

ELDERLY WOMEN STATUS, ROLE AND HEALTH AMONG RURAL SCHEDULED CASTE IN PUDUCHERRY

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Aging process is universal phenomenon and inevitably this stage comes in every society. Under Indian situation the aged persons are looked at differently in different societies. In traditional Hindu society the elderly persons enjoys lot of respect and honour. Old age presents its special and unique problem but these have been aggravated due to the unprecedented spend of socio-economic transformation leading to a number of changes in different aspects of living condition. The needs and problems of the elderly vary significantly according to their age, socioeconomic status, health, living status and other such background characteristics (Siva Raju 2002). Changing traditional values, mobility of the younger generation, changes in family structure and role of women have contributed to a 'crisis in caring' for the elderly (Prakash 2005). For elders living with their families still the dominant living arrangements their economic security and well-being largely depends on the economic capacity of the family unit (Alam 2006).

But there are few studies done by some anthropologists and social scientist. Here mention may be made of Ahmed 1969; Ghosh 1990; Maldar 1989-90; Toppo 1989, 90; Kottkayam 1990; Mukhopadhyay 1989; Kumar *et al.*, 1989 and Pragati 2009; 2013; 2013 etc., who have done some useful work in this direction. Among the Scheduled Caste communities the old people have varied statuses. The Scheduled Caste of our country constitutes an important population from anthropological perspective. In this perspective there are only very few studies dealing specifically with the aged Scheduled Caste of our country. However, it is

interesting to note that the existing health system policies, programmes and research address women in their reproductive role Maternity and do not reflect women's predominance in aged population, moreover only their problems have been highlighted but the integration of aged women into the development process has not received serious attention. Realizing these serious limitations, this study makes as humble attempt to examine some aspects of their status and order of aged women of rural Scheduled Caste in Puducherry.

I have interviewed aged informants and some family members of some of the aged informants. Family members of the aged informants were interviewed deliberately in order to cross check the data. Anthropological techniques such as interview, observation and case study methods were used to collect data.

The study has the following objectives.

1. To study the socio-economic profile of the aged rural Scheduled Caste women.
2. To find out their contribution in various spheres, viz.,
3. Income generation.
4. Inter-generation communication.
5. Caring of young ones
6. Agricultural operations.
7. Environmental protection.
8. Health and healing aspect of the aged rural Scheduled Caste women.

Being an Elderly Woman

After a woman has given birth to at least one child, preferably a son, she has entered a period of symbolically stable motherhood when her social value as a woman is secured. She has fulfilled the womanly *dharmam*. She has gone through the central, auspicious rituals in her life, viz. *vayasukkuvandhadu* (coming of age), *Kalyaanam* (marriage), and *pracavam* (child birth). She is an established, benign mother (*amma*); she embodies auspicious wifedom as a married woman whose husband is alive (*kattukkaluthi*), and thus is respected and cherished by her relatives and the world around. Her social relations may alter as a result of changes in household composition, marital status etc., but as far as her womanhood is considered, her identity as a mother does not change until her own children are old enough to marry. After a woman's children marry or have reached marriageable age, she accomplishes the apex of the feminine life cycle, senior womanhood. An elder woman (*paatti*) is the ritual practical expert of the house- she possesses knowledge on how to act in life-crisis and calendrical ritual; how to sacrifice to gods and goddesses; how to end meet. She is a decision maker, and is generally feared in the role of the mother-in-law (*attai*) by young daughter-in-law. She can move around in the village and neighbourhood more freely than younger women. A mother-in-law has many dependants-others depend on her decisions and orders, skills, care, and advice. Having dependants means having duties, but at the same, having influence and importance in society.

Although Tamils appreciate *kattukkaluthi* as auspicious symbols, they also accept the fact that widowhood is after all an unavoidable stage for many women. Widows are said to be ritually inauspicious, but they are not considered ritually impure. Indeed elderly widows who lost their

husbands in their old age are not particularly inauspicious and are treated with considerable respect. In the cultural studies done so far, married women are considered to be representing auspiciousness and the widows representing inauspiciousness. Eventually, Reynold's speaks directly about the powers of the chaste woman and the auspicious married women. Barren women and widows are the most dreaded, feared and all too real status possibilities for females the most inauspicious of all inauspicious things. Tapper claims that Telugu widows like the Goddesses, are believed to have an excess of uncontrollable and potentiality out of control. There upon where outward control is lacking and only inner self control, comparable to that of the ascetic path of the widow renunciation. Eventually celibacy is crucial to this ascetic life style. Celibacy is intended to ensure the ascetic as high a degree of purity as possible (1970).

Socio-Economic Profile of the Informants

Of the eighty informants, forty-six (75.5 per cent) are in the group, thirty (37.5 per cent) are in the age group 70-79 and the remaining four (5 per cent) are eighty years or above. It is significant to note that all the informants have no exposure to formal education. As regards to employment sixty-six (82.5 per cent) are engaged in one of the major professional, domestic or agricultural activities. The remaining fourteen (17.5 per cent) are not engaged in any such major activities because of their poor health conditions. In terms of income, most of the informants are agricultural workers some of them work as daily wage labourers and the rest play the role as helpers in household work, it is interesting to note that none of the informants is living alone because the rural Scheduled Caste aged have a traditional support systems. The aged parents usually stay with away from their sons.

Contribution of Aged Rural Scheduled Caste Women

Aged rural Scheduled Caste women represent an opportunity rather than crises, a solution rather than a problem, an asset rather than a burden, a resource rather than a drain on resource and a group that cannot only make an economic contribution.

If present and future generations of older women to maintain their place in society their contribution must be made more visible and they must have a greater say in those issues which directly affect them.

Income Generation

Any efforts invested to empower older women through income generating activities will go a long way to develop their confidence and self esteem. This will enable these women to spend their last days in happiness and dignity. Almost sixty-two (77.5 per cent) of the aged rural Scheduled Caste women said that they contribute something to the family income. They do all sort of work like weeding, transplanting and winnowing; many of them also go for wage labor and collection of several forest products. However, the necessity for institutional support in terms of skill training, access to credit, raw materials and markets, as well as for support of the elderly themselves; for example by forming themselves into organized group that would enable them to plan, implement, monitor and evaluate their own programmes effectively.

Intergenerational Communication

The elderly woman is the main medium through which the inter-generational communication concerning procreation works. The elderly rural Scheduled Caste women are highly valued for their roles as advisers, customs and oral history. Younger people as well as the aged

men themselves still consider these roles of the elderly women to be very important.

Emotional value is still attached to the role of elderly rural Scheduled Caste women as counselors and advisers within the family as well as the community. About 9 (86.25 per cent) of the informants said that their family members usually honour their decisions/opinions on family matters. Their role as family doctors needs to be highlighted. Their knowledge in ethno medicine is just unimaginable. Almost all aged informants stated that they are consulted by the younger generation in the matter of health care. Thus in rural Scheduled Caste communities, which do not have its own written language the aged women's knowledge and wisdom, are respected by the younger generation. They are the ones who transmit such knowledge and wisdom to the younger generation through oral communication.

Caring of Young Ones

When younger rural Scheduled Caste women are entering the labour market or at least being employed gainfully outside their homes, the role of the older women in housekeeping and child care is gaining importance. Other young parents find employment far away from their homes, in such cases the grandmothers normally take charge of the children, thereby enabling the younger women to work. The caring role of the aged rural Scheduled Caste women is not limited to children. They often have to nurse the sick neither in the family, nor in this role restricted to the family but widespread amongst the community.

Agricultural Work Participation

Agricultural labour and farm cultivation are the main areas of economic activities for rural women. The occupational structure of female workforce indicates the domination of women in agriculture. Even though there is an increasing trend in secondary and tertiary sector of the economy, agriculture has continued to be the main source of livelihood for all workers, especially for the majority of the women workers (Rao, 1983).

Most of the unskilled women workers are in agriculture sector. In India, agriculture accounts 65 per cent of the total employment, of which, the women's share is 82 per cent (Sundaram 1997). The growth rate of agricultural labourers among females is much above the percentage increase in the total female population.

Women are employed in various agricultural operations like from transplanting to harvesting and the level of employment of female agricultural labourers is mostly related to the extent and intensity of rice cultivation (Ganesh 1990). Their role in agriculture is so significant that without them almost nothing could be done on the farm, as traditionally majority of male worker of the regions do not participate in working on the farm except ploughing and related works. Women are employed in different activities in crop production such as land preparation, transplanting, weeding, harvesting, threshing and winnowing.

Environment Protection

The rural Scheduled Caste women play vital role in protecting the environment. Majority of informants felt that deforestation will have a tremendous effect in the Scheduled Caste way of life. As many as 69

(82.25 per cent) of the rural Scheduled Caste aged women advise the younger generation to protect the nature by making them aware of the evil effects of deforestation. By telling them folklore related to environment, they tried to communicate the younger generation not to play with nature.

Health and Healing Aspect of the Aged Rural Scheduled Caste Women

Elderly women experience a high burden of chronic illness, disability, and co-morbidity, and this burden is highest among socio-economically disadvantaged and minority women. The consequences of a mismatch between the organization, delivery, and financing of health care for elderly women and their actual needs fall disproportionately on low-income and minority women. These are the most frequently mentioned illnesses such as general weaknesses; breathlessness; headache (*talai vali*); leg and hand pain (*kai kaal vali*), and hip pain (*iddupu vali*). “Weakness” is usually associated with breathlessness, headaches, and leg/hand pains.

It was found to be very difficult to get informants to articulate the basic causes of different illnesses. In the discussions with the women, as well as health providers in the area, it appeared the concerns about witchcraft and related supernatural sources of illnesses are common among them i.e., witchcraft (*suunyam*) and evil eye (*dhristi*).

Most of the aged rural Scheduled Caste women believed the reason for their health problems are oriented to “improper food intake and it leads to their weakness”. They usually meant inadequate or irregular diet or lack of strength giving foods like fruits, milk and plenty of vegetables. Many of them said that they cannot afford such foods. Other major causes

for weakness were perceived to be physiological i.e. illness like fever and old age or social i.e. excessive household work and worries of life.

Pragati state that in rural areas of Puducherry almost all Traditional Birth Attendants (*maruttuvaccis* ') are older women; married or widowed women, menopausal women, and women were having three or five grown up children. Those sons and daughters have got married. Some of the Traditional Birth Attendants (*maruttuvaccis* ') are well respected by the community people, because of the repository knowledge in attending deliveries and in treating women and children health problems (2009, 2013). For ordinary health problems the rural Scheduled Caste communities n at first try to treat with home remedies by consulting the Traditional Birth Attendant (*maruttuvacci*) or any old women in the family or from neighbourhoods. Therefore most of the aged rural Scheduled Caste women also have knowledge to work as Traditional Birth Attendant (*maruttuvacci*).The Traditional Birth Attendant (*maruttuvacci*) apart from managing deliveries could address diverse health conditions such as infertility problems in female and male, dislodging of foetus, misconceptions, abortion, breast leucorrhea, and hemorrhages, amenorrhea in unmarried and married women, pain with hardening of breast. She expertly treats a wide range of pediatric problems pertaining to child's growth, cold, cough, fever, improving digestion etc.

Most of aged rural Scheduled Caste women are store house of traditional wisdom. Most of the medicines are accompanied with certain diet restrictions. Their medicine chest comprises of herbs, roots, tubers, barks, leaves, etc. Dumont also describes the remedy given by the Traditional Birth Attendants (*maruttuvaccis* ') to the mother after birth a concoction of palm sugar, garlic, pepper, and ginger, as well as the

protective measures (1987:260). Thus the aged rural Scheduled Caste women have better social status in contrast with other social groups.

Conclusion

Inspite of the physical, economical and socio-psychological problems the aged rural Scheduled Caste women contribute to their families' income and this contribution aspect should and must be highlighted. The government talks of developing human resources but does not know how to utilize this great untapped reservoir of elderly Scheduled Caste. The first step is to make the aged aware that they can and need to work for themselves and that they can be also active contributors to development.

Elderly rural Scheduled Caste women after the death of their husbands may have a remaining expectation of life more than 20 years and are likely to spend most of those years without serious infirmity or illness. It is to the advantage of the elderly rural Scheduled Caste women themselves as well their community that these years are spent usefully. The foregoing analysis clearly reveals that Scheduled Caste women play a significant role in the process of development. It is unfortunate that most of their contributions still remain unnoticed and unrecognized. Undoubtedly, this study makes a pioneering attempt to highlight the contribution of the aged women their community. It is the need of the hour that more and more number of scholars should come forward and try to conduct empirical studies on aged rural Scheduled Caste women of our country to make their contribution more visible to the world.

Good physical and mental health is essential for the integration of the elderly women development. It is also one of the good goals of development. Continuing participation in economic, cultural and

community life is closely related to the maintenance of health and self esteem of older women. One does not grow old by living a number of years but by deserting his ideals and usefulness, by losing the will and faith to accomplish. Years may wrinkles the soul .One must remember that we are as young as our faith and despairs.

REFERENCES

Ahmed, M. 1969. "When is the Man Really Old". *Social Welfare*. 16(6):13-15.

Alam, Moneer. 2006. *Ageing in India: Socio-economic and health dimensions*. New Delhi: Academic Foundation.

Acharaya, P.K and P.K, Das. 1989. "Socio-Economic Status and Health Condition of the Aged Tribals of Phulbani. Orissa. In R.N. Pati and B. Jena (eds.). *Aged in India: Socio-Demographic Dimensions*. New Delhi: Ashish Publishing House.

Ganesh, K.N. 1990. keralathinte Innelekkal (Malayalam). Department of Cultural Publications. Government of Kerala. Thrivandrum,.

Ghosh, A. 1990. "Widowhood in Tribal India". *Asian Studies*.8(3).

Halder, A. K. 1989. "Aging among the Bedia of Ramgarh Hill Range". *Journal of Social Research*.

Kottakayam, J.J.1990. "Aging in Tribal Societies: A Study of Aging in Two Tribal Communities of Kerala, India". *World Congress of Sociology*. July.

Mukhopadhyay, D. 1989. "Tribal Women in Development." *Social Welfare*. 36 (8).

Pragati, V. 2009. *Medical Anthropology (Articles on Health Care Practices among Rural Dalits of Puducherry)*. Puducherry: Venus Publication.

-----, 2013. Aged Women of Rural *Dalit* in Puducherry: Some Aspects of Their Status, Health and Roles. Paper Presented in the 17TH World Congress of the International Union for Anthropological and Ethnological Sciences. Manchester. United Kingdom

-----, 2013. The Role of *maruttuvacci* (Traditional Childbirth Attendant) in Childbirth Practices in Puducherry Union Territory. In T.Parasuraman and G.Ravisankar (eds.).*PILC Working Papers*.Vol.1.No. 1.(New Series). Jan-June

Prakash, I.J. 2005. *Ageing in India: retrospect and prospect*. Bangalore: Bangalore University.

Rao, N.J. Usha, 1983.Women in a Developing Society. New Delhi: Ashish Publishing House.

Reynolds,Holly Baker.1980.The Auspicious Married Woman.In Susan, S.Wadley (ed.) The Powers of Tamil Women. Syracuse University.

Siva Raju, S. 2002. *Health Status of the Urban Elderly: A medico-social study*. Delhi: B.R. Publishing Co.

Sundaram, I. Satya, 1997. Women and the Economy, *Social Welfare*, August-September.

Tapper, Bruce, Elliot. 1979. Widows and Goddesses: Female Roles in Deity Symbolism in a South Indian Village. *Contributions to Indian Sociology*. V.13:1-31.

Toppo, S. 1989. "Aging and the Aged in the Tribal Culture Variances." *Journal of Social Research*.