elderly women with supportive spouses, irrespective of their individual capacities, can exercise their freedom. Thirdly, women who live in old age homes are also able to exercise their freedom. The above emerging themes are largely seen in the space of physical health; however, freedom in terms of social relations is still induced with gender restrictions.
Elderly women’s freedom to function is restricted due to lack of financial backing, ill-health, unemployment and being dependent on others. This trend is mostly seen among unemployed and uneducated, widowed and single women.

The opportunity and freedom to get educated and employed should be nurtured in the family, especially in girl children at a tender age itself. This helps them in old age to have the freedom and choices to get treated for their physical illness and also it can protect their sense of emotional security.

Families should be supportive in helping elderly women attain the freedom to access health-care and supportive members in the family can help them lead healthy lives even in old age. The health-care system, especially the public health care system, should increase sensitivity towards the elderly population.

The emerging themes also reflect the view that social arrangement and patriarchal systems influence women’s lives. This is evident from the study, as irrespective of their social position, women were dependent on male members, first the father, then husband, then children. Thus, even today, women in their old age cannot handle their lives when they are neglected and ignored by their families.

From this study, it is also evident that financially-secured elderly women also have to depend on their family members for support. This indicates that elderly women’s struggles are due to the practice of patriarchal norms that prevent them from having confidence in their own capacities and instead, their confidence is built on their male family members. The study has opened up many spaces that need attention and advocacy. They are as follows:

1. **Family:**

   Family becomes a space where women need gender neutrality. The power relationship between men and women has to be equalised so that women do not become dependent on men, as this sows the seed of vulnerability throughout their life course.
Indian families are governed by “collective identity” rather individualism. The collective identity has led to the thought that women fraternity is dependent. Although families with liberal ideology educate their women, they draw boundaries for their freedom and choices. Now the time has arrived to strike a balance between collective and individualistic identity, if we really want to think about women’s empowerment. With changing meaning of family structure, inequality against women should be addressed with a perspective that women have to be respected and must have choices to lead their lives.

The narratives in the study show that inequality in families of elderly women has pushed them to become vulnerable in old age. Thus, if we really want to intervene and improve lives of elderly women, families should educate their women about their rights and it has to start from childhood.

Families should strive to strengthen family bonds as elderly women wish to be associated with and surrounded by family members. Even though families have abusive members, elderly women still like to be part of the family as it gives them a sense of safety. Moreover, elderly women living away from family continue to support their family members with their earnings. We should be aware that family is the only space to which elderly women want to be associated with, and that elderly women become vulnerable when they are rejected.

2. Community:

As reflected in the narratives, elderly women’s family and community is placed in the social context that is patriarchal in nature. Even though the family chooses to be gender neutral, the community and society at large needs to accept the change.
Thus, community and society should deconstruct its perception towards women from considering them as dependent individuals towards their empowerment. To address current situation, we must sensitise the community through regular input sessions on discrimination-free care of the elderly, irrespective of their gender. Non-governmental organizations, academia and government agencies can be roped in to build a sensitive and caring community through gender-neutral programmes.

3. Social Policy:

At a policy level, welfare schemes and health-care programmes can be devised, keeping elderly women in mind, and a gender-neutral approach is required while framing such welfare measures. Similarly, Parents Care and Maintenance Act has to be followed in letter and spirit. Above all, at the global level, all countries should look at the way globalisation and the resultant consumerist behaviour has affected the family structure.

A feasible plan of action has to be evolved in strengthening family, community and institutional ties in developing spaces for choice and freedom. The research study has pointed out that elderly women have no space to realise their freedom in old age. The elderly women’s ‘opportunity freedom’ and ‘process freedom’ need attention, especially from the family, community and institutions. Future social policies and programmes should address the struggle of families too in providing and creating spaces for achieving such freedoms.

As the needs of the elderly vary and it is non-negotiable to say that ageing is a universal phenomenon, it is only universal to the aspect of physiological dimensions of ageing. Thus, the social and cultural processes of ageing are unique and it is important to see the elderly population from an empowering framework rather than from a vulnerable framework. It is necessary to develop strategies to harness the elderly population’s potential towards societal development.
Limitation of the Study:

The study only represents a slice of reality of elderly women’s lives in a city in India. The finding of the study is descriptive in its nature and, thus, generalisation can dilute the essence of the life experiences of the elderly women. The study limits itself in understanding the individual processes and its relations to larger social arrangements. Thus, a larger sample with quantifiable tools can really reflect the larger and common issues of elderly women in our country. However, the study has provided hypothetical themes with further scope for investigations. The findings of the study are limited to the social, cultural and economically context of Chennai. The study can be expandable to other contextual social arrangements.