

RESEARCH ARTICLE

Assessment of Daily Living Activities among the Oldest Old Female: A Study in Rural Areas of Paschim Medinipur District, West Bengal, India

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Abstract

The word 'Ageing' is connected with both physical impairment and functional disability. Daily living activities or the activities of daily living (ADL) are one of the most important areas which concern with a functional disability where the elderly people unable to perform their basic personal care tasks. On the other hand, the foremost indicator of measuring the functional capacity among elderly people is measuring daily living activities. Therefore, the paper intends to assess the activities of daily living (ADL) among the 'oldest old' female who is living in the rural villages under the Medinipur Sadar Block of Paschim Medinipur District, West Bengal, India. However, the activities of daily living functional statuses assess with respect to eating, dressing, getting in and out of a bed or chair, using the toilet, bathing, and continence; which exposed the degree of independence in daily living among the elderly population. Data on ADL assessments of the individual respondent have been collected by interview technique and observation method with the help of pre-tested structured questionnaire schedules. The study highlighted that the widow oldest old population, who may be home-bound and need assistance in respect of their ADL because on average, the female oldest old people who are living with their spouse enjoy more degree of independence in daily living compared to the oldest-old widow respondents. While discussing the caste/community wise distribution the result stated that the general caste oldest old people have significantly worse ADL scores compared with the tribal oldest old female because the tribal oldest old female enjoy more degree of independence in daily living compared to the general caste of the oldest-old female as shown by the objective examination data. However, it perhaps that the major factor to explain the better ADL of the general caste rural oldest old female as compared with the tribal oldest old female significantly given the fact of their physical performances. Thus, we confident in concluding the general caste oldest old female populations in rural area are living seriously disadvantaged in ADL as well as poor physical performances. Perhaps, the present study is a micro level study illustrated the physical performances of the rural oldest old female population and this microcosm study will give an idea to understand the macrocosm scenario of the rural oldest old female population in India.

Keywords: Ageing; Physical Impairment; Functional Disability; Oldest Old; ADL; Degree of Independence

Introduction

Ageing is universal where human beings experience temporal change from birth to death. Although, population ageing is a silent revolution in developing countries like America, United Kingdom, China, India and so however, the population ageing compelling numerous phenomenon with several allusion to health (physical and psychological), and cultural aspect as well socio-economic aspects which also control the quality of life among the elderly persons in general and more particularly of older women. Anthropologists and other social scientists studied the population ageing in regard to the status and role of the elderly, a topic that has dominated the interest of gerontologists since 1940s *The Role of the Aged in Primitive Society* [1].

However, in 1984 the word 'oldest-old' has been proposed in a yearly conference of the American Association for the Advancement of Science (AAAS) [2]. Whereas, the term 'Super Senior Citizen' (who are 80 years and above aged) has been coined in the year 2011 by the Department of Finance, Government of India for the reason of income tax assessment [3]. The oldest old have the highest age prevalence of morbidity, disability, and institutionalization of any age group, the term does perhaps imply the progression

of frailty associated with Neugarten's [4] conceptualization of the "young old" (60-70 yrs of old) and "old old" (70-80 yrs of old). But, unlike Neugarten's concept, which joined age, health, and social characteristics, the term oldest-old, in its basic usage, simply defined the chronological age group of those age 80 and older, without implying that all. Though, in afterward, Vaupel, et al. [5] stated that among the 'oldest old' population have the uppermost age pervasiveness of health disability and morbidity. Elsewhere in the world, on the contrary, little attention has been paid to ensure statistically sufficient representation of the oldest-old in national surveys, and most studies on the elderly include few or no subjects aged 80 and older (as discussed in Grundy, Bowling, and Farquhar) [6].

The Oldest old population needs more bits of help and care in respective of daily living activities than the younger elderly population. The study also illustrated that the oldest old individuals are the leading elderly population where the disability rates increase significantly [5]. Meanwhile, the study further exposed that 'oldest old' subpopulation is increasing more rapidly than any other aged population group and who needs remedial and societal services, for which this subgroup population needed to examine in terms of demographic, socio-economic and health status [5]. While activities of daily living are very much interrelated to caregiving requirements [7-9], through activities of daily living should be allusion as the public policy regarding the health care use for elderly [10].

Functional disability is frequently measured to assessing of activities of daily living (ADLs) which incorporated different types of activities such as bathing, dressing, eating, and so. These activities directly associated with self-care levels. However, the risk of ADLs increases with age among the elderly population in the United States and particularly is higher among the female elderly [11,12]. One of the strongest predictors is ADLs which predicts to home help acceptance [13]. A cross-sectional study carried out in a 2-year time period and follow-up of non-institutionalized participants who were 70 and over aged people and the study illustrated that 23-60 percent of individuals impaired on ADL and IADL household tasks at baseline were no longer impaired 2 years later [14].

The Aging Study in Berlin reported that the oldest-old populations have lesser awareness capability, poorer life happiness. The report also referred to the "psychological mortality," and serving the oldest-old people of Berlin to continue their self-respect [15]. Other longitudinal studies among 193 the oldest-old people who live in a municipality in Sweden. This study carried by Bravell, *et al.* and stated that the centre of attention among the oldest-old people is health, social networks and function in daily life activities [16].

The census of India 2011 stated that 104 million elderly (60+) living in India and among the total number of elderly population, 64 million population are young-old i.e. 60-69 years of age, whereas, 28.4 million in the old-old i.e. 70-80 years of age and at the same time 11.4 million are oldest-old i.e. 80 and above years of aged [17].

Oldest Old (80+) female are more than ever vulnerable group compared with elderly male counterparts. Because an overpowering portion oldest old female who are widows and suffering from multiple miseries and being as female, being as widows, being as poor, foremost distressing lives than male [18]. For which the oldest old population (80+aged) is living with numerous morbidities and they need urgent attention. These oldest old subgroup populations have to need medical assistance for their wellbeing and healthy life which incorporated chronic disease, fatal illness, dementia, gloominess, nutritional deficiencies, loneliness, and so on [19]. According to the Helpage, 2012 report the oldest old people need to all the aspects of care such as socioeconomic, financial, health and shelter [20]. However, in 2018 Chakraborty carried out a study on oldest old people among rural and urban areas which was also a comparative study and the study illustrated that the rural oldest-old population of Medinipur district under study enjoys more degree of independence in daily living compared to their urban counterparts [21]. But, there was no study to illustrate the physical performances and or the activities of daily living among the female oldest old population who live in rural areas of Paschim Medinipur district of West Bengal.

Therefore, the authors try to attempt to assess the Daily Living Activities (ADLs) among the oldest old female population who living in different villages under Medinipur Sadar Block at Paschim Medinipur District of West Bengal. The present study intended to provide the health status on the basis of their daily living activities which stated their function disability of the oldest old female population.

Methodology

The present study was carried out among the 'oldest old' (80 years and above aged) female populations distributed over five-gram panchayats such as Bonpura, Chandra, Dherua Kankabati and Manidah Gram Panchayat in Medinipur Sadar Block of Paschim Medinipur District in West Bengal. However, in Medinipur Sadar Block have a total nine number of Gram Panchayat and among which the researcher selected five number of gram panchayats by using of a convenience sampling method.

Accurate age reporting has crucial in studies dealing with the elderly, especially the oldest old. Often, older persons in developing countries and in some subpopulations in Western Countries such as African Americans in the United States have not able to report their age accurately [21-23]. Therefore, to the intention of locating and sampling the oldest-old female population researcher selected the above-mentioned gram panchayats which covered a hundred fifteen numbers of villages. At the initial phase researcher downloaded the voter list from the authorized website of the Election Commission, India in the year 2015 and during the downloading time researcher download the voter list from the Assembly Constituency no 236. These voter lists have a variety of part number, name, age, sex and address of the oldest old individuals who live in the different villages under Medinipur Sadar Block of Paschim Medinipur District, West Bengal.

The downloaded voter lists emerged that there have altogether 342 'oldest old' female people living in the above gram panchayats under Medinipur Sadar Block. After that, the researcher selected 50 oldest-old female from each of the five-gram panchayats under Medinipur Sadar Block of Paschim Medinipur District respectively by used of Systematic random (S+) sampling Table which shaped the 250 oldest old female individuals as the sample size for the present study. In case of sampling of respondents, there has a provision to left for two substitutes from each of gram panchayats so as to replace the same in case of the originally sampled respondent was not available during the field survey.

Thereafter, the researcher visited door to door and locates the specific address of all sampled individuals. During fieldwork, it's observed that very few of the individuals expressed their answer of our questions which may generate some misinterpretation with the family member, in that case, the researchers carefully over cum such difficulties with the interpretation with their respective family members and/ or interpretation with their respective caregivers.

Data on activities of daily living of the oldest old female individual have collected with the help of pre-tested structured questionnaire schedules and observation method. Along with these standard anthropological methods, the researchers have taken some cases to illustrate the root views or their livelihood condition. The data on daily living activities illustrated and interpreted by Katz's ADL index [25] which has the worldwide standard to the study of ADLs assessment and taking to the consideration of social-cultural rural livelihood of the individuals the researcher carefully tested the structured questionnaire schedules throughout pilot studies before carried out the study. While six questions all about illustrated Activities of Daily Living (ADLs) functional situation incorporated the 'Eating', 'Dressing', 'Transferring', 'Using the Toilet', 'Bathing' and 'Continence' were addressed to the respondents or to a close family member if the elderly person is not capable of answer the questions.

However, during the classification of these if not any of the six performance is impaired, then the respondents is classify as "active", if one or two performance is impaired by the individuals then she is classified as "mildly disabled", and for "severely disabled" who have three or more activities impaired.

Qualitative and quantitative both the data have to collect during the field survey. For collected of qualitative data researcher taken one case studies from each of five gram panchayats. Quantitative data was analyzed to calculate frequency within each domain. An effort has made to construct two-way tables such as socio-demographic and assessment of daily living status. Some quantitative variables like the age of the respondents and their caste identity have to recognize on the basis of their voter ID card and caste certificate. During field surveys that have shown their caste certificate, only those respondents counted and or treated as caste respondents. To understand the significant association between the daily living status and socio-demographic variables the chi-square has to make out. The data has to use the outcome of the present study in an expressive way and develop the approaches to improve their health care regarding daily living status.

Socio-Demographic Setting of the Studied Population

Table 1 deal with the socio-demographical aspects of the respondents under study. From this Table it is revealed that in the case of 'Age Group' wise distribution of the total number of the respondents under study maximum number of oldest old females is found in the age group 80- 84 years, this represents 51.2% of the total number of the respondents and it is followed by age group 85-89 in which 29.6% of the total number of the respondents belong. Similarly, 14.4% of the total number of the respondents belong to the age group 90- 94 and 4.8% of the total number of the respondents belongs to the age 95 and above. It may be said that the number of oldest old female in the higher age group is decreasing gradually.

Demographic Variables	No of Persons (N = 250)	Percentage (%)
Age Group		
80 – 84	128	51.20
85 – 89	74	29.60
90 – 94	36	14.40
95+	12	4.80
Marital Status		
Married	48	19.20
Unmarried	2	0.80
Widow	191	76.40
Separated	9	3.60
Educational standard		
Non-literate	86	34.40
Ability to sign	94	37.60
I – IV	47	18.80
V – X	18	7.20
S.F.	5	2.00

Demographic Variables	No of Persons (N = 250)	Percentage (%)
Family Type		
Nuclear Family	16	6.40
Joint Family	72	28.80
Broken Family	162	64.80

Table 1: The Table Shows the Socio-Demographic Variables

In case of 'Marital Status' wise distribution of the respondents, it is revealed from the Table 1 that most of the oldest old female under the present study are a widow and they constitute 76.4% of the total number of the respondents. The number of widows is followed by the married oldest old female (i.e. spouse is alive) and they constitute 19.2% of the total number of the respondents. The separated and unmarried oldest old female are respectively 3.6% and 0.8% of the total number of the respondents.

In case of 'Educational Standard' wise distribution of the respondents it is revealed from the Table 1 that 34.4% of the total number of the respondents are non-literate and 37.6% of the total number of the respondents have the ability to sign, 18.8% of the total number of the respondents have achieved the primary level of education and 7.2% oldest old female have middle level of educational attainment but only 2% rural oldest old female accomplished the school final educational level. It deserves special because of about 50 years ago when undivided Medinipur was little connected with the places having the middle and school final study education centre in rural areas.

The Table 1 also depicts the 'Family Type' wise distribution of the respondents, from this table it is revealed that 28.8% of the total number of the respondents live in joint family and only 6.4% of the total number of the respondents live in a nuclear family. The remaining 64.8% respondents live in the type of family that may be termed as a broken family since this type of family is marked by the features like a solitary living, leading widow life with unmarried son or daughter, etc.

Table 2 deals with the aspects of 'Housing Arrangements' and 'Living Arrangements' of the respondents under study. In the case of Housing Arrangements of the respondents it is revealed that 54.4% of the total number of the respondents live in their own houses, 29.6% of the total number of the respondents live in their respective son's house, whereas, 10.8% of the total number of the respondents live in their married daughter's house which stated that the married daughter also take care of her mother's after her marriage for which a significant portion of rural oldest old female living with her married daughters and 3.6% of the total number of the respondents live in their respective neighbor's house free of any rent.

Variables	No. of Persons (N = 250)	Percentage (%)
Housing Arrangements		
Neighbour's House	3	1.20
Own House	136	54.40
Rented house	1	0.40
Son's house	74	29.60
Married Daughter's House	27	10.80
Relatives House	9	3.60
Living Arrangements		
Living alone	15	6.00
Married Sons	129	51.60
Step sons	2	0.80
Married Daughter	27	10.80
Spouse	39	15.60
Relatives	8	3.20
widowed daughter	2	0.80
Widowed daughter-in-law	28	11.20

Table 2: The Table Shows the Housing and Living Arrangements

In the case of Living Arrangements of the respondents it is revealed from the Table 2 that 15.6% of the total number of the respondents live with their respective spouse, 51.6% of the total number of the respondents live their married sons whereas 11.2% of the total number of the respondents live along with their respective widowed daughter-in-law. It is further revealed from the table that 10.8% of the total number of the respondents lives either with their married daughters respectively; 3.2% of the total number of the respondents lives with their relatives. It is revealed that only 0.8% of the total number of the respondents live with their widowed daughter whereas about 6% of the total number of the respondents live in solitary and after attainment of 80 and above years of age the oldest old respondents living alone which illustrated that these special group of population not enjoying their

elderly in terms of the living arrangement.

Results

Figure 1 showing the ‘Activities of Daily Living’ of the oldest-old female respondents and the diagram stated that out of the total number of respondents 18.8% respondents *active*; 45.6% respondents *mildly disabled*; 35.6% respondents *severely disabled* as per the parameters mentioned in materials and methods of the present paper. Moreover, the pie-chart illustrated that greater part of the respondents are not able to perform of their daily activities whereas, marginal portion of the respondents enjoyed in average degree of independence in terms of daily living activities assessment.

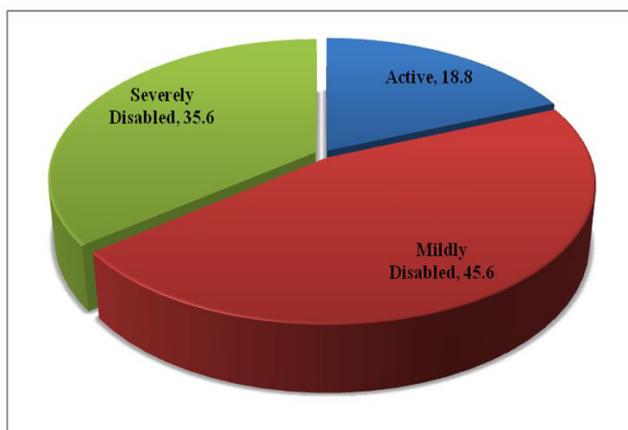


Figure 1: The Pie-Chart Shows the ADL Status Wise Distribution

Figure 2 demonstrated the ‘Caste/Community wise active’ oldest-old female respondents and the graphical presentation declared that out of the total number of active respondents 48.94% respondents are schedule tribe whereas, followed the other caste/ community 23.40% are scheduled caste; 17.02% are OBC and only 10.64% are general caste people.

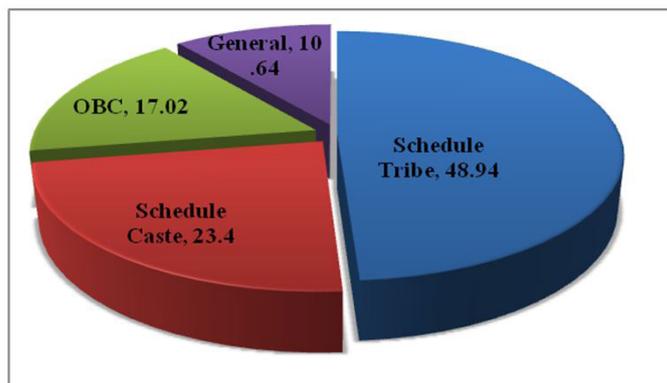


Figure 2: The pie-chart shows the ‘Caste/Community wise ‘active’ Status of ADL

Figure 3 demonstrated the ‘Caste/Community wise mildly disabled’ oldest-old female respondents and the graphical presentation declared that out of the total number of *mildly disabled* respondents 27.19% are scheduled tribe and followed the other caste/ community the chart stated that 19.30% are scheduled caste; 21.93% are OBC and 31.58% are general caste people.

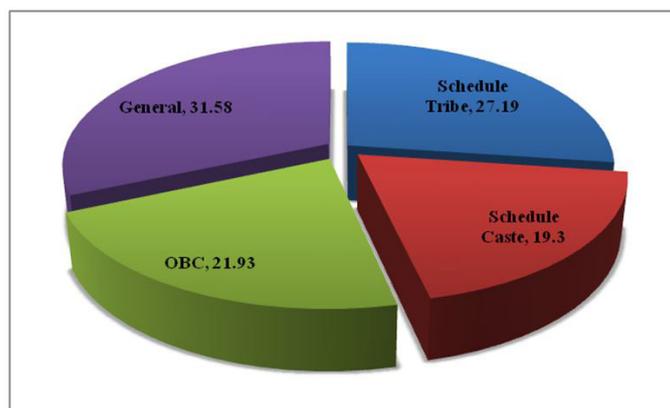


Figure 3: The pie-chart shows the ‘Caste/Community wise ‘mildly disabled’ Status of ADL

Figure 4 demonstrated the 'Caste/Community wise severely disabled' oldest-old female respondents and the graphical presentation declared that out of the total number of *severely disabled* respondents 19.10% respondents are schedule tribe whereas, followed the other caste/ community 21.35% are scheduled caste; 16.85% are OBC and only 42.70% are general caste people.

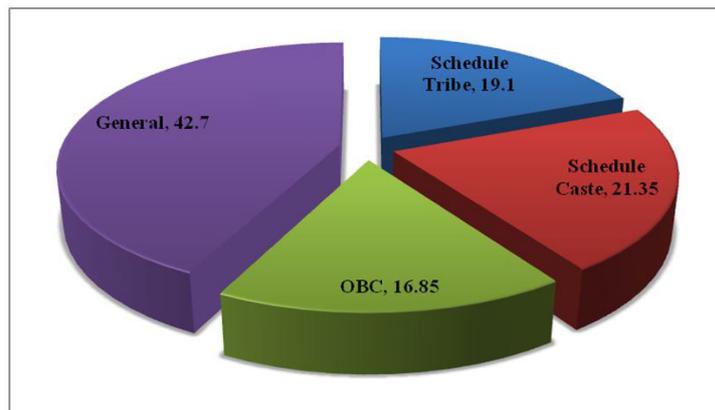


Figure 4: The pie-chart shows the 'Caste/Community wise 'severely disabled' Status of ADL

Figure 5 demonstrated the 'Caste/Community wise Activities of Daily Living' of the oldest-old female respondents and the graphical presentation declared that out of the total number of *active* respondents 48.94% respondents are schedule tribe whereas, 27.19% tribal respondents are *mildly disabled* and 19.10% tribal respondents are *severely disabled* as per the mentioned parameters. However, the general caste people have the ADL status of 10.64% are *active*, 31.58% are *mildly disabled* and 42.70% are *severely disabled* as per the mentioned parameters.

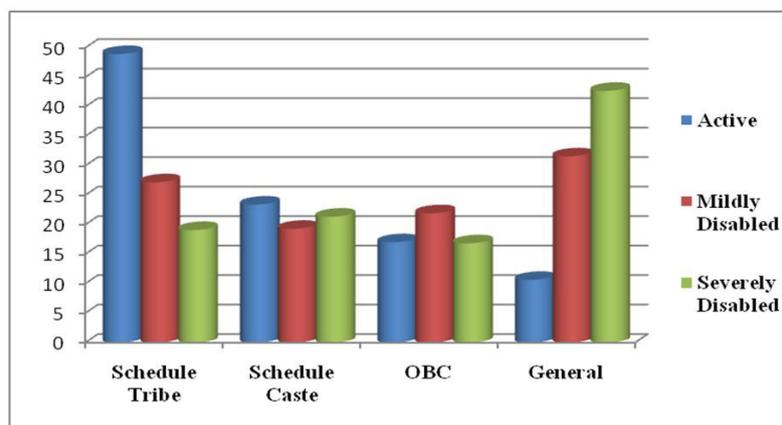


Figure 5: The Bar-graph shows the Caste/ Community wise ADL Status

Case-I: One of the informants named Geeta Hansda (Named changed), who is 84 years old widow female. She has two sons but presently she lives with her younger son's family at Nayagram. Mrs. Hansda can do the necessities work for daily living. However, she narrated that, "I can do everything myself...sometimes I also cooked rice when my son-in-law goes to work in that time I cooked and also take care of my grandsons because his mother worked as daily labour thus I take care of my grandson and also complete some household work. I never feel any physical problem doing this work. Always I walked and never eat any medicine, I don't like medicine, and always I prefer the local medicine (Gach gachrar oshud) because medicine has the side effect but if I eat natural medicine (collect from medicinal forest and making it a natural way) then no problem. My husband died for the wrong treatment. Doctor Shaheb can't identify his problem, and doctor Saheb always gave him wrong medicine when we released it then the time almost end thus, we did not anything after that I never used and depend on the doctor. When I feel that my health is not right then I cure myself. Thus, I am alright and I do everything myself. I don't need any assistance and I pray to god, before facing any health disabilities you took my life."

Case-II: One of the informants named Sangeeta Ghosh (Named changed), who is 81 years old widow female. She has three sons but presently she lives with her elder son's family at Nayagram. Mrs. Ghosh can't the necessities work for daily living. She needs assistance for completing the daily living activities, especially for bathing dressing and continence. However, she narrated that, "When I complete my appendix surgery in 2006 after that I feel the number of health problem like gastritis, low vision, hearing, walking and so on. Recently, I did not anything without any assistance. His son-in-law stated, sometimes she finished the continence on bed especially in the night and this symptom started for the last two years. But before her surgical operation, she was completely feet but after the operation, we faced the difficult problem and nowadays she behaved like children. So, without any help or assistance, she is helpless as a child."

Case-III: One of the informants named Putul Mandal (Named changed), who is 83 years old widow female. She is living in a joint family with three sons and their respective wife and five grandchildren. She qualified up to the primary level of education. Mrs. Mandal passed her life as a housewife. She is currently unable to do her daily living actives, and need assistance to do daily living activities such as cooking, bathing, washing and so on. Meanwhile, she got married at the age of 12 years and had three sons and two daughters. When she only 45 years old she lost her husband in an accident. After the death of her husband, she takes care of all the responsibilities. However, she narrated that, *“For economic needs, she always dependent on her sons. In all the domains of ADL checklist, I’m not independent rather I feel in most of the time I’m dependent and acceptably continued. In leisure time I engaged with such activities like watching television, performing religious tasks into the home arena and taking watching to grandchildren.”* Ms Mandal also added that *“always I feel quality of life as not much satisfactory and also badly feelings of isolation and loneliness because of the family environment. While, chief caregivers are daughters-in-law, and grandchildren, where my sons are working and daughters-in-law are homemakers. Though my grandchildren always try to maintain a good physical status of my and they can’t give me enough time from their busy life schedule.”* Subject’s daughters-in-law stated, *“for physical exercise, she used to walk daily with her walking stick and performed some household chores like as helping hand during cooking time. Her daughters-in-law also added that we did not feel any burden to providing care for my mother-in-law while she is physically and economically dependent and not actively performing in daily chores of life.”*

Case-IV: One of the informants named Swaraswati Mahato (Named changed), who is 81 years old female, lives with her 89 years old husbands. They have two sons but presently they live with her elder son’s family. Only Mrs. Mahato can do the necessities work for daily living but her husband Mr. Mahato can’t do anything. However, Mrs. Mahato described that *“I can do everything myself... sometimes I cooked also when my son-in-law goes to her mother’s home. I also take care of my grandsons because his mother worked as a maidservant. I am the main caretaker of my husband because he always rests in the bed he never done himself for which always he need assistance to perform his own daily living activities even he can’t take bath and bathroom works for which, the maximum time in a day I take care of my husband”.*

Discussion

To assess the functional activities is foremost elements to measuring the quality of life among the elderly especially the oldest old population, which exposed their capability to accomplish normal daily activities. This study has been carried out to determine the prevalence of functional activities of daily livings (ADLs) among the oldest old population.

The ADL status depicted in three patterns such as *active, mildly disabled* and *severely disable*; first, ‘*active*’ category stated the functional ability in daily living decline rapidly from general caste population whereas, minutely much better in the caste population especially in a tribal population. However, the opposite scenario present *severely disables* category stated the functional capacities in daily living decline rapidly in tribal population whereas, minutely much higher in the caste population, especially from the general caste population.

Although the study is a micro-based thus the data set with a small sample thus, the individual functional capabilities with ageing process go faster and conveyed a considerable loss of functional capability among the elderly population like oldest old population. Moreover, this study illustrated the oldest old population to need assistance for performing their daily living activities. The study further illustrated the caste-wise daily living activities status where general caste oldest old female is not as good as the tribal caste oldest old female; which conveyed that the rural tribal oldest old female has significantly better daily livening functional capabilities than the other caste oldest old female. The study further extends that category of mild and severe disability also illustrated. The data conveyed that roughly upper proportions belong in disability status that is the general caste oldest old female population, but opposite patterns are found among the tribal oldest old female population.

The above mention case studies describe and concluded that the oldest old female in rural areas enjoying their livelihood with facing various types of family problem as well as their health problem which may be interrelated with their daily living activities. Sometimes these types of problems created gross physical decline among the oldest old people.

Moreover Table 3 shows the chi-square test between the caste distribution and the daily living status of the rural oldest old female population shows that the p-value is < 0.00001 and result is significant at p < .01 for which we confident in absolute the general caste oldest old female populations in rural area are living seriously disadvantaged in ADL as well as poor physical performances.

Caste Distribution	ADL Status			χ ²	p-value
	Active	Mildly	Severely		
General	2.6	4.56	3.48	92.4199	< .05 and < .01
OBC	3.2	7.04	6.78		
SC	5.4	5.3	12.7		
ST	7.6	28.7	12.64		

The p-value is < 0.00001 and result is significant at p < .01

Table 3: The Table shows chi-square test between the caste distribution and the daily living status

However Table 4 shows the chi-square test between the spouse status and the daily living status of the rural oldest old female population shows that the p-value is not significant at $p < .01$ for which the study exposed that there have no relation or connection with their daily living status and with their respective husbands.

Spouse Status	Active	Mildly	Severely	χ^2	p
Having Spouse	5.6	16.2	12.7	0.32022	< .05 and < .01
Spouse-less	13.2	29.4	22.9		

The p-value is .320216. The result is not significant at $p < .01$.

Table 4: The Table shows chi-square test between the spouse status and daily living status

On the other hand, it's also observed that the oldest old female more likely to be widowed, poor, and suffer vulnerability to poor health outcomes and along with this, the loneliness is another foremost issue which affecting oldest old female constantly. The present also illustrated that the oldest old female who is silently living with their sons/daughters and grand-children are also suffering from emotional division and also most of them are economically dependent for which always varying their socio-economic situation, lifestyle and health care condition as the result of it they feeling negligence from their family members and lack of health care facilities and financial support the oldest old female often have to face acute health problems. Since most of the oldest old female have been living within the four walls and scarcely came out in open public place and sometimes their physical condition not permitted to came out in open public place for which in most of the time their health problems stay behind overlooked.

Conclusion

Anthropology as a discipline embraces all aspects of humans, biological and cultural in all times and places. While ageing studies are temporal phenomena at the core of gerontology as well as in the field of anthropology. However, most of the ageing studies on the ageing process in biology, psychology, and social ageing' are focused on what happens in time. Therefore, our study shows that physical performance, cognitive function and functional abilities in the daily life of the female oldest old population in rural areas. The study demonstrates that, on average, the female oldest old in general caste population are seriously disadvantaged in respect of functional disabilities whether the tribal oldest old female population enjoyed more degree of independence in terms of daily living activities.

As the outcome of the present study point out that the foremost distress of the oldest old is daily living activities regarding health status. For which the study suggested more health care services should be needed for these special aged population and also elderly facilities need to be available in the local health centre or in block hospitals.

Finally, the present study may be helpful to raise the different issues such as health problem of the oldest old female, because of health problem one of the main reason behind the functional disabilities in daily living activities. This reason also connected with caregivers to care for the oldest old people. Therefore, the present study suggests to the further study because this study is micro study though, it may help to give an idea of the macrocosm view of the rural female oldest old population in India, which might be helpful to policy maker to formulate the policy for these special aged population.

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Conflict of Interest

We have no Conflict of Interest.

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