

DAY 1: 26 AUGUST 2013, SEMINAR ROOM 1

India International Centre 40, Max Mueller Marg, New Delhi-110001

TIME: 2:00- 3:30 PM

The Session for Equal Access To Health Care & Nutrition was taken by

1. *Chair: Dr. Seema Puri, Associate Professor in Nutrition at Institute of Home Economics, University of Delhi*
2. *Dr. Vineeta Srivastava, Associate Professor, S.M.B. Govt. P.G. College, Rajasthan*
3. *Dr. B Keerti, Technical Support Manager, Vasavyamahila Mandali, Andhra Pradesh*
4. *Dr. Nisha Jolly Nelson, Post-Doctoral Fellow, Delhi School of Economics, University of Delhi*
5. *Kamal Chugh, Trustee, Divya Chaya Trust*

Topics Covered:

- a) *Nutritional and Health Concerns of Post-Menopausal Women by Dr. Seema Puri, Associate Professor in Nutrition at Institute of Home Economics, University of Delhi*
- b) *Access of urban aged women of lower, middle and higher income group to health care and nutrition by Dr. Vineeta Srivastava, Associate Professor, S.M.B. Govt. P.G. College, Rajasthan*
- c) *Aged Women- Challenges for upholding rights by Dr. B Keerti, Technical Support Manager, Vasavyamahila Mandali, Andhra Pradesh*
- d) *A Home Full of Strangers: Age, Narrative and the Elderly by Dr. Nisha Jolly Nelson, Post-Doctoral Fellow, Delhi School of Economics, University of Delhi*
- e) *Nature Cure & Home Remedies by Kamal Chugh, Trustee, Divya Chaya Trust*

Abstracts from this sessions are:

1. **Title: Nutritional and Health Concerns of Post-Menopausal Women**
Author: Dr. Seema Puri, Associate Professor in Nutrition at Institute of Home Economics, University of Delhi

Menopause is a natural part of a woman's life. It is a phase when she no longer experiences menstruation, technically her body begins to produce less and less progesterone and estrogen, and eventually her periods cease. Menopause typically occurs in a woman's late 40's to early 50's. The postmenopausal phase is a time of decreased hormonal production with associated problems that reduce the quality and length of life for a large number of women.

With an increased life expectancy, women in developed countries now live approximately more than one third of their life after ovarian failure. The average life expectancy at birth of an Indian

woman is around 65 years. The life expectancy at the age of 45 – 50 years is more than 30 years. If the average at menopause in India is 45 years, an Indian woman will approximately survive nearly for 30 years after attaining menopause.

Symptoms associated with menopause range from hot flushes, headaches, thinning hair, to palpitations, emotional swings, depression and weight gain. Women most likely to experience symptoms are >50 years old, with more children, pre-or post-menopausal, of little education, and non-working. Fewer symptoms are associated with increasing years of education, better self-rated health, use of fewer non-prescription medications, absence of chronic health conditions, low level of interpersonal stress, absence of premenstrual complaints, not currently smoking, exercise at least once a week, positive attitudes to ageing and menopause. The symptoms which showed strongest association with menopausal status were joint aches, hot flushes, depression and insomnia.

However, menopausal status does not significantly affect well-being. Well-being was significantly related to current health status variables of general psychosomatic symptoms, general respiratory symptoms, and history of pre-menstrual complaints, overall health assessment and interpersonal stress. Attitudes to ageing and to menopause were significantly related to well-being. Lifestyle behaviours of smoking, exercise and marital status were also significantly related to well-being.

Menopause brings with it an increased risk of non-communicable chronic diseases like obesity & central fat deposition, dyslipidemia, hypertension, cardiovascular diseases, Insulin Resistance & Diabetes and Osteopenia & Osteoporosis.

Lifestyle modification is an essential step to prevent these diseases in later life. Modifications in diet and physical activity are the two main components. Dietary guidelines include restriction of high fat, sugar and refined foods with an increased intake of vegetables and fruits as well as whole grains. Physical activity should include not only aerobic activity like walking and swimming but also activities to strengthen muscle, flexibility and balance such as strength training exercises.

2. Title: Aged women- challenges for upholding the rights

Author: Dr. Bollineni Keerthi, *Technical Support Manager, Vasvya Mahila Mandali, Andhra Pradesh, India*

Annapuruna's story...depicts the female gender as secondary citizens due to patriarchal society: on one hand discrimination for having female child and in upbringing too, child marriage, abuse by husband and son, sons not caring aged widows, concerns for aged in accessing social security assistance on the other mother looks down her own daughters...The agony of the aged widowed mother is inexpressible, wept and shared "*with all my efforts brought my son to this stage and the*

reward he gave me is separation from him. That is what the situation of many mothers either thrown out of home or live in the same home with disrespect.” Indian society, similar to all patriarchal societies, confers social status on a woman through a man. Hence, in the absence of a man, she herself becomes a non-entity, ultimately suffering a social death. (UN Division for the Advancement of Women, 2000).

There are numerous issues which needs immediate attention by policy makers and executive personnel: Government - old age monthly pension of INR 200 to be raised based on human rights for sustenance, Aadhar linked pensions to be provided that once 60 years automatically they should be covered without going through lengthy procedures, age for old age pension to be extended up to 120 years, pension to be provided at door step through mobile banking services, insurance health coverage to be lifelong for aged, Income tax returns filing for aged to be facilitated by government, introduce parent care leave for civil servants and workers in private sector to visit parents annually twice and also for bereavement of parents and in laws; Civil society: Utilise the experience of aged women for social reconstruction for moulding the future citizens of our nation, hence schools / colleges and universities can extend invitations and use their valuable services, if any aged parents are not looked after by grown up children counsel the family and if not inform to the officials, bring awareness among communities on caring for aged parents; Family: to groom next generations in respecting the aged by following Indian culture and develop emotional bond, grown up children to take care of parents, the aged women should not be isolation hence needs commune living or in family.

To address the aged related issues, single window system is to be developed with separate Ministry and Commissions at national and state level. Aged are treasure of our Nation and preserve the culture of Indian family system in upholding the rights of aged women.

3. Title: A Home Full of Strangers: Age narrative and the elderly

Authors: Dr. Nisha Jolly Nelson, *Post-Doctoral Fellow, Department of Sociology, Delhi School of Economics, University of Delhi*

The study of ageing and the aged is an area of enquiry that has undergone transformations parallel to the constant flux in the global human landscape. As the average life span has increased considerably at present, the emerging ethical concerns, reconfiguration of approach to health and life style, the question of what constitutes a good and affordable old age, further increases the complexities of social gerontology.

Bengston, Putney and Johnson in *The Cambridge Handbook of the Ageing and the Aged* analyse the current theoretical developments in social gerontology, and record that the present studies about the phenomenon of ageing is concerned with three main areas of analysis. The first set of issues concerns *the aged*: the population of those who can be categorized as elderly in terms of their length of life lived or expected lifespan. Most gerontological research in recent decades has

focused on the functional problems of aged populations, the medical disability or barriers to independent living. A second set of issues focuses on *ageing* as a developmental process. Here the principal interest is in the situations, which accumulate during the lifespan and cannot be understood separate from developmental experiences and processes across a lifetime. The biological, psychological and social aspects of the ageing process are examined. A third set of issues involves the study of *age* as a dimension of structure and behaviour within species. Social gerontologists explore how social organizations are created and changed in response to age-related patterns of birth, socialization, role transitions and retirement or death. The phenomena to be explained relate to how institutions such as labour markets, retirement and pension systems, healthcare organizations, and political institutions take into account or deal with "age." My paper probes into this set of issues, analysing the salient trope of the modern day ageing, the old age homes, as a conflicted site of the stranded individual in a community.

As part of my field work, I had the opportunity to interact with the residents of the Daisy Home for women, an old age home conducted by Catholic nuns in Thiruvananthapuram. The informal chats and the subsequent qualitative analysis provided me with considerable insight into my understanding of the aged and everyday life of the old age home residents.

Daisy home has provide one with myriad points of entry into understanding not just the everyday life of the aged but also into the socio political problems associated with what an inmate called as a 'home full of strangers'. Through substantial analysis one recognizes that there are no emancipatory institutions that enable us on one hand, and moralizing institutions that constrain us. The same institutions and norms simultaneously enable and constrict us. The plight of the aged poor in the present age of Social Darwinism is deterioration. The Christian conversion 'metanoia' entails not just a self-reflection but a rupture within the self, which causes a single sudden transition from one form of existence to the other. The break that occurs in metanoia is a kind of renunciation or sacrifice of one's old self. The aged poor forced into the old age homes also undergo such a transition of their self, leaving their old individuality behind and forming another one, albeit be it an oppressive one. Institutions like old age homes cannot be considered as the effective solution to the problem as the site the old age home is complex and contested.