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**Self-esteem of Institutionalised Elderly Women in Coimbatore  
- A Case History**

**Kavitha. V. R. S., M.A., M.Phil.**

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**Abstract**

Good health comprises of both physical and psychological health. Psychological health issues include depression, anxiety, sexuality and body image, as well as alcoholism and abuse.

Pivotal to all of these issues is self esteem which is defined as how one estimates about oneself. Lacuna in good self esteem either male or female, one is easily susceptible to cycle of negative and destructive behaviours and would never achieve good health or sense of well-being.

It is well established that women begin to exhibit lower self esteem than men, right from the adolescence. The prime role of women is to provide care for their children and family members. Unfortunately, it is withdrawn when they become elderly and become more dependent, considered to be unimportant and are forced to resort to old age homes. The loss of independence, reversal of roles and the transition in standard of living influence the level of self-esteem to a greater extent.

Language in India [www.languageinindia.com](http://www.languageinindia.com)

10 : 4 April 2010

Kavitha. V. R. S., M.A., M.Phil.

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A descriptive study design was framed and thirty women were interviewed and the case histories were also collected to throw light on the same. The results of the study denote that major proportion of the elderly women's level of self esteem is high by resorting in old age homes due to the ill treatment and seclusion in the home, denial of nutritious food and the treatment for sickness and also given less significance for their ideas, suggestions etc.

### **What is Self-esteem?**

The word esteem comes from a Latin word that means to estimate. Self esteem is how one estimates about one self. Self esteem is not a trait one is born with, rather, it is learned, first through family relationships parents especially, but also brothers and sisters, and others extended family, including aunts and uncles and even baby sitters.

These initial family experiences tend to be the foundation of each individual's sense of self worth, and the beginnings of self esteem. Self esteem is dynamic that tends to change over time, influenced by encounters with people outside the family, in addition to the continuing influence of family members either in a positive or negative way. The negative or repetitive negative experiences in multiple arenas would erode self esteem.

It is established that women begin to exhibit lower self esteem than men right from the adolescence due to the general existence of patriarchal society like in India, which would affect women's self esteem.

### **Varieties of Self-esteem**

High self esteem in a woman focuses on positive and self assured and when fails at something, would try it again, determine to succeed or try another path. A woman with high self esteem is not self critical, but can effectively and appropriately deal with anger; lacks need to manipulate others to reach the desire. Moreover, those women are realistic about oneself and comfort, capable enough to engage in numerous types of quality relationships.

By contrast a woman with low self esteem is unable to focus on her positive attributes, but rather is stuck dwelling as all the ways. She loses ability to deal effectively, depends on others emotionally and after makes poor choices in friendships and partnerships, women with low self esteem are more likely to become trapped in dysfunctional relationships.

### **Longevity – Problems of Old Women**

In most parts of the world, women live, on average, longer than men. The rise in the number of those who are non-productive and who do not generate any hope immediately

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10 : 4 April 2010

Kavitha. V. R. S., M.A., M.Phil.

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raises an economic and social problem. Apart from food and shelter, the old need care and medicines. They also crave love and tender care. They would like to interact, be heard, be visible, and would like a bit of space of their own and have a constructive and creative role to play in society.

Above all these, the problems of old women, single, divorced and widowed, are from different from those of old men. Since then, the prime role of women is to provide care for their children and family members. Vice versa, they become more and more dependent, considered to be unimportant and are forced to resort to old age homes.

The loss of independence, reversal roles and the transition in standard of living influence the level of self esteem to a greater extent.

The level of self esteem tends to be dynamic with the changes in the life style and roles they perform. Hence, self esteem arises in each person with irrespective of age, caste, and race and brings aware of their own self esteem.

### **Seniors' Perception**

According to the perceptions of the seniors, they cease to be useful to any one in any way and this increases their feeling of worthlessness. Their pillars of existence and the ideas of life in general begin to disappear. They go from being heroines to their kids to being dependent on their kids, a fact unacceptable for them. However, men can easily adapt to new life situations, but for women loss is always painful, be it a loss of a spouse, of mobility or health or independence. In such situations, it is no wonder that the senior citizens suffer from low self esteem.

Abhishek (2009) suggested that the self esteem of elderly people at old age home results in the feelings of worthlessness and lowers self esteem. Without good self esteem, whether male or female, one is susceptible to a cycle of negative and destructive behaviors, and will never achieve good health or sense of well being. It is well established that girls begin to show lower self esteem than boys do, beginning in adolescence (Michelle Beller, 2009).

### **Methodology**

#### **Objectives**

- i. To identify the level of self esteem of the elderly women
- ii. To find out the reasons to stay at old age homes.

To reach the above cited objectives a structured interview schedule consisted of two parts namely, socio-demographic profile and self-esteem.

Language in India [www.languageinindia.com](http://www.languageinindia.com)

10 : 4 April 2010

Kavitha. V. R. S., M.A., M.Phil.

Self-esteem of Institutionalised Elderly Women in Coimbatore - A Case History

Part-I focused on socio-demographic profile and part-II was two point scale constructed by Nalini Rao (1989) to measure self esteem which consisted of four dimensions namely, general self, social peer, Family care and lie. This scale was found to be reliable and valid at 0.99.To check the feasibility of the research, the subjects were interviewed at old age homes. When the study was found to feasible, the data collected were included for the main study.

The data were collected from the elderly women whose age was above 60 years residing in a three old age homes located at the vadavalli panchayat of Coimbatore district. Since the elderly women were less in number compared to men at each old age home and some of the women were chronically bed ridden to cope up with the investigator. Hence the sample size itself became limited to thirty. With the adoption of sample survey method the data were collected from the elderly women.

### Findings

The study findings denote that majority of the respondents belong to the age of 61-90 years, and most of them are widows with 3-5 children. A high proportion of elderly women pay to the homes on monthly basis and a very few only at the time of admission. Less than one half of the respondents' period of stay is 13 years, while, rest of their period is below 8 years.

With regard to the health status, 83.3% of the subjects are physically good in health whereas, 16.66% of them suffer from diseases like diabetes, hypertension, gastritis and arthritis. A major proportion of the elderly women's self esteem is at high level and a very small proportion of them have moderate self esteem, while, none of the old women's self esteem is low. Case histories were also collected in order to find out the reason that forced them to resort to old age homes.

TABLE.NO.	VARIABLES AGE	FREQUENCY	PERCENTAGE
1	60-80	21	70%
	81& above	9	30%
	TOTAL	30	100%
2	MARITAL STATUS		
	Single	4	13.33%
	Married	2	6.66%
	Widow	18	60.00%

Language in India [www.languageinindia.com](http://www.languageinindia.com)

10 : 4 April 2010

Kavitha. V. R. S., M.A., M.Phil.

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	Divorce / Separated	6	20.00%
	TOTAL	30	100.00%
3	<b>NO.OF CHILDREN</b>		
	Unmarried	4	13.33%
	1-2	8	26.66%
	3-5	10	33.33%
	6& above	8	26.68%
	TOTAL	30	100.00%
4	<b>NATUREOF STAY</b>		
	Paid	24	80.00%
	Unpaid	6	20.00%
	TOTAL	30	100.00%

<b>TABLE.NO.</b>	<b>VARIABLES</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
5	<b>PERIODOF STAY</b> Below 1 year	8	26.66%
	1-3 years	13	43.33%
	3-5 years	6	20.00%
	5 years & above	3	10.00%
	TOTAL	30	100.00%

6	<b>HEALTH STATUS</b>		
	YES	25	83.33%
	NO	5	16.66%
	TOTAL	30	100.00%
7	<b>LEVEL OF SELF ESTEEM</b>		
	Low below 35	0	0
	Moderate 36-70	2	6.66%
	High 71-100	28	93.33%
	TOTAL	30	100.00%

### Case History-1

An old woman, aged 75, belong to a upper class Iyer family, whose husband is a retired state government employee, is the focus here. Both were blessed with only son and led a very comfortable life at their native place Vellore. Son was highly qualified and occupied a prominent position as a software engineer with handsome pay scale, got married and became a father to a female child and has been settled at Tiruppur. He took his privilege to visit Vellore purposively, delivered some kind words to their parents, but the strategy was not understood by the elderly couples. Days passed by, the spouse felt to be bored sitting all alone for each day to spend their leisure time and, additionally, they were subjected to depend frequently on their son for their medical assistance.

Fortunately they found a day to reveal their inconvenience to their son for which he suggested- “Sell this house and join us at Tiruppur, I am there for you”. These trusted words forced them to follow their son’s decision and executed the same. They reached Tiruppur with a healthy hope to join son’s family and to spend their leisure time with their grand daughter. But these hopes fell in despair, because they were accommodated at Tiruppur for a month, and confidential steps were taken to gather details about available old age homes and they never permitted their grand child to play with their lovable grand parents.

Meanwhile, the parents realized that their beloved son's suggestions were not true. Their son grabbed maximum revenue from them and forced them to resort to an old age home with a promise that it is only "A temporary decision". Since the victim and her spouse belong to a prestigious heritage family, their "tongue was highly tied" to express their situation to their kith and kin. No other go, due to their physical weakness and dependency, nodded their head to get settled in an old age home, where they were provided with accommodation at the top floor as they were the only couples at home.

Father digested all his son's strategies and easily adapted to a new life. Whereas the mother was highly embarrassed, showed lack of interest to eat food and experienced and had trouble with her sleep. In addition, she could find no companionship on the top floor of the old age home. Moreover, her health did not allow her to descend to the ground floor to have any interaction with anybody. Their high hopes and trust on their son gradually faded away after six months of life in the old age home.

The son visited them sometimes and demanded huge sums of money. As money was not paid, the son did not visit them often and their mobility even for significant medical treatment was further curtailed. The mother was affected badly by all these: temporary decision became a permanent one.

## **Case History-2**

An elderly Hindu widow around 90 years of age residing for the past 10 years in the old age home revealed that she had 4 sons and 2 daughters whose native place was Coimbatore, had quite good properties which were not distributed to their children till the death of her spouse. After the death of her husband she was cared for by her last son as per their tradition. During this period her son transferred all the properties to his name and also hid the same fact from his mother. Other sons came to know of it, and a tragic chapter opened in her life. Her first three sons quarreled with her and never believed her words that she was not aware of what had been done by her last son. Each day she had to face some quarrel relating to property. The first three sons blamed her for not giving the property to them also, and the last one blamed her to be the cause of all the problems in the family.

The elderly woman was ill-treated with denial of good food, and was subjected to constant verbal abuse, etc., but still she was in good physical and mental health to manage all those. None of her first three sons were in a position to welcome her to their home. Simultaneously, the chances to stay in fourth son's home also became critical.

The old woman revealed her problems to her two daughters, who were married to husbands with lower incomes and were not in a position to take their mother along with them and were also not in a position to raise objections to their brother who forged the documents relating to properties.

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Kavitha. V. R. S., M.A., M.Phil.

Self-esteem of Institutionalised Elderly Women in Coimbatore - A Case History

The daughter-in-law told her that they would go for town to relax themselves from the family tension. The elderly widow was so happy and appreciated her daughter-in-law's initiative to give her some peace and happiness. They went shopping and she purchased many eatables and other things needed for day to day life for her mother-in-law. The elderly woman felt so tired and said that they could leave and go home. The daughter-in-law did not accept her suggestion but took her to some other place walking for a long distance. The daughter-in-law did not respond to her questions, etc. as to where they were heading to. They reached the old age home and the old woman was left there with the things bought for and was given 10 rupees for her personal expenses. The daughter-in-law also promised that after solving the problem in the family they would take her back to home but this never happened.

### **Case History-3**

An elderly Hindu woman of 65 years of age had no children and was separated from her husband a long time ago, just after 3 years of her marriage due to misunderstanding between the spouses. She worked in a textile industry to earn her livelihood and stayed along with her mother. After the death of her mother she became unable to lead a solitary life and went to stay with her only sister.

In her house she had a peaceful life of her own as she had with her mother. The sister's two sons got married and after some period of time the sister became a widow and later died. The victim was not in a position to stay along with their nephew as this was a prestige issue. She, with the help of her friends, found out an old age home for her normal living and at present is not in good health to earn her life. She has spent one and a half years highly dependent for her physical and psychological needs on the old age home and is convinced that being a separated woman it was good that she found shelter in an old age home.

### **Discussion**

The findings showed that the self-esteem of elderly women is high despite of their stay in old age homes, which concurs with the study findings of Ron (2007). Ron stated that the self esteem of elderly women in receiving services in a day-care center was higher than that of elderly women receiving the same services at home. This is plausible due to the provision of services in a social context which gives elderly people proper attention. Their interaction to get along with peers increases their self-esteem, self-evaluation and sense of mastery.

### **Conclusion**



In rapidly urbanizing India, families today are faced with the problem of space crunch. Often living in cramped houses, there is little or no space for a bed ridden old person. Finances are stretched, health care is expensive. Where both husband and wife work, full-time health care workers have to be hired to take care of sick persons, putting pressure on space as also finances. If the sick person is also mentally affected, further complications arise.

The plight of elderly in the middle class families is no different from inter-generational conflicts over care, space, time and finances. It is, therefore, a safe bet that millions of families face, or are likely to face, the challenge of inter-generational demands on scarce family resources. In a no-win competition between generations, the old are fated to lose and suffer discrimination, alienation, neglect and marginalization. The large number of old age destitutes and the rising number of old age homes is testimony to the growing acuteness of the problem.

### **Implications**

The elderly women should be given some psychological support and steps can be taken to form an elderly community.

Despite of the patriarchal society, the daughters must be encouraged to take care of their elderly parents.

Steps can be taken to counsel the family members to care for the elderly or to rejoin them to their family.

A law can be enacted to punish adult children who do not perform their responsibility to care for their parents.

Steps can be taken to modify the government's health care, economic and welfare policies.

Steps can be taken for the working population in unorganized sectors who receive no pension after retirement.

### **Recommendations**

A comparative study can be carried out between male and female senior citizens.

A similar study can be replicated in a larger sample.

A comparative study can be conducted between institutionalised and non-institutionalised elderly women.

Language in India [www.languageinindia.com](http://www.languageinindia.com)

10 : 4 April 2010

Kavitha. V. R. S., M.A., M.Phil.

Self-esteem of Institutionalised Elderly Women in Coimbatore - A Case History

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