Need Saliency and Health Care Facility for Rural Elderly Women in Odisha

Katyayani Singh[1*], Kalpana Sahoo[2]
[1]*XIM University*
[2]*XIM University*
[1]*katyayani@xustudent.edu.in*, [2]*kalpana@xim.edu.in*

Abstract

The present study reports the validity of need saliency model in the context of health care needs of rural elderly women. It is posited that psychological well-being of rural elderly women is related to salient need satisfaction and unrelated to non salient need satisfaction. One hundred and fifty-five and one hundred seventy-one elderly urban women were sampled respectively from rural and urban settings. The dependent measures included perceived importance of needs, satisfaction of salient needs, satisfaction of non salient needs, total satisfaction of needs and various indicators of well-being as well as overall well-being. The result shows that well-being is significantly associated with the satisfaction of salient needs in rural elderly women. It also appears that all the needs are considered important in the context of mental health. The model is empirically supported. The implication of identifying salient needs in each sub-set of human population is discussed. The need saliency model has been empirically proved in the health care of elderly women. The significance of need saliency in the context of rural consumers needs to be appreciated in view of the major implications of the present study.

Keywords: *Health care needs, Need saliency, Rural elderly women, Salient needs, Well-being.*

1. Introduction

It was rightly said by Jawaharlal Nehru that 'You can tell the condition of a nation by looking at the status of its women.' Even if a mother loves her children very much, she can never provide high-quality childcare if she herself is poor, oppressed, illiterate, uninformed, anaemic and unhealthy, has five or six other children, lives in dirty unclean environment, has neither clean water nor safe sanitation, and if she is without the necessary support either from health services, or from her society, or from the family members. Looking through the lens of poverty and poor health care there are the following major areas of discrimination against women in India like, malnutrition, poor health, lack of education, burden of work, ill-treatment, powerlessness, and lack of self-awareness.

Out of approximately 1.4 billion people in India, 672 million are women. India has 17.7 percent of the world's population, but only 2.4 percent of its land, resulting in great pressures on its natural resources. India is one of the few countries where males significantly outnumber females, and this imbalance has increased over time [1]. As per a report by WHO in 2019, India's maternal mortality rates in rural areas are among the world's highest, accounting for 27 percent of all maternal deaths. Though the Indian constitution grants women equal rights with men, strong patriarchal traditions persist, and women's lives are shaped by customs that are centuries old [2]. In many Indian families, a daughter is viewed as

*Corresponding Author

a liability, and she is conditioned to believe that she is inferior and subordinate to men. Sons are idolized and celebrated. Women are malnourished, and gender disparity in nutrition can be seen from infancy to adulthood, contributing to the direct and underlying cause of death among girls below 5 years [3]. Malnutrition leads to anemia, becoming a risk factor in pregnancy later in their lives, complicating matters like childbearing and contributing to maternal and infant deaths. A primary way that parents discriminate against their girl children is through neglect during illness. When sick, little girls are not taken to the doctor as frequently as are their brothers. A study in Punjab shows that medical expenditures for boys are 2.3 times higher than for girls [4]. As adults, women get less health care than men. They tend to be less likely to admit that they are sick, and they'll wait until their sickness has progressed before they seek help or help is sought for them. Studies on attendance at rural primary health centers reveal that more males than females are treated in almost all parts of the country [5].

Women's socialization to tolerate suffering and their hesitation to be examined by male medical personnel serve as additional barriers to accessing adequate health care [5]. India's maternal mortality rates in rural areas rank among the highest globally, with the reluctance to seek medical care for pregnancy, often perceived as a temporary condition, contributing to this high rate (World Health Organization, 2019). Nationwide estimates indicate that only 40-50% of women receive any antenatal care (Ministry of Health and Family Welfare, 2017). Studies in the states of Bihar, Rajasthan, Odisha, Uttar Pradesh, Maharashtra, and Gujarat report registration for maternal and child health services as low as 5-22% in rural areas and 21-51% in urban areas (International Institute for Population Sciences, 2016).

Limited access to and poor quality of reproductive services adversely affect women's health [6]. Social norms and fear of violence contribute to women and girls receiving far less education than men, with India having the largest population of non-school-going working girls (UNESCO, 2020). Women typically work longer hours in more arduous conditions than men, yet their labor is often unrecognized [7]. Moreover, rural women face inadequate mental health care facilities, experiencing stress due to limited access to resources necessary for meeting their needs and a shortage of trained mental health professionals [8].

The behavioral health needs of rural women, a significant yet often overlooked population, have not been adequately researched. Existing studies tend to focus on limited geographic regions, which may not be representative of other rural communities. Furthermore, many studies compare rural and urban samples, drawing conclusions despite the differing need patterns between rural and urban populations. Rural women differ from their urban counterparts in various ways, affecting their health care needs. Psychologists and other health professionals can effectively plan and deliver services if they can identify the salient needs of the population subset.

As rural women age, their position in the family and society changes, leading to more varied needs [9]. Their health conditions and sense of well-being deteriorate, resulting in altered need patterns [10]. It could be argued that rural elderly women are likely to experience well-being when their needs are satisfied. However, it is nearly impossible for any society to fulfill all the needs experienced by a subset of the population, prompting an examination of the construct of need saliency [11]. This construct assumes no fixed hierarchy of needs in a subset of the human population, with saliency determined by an individual's past socialization in a given culture and continuously modified by present conditions [12].

The construct of need saliency has been empirically supported in the domain of work motivation. The motivational approach has universal applicability. In contrast to the humanistic approach, there is no value orientation in this motivational approach. In this scheme, the distinction between extrinsic and intrinsic needs become unnecessary. Potency of each of the needs is considered in terms of its relation to a given subset of human population. The motivational approach of the need saliency model offers a framework having greater

cross-cultural generality. The need saliency model has been empirically proven to have significant contributions into the fields of work motivation and higher education. Thus, it becomes pertinent to prove that the need saliency theory can be successfully used in the health sector also in determining the health care needs of people.

The need-salience construct seems to have relevance in the context of health care for women in India. It is axiomatic that psychological well-being is a major concern for all categories of population in the world. It has an added significance for the aged. An examination of the psychological and social aspects of aging is an essential part of understanding the Indian gerontological work. Considering the importance of culture-specific needs for a given subset of the human population, it is posited that identifying salient needs is a prerequisite step for women's health care in India [13]. The conceptualization of women's health care within the framework of salient needs would provide both theoretical and pragmatic solutions to physical and mental health concerns. Consequently, the following hypotheses are proposed to examine the relationship between need satisfaction and psychological well-being for elderly rural women:

- Psychological well-being of elderly rural women is related to salient need satisfaction.
- Psychological well-being of elderly rural women is unrelated to non-salient need satisfaction.

These hypotheses aim to guide further research and intervention strategies to improve the psychological well-being of elderly rural women in India by focusing on satisfying their most salient needs while acknowledging that non-salient needs may not have a significant impact on their overall well-being.

2. Materials and Methods

The primary objective of this study is to investigate the proposition that well-being among rural elderly women is significantly related to the satisfaction of their salient needs.

2.1. Design

The study employs a comparative design, with samples drawn from both rural and urban settings. The dependent measures encompass perceived importance of needs, satisfaction of salient needs, satisfaction of non-salient needs, total satisfaction of needs, and various indicators of well-being, including overall well-being. Indicators of well-being consist of competence, physical health, freedom from anxiety, personal morale, freedom from depression, autonomy, trust, social support, perception of control, happiness in family, effective coping, job involvement, and feelings of spirituality.

2.2. Sample

The sample includes 155 females from rural areas surrounding the cities of Cuttack and Berhampur and 171 females from the cities of Cuttack and Berhampur, yielding a total of 326 participants. Participant ages range from 45 to 65 years.

2.3. Measures

The study employs a multi-part instrument specifically developed and validated for this purpose. The subscales include perceived importance of needs, need satisfaction, and psychological well-being.

2.3.1. Measure of Perceived Importance of Needs: Part 1 of the questionnaire features a list of 17 needs experienced by elderly women in India. Participants rank order the needs based on priority, indicating which needs they consider most important. The list includes freedom to use leisure in one's own way, opportunity to play and talk with grandchildren, financial self-sufficiency, autonomous activities, living with married sons/daughters, opportunity to visit new places including places of religious interest, facility for medical check-ups, opportunity for entertainment (TV/Radio), facility to interact with age-mates, food as per personal choice, facility for outdoor games, possibility for being nursed (being cared for), sanitary living (residential) conditions, autonomy to talk out, freedom to observe festivals of personal choice, an environment with self-security, and non-lonely residence. Participants are asked to rank order the needs in terms of priority. In other words, they are asked to indicate "1" against the need they consider most important and indicate "2" against the next most important need. Accordingly, they are advised to write 3, 4, 5…to indicate decreasing order of their need priority.

Based on responses of participants, it is possible to identify salient and non-salient needs of an individual. Salient needs are those that are rated first and second by the individual. Non salient needs are those that are rated sixteenth and seventeenth. It is also possible to identify the salient and non-salient needs of a given subset of human population based on mean priority ratings.

2.3.2. Need Satisfaction Measure: Part 2 of the scale measures the extent of satisfaction of each of the seventeen needs. All the seventeen needs are indicated in a random order. Participants are asked to indicate the extent of need fulfillment on a five-point scale where '0' is indicative of the response that the need is not at all satisfied and '4' denotes that the need is exceedingly satisfied.

This part of the scale generates salient need satisfaction score (sum of ratings across two salient needs of an individual), non-salient need satisfaction score (sum of ratings across two non-salient needs of an individual), and total need satisfaction score (sum of ratings across all seventeen needs).

2.3.3. Measure of Psychological well-being: Part 3 of the scale presents 14 dimensions of psychological well-being. These dimensions were derived in a factor analytic study carried out earlier [14]. The dimensions include competence, physical health, freedom from anxiety, person's morale, freedom from depression, autonomy, trust, social support, perception of control, happiness in family, effective coping, job involvement, social contact, achievement, and feelings of spirituality. Each dimension is presented in the form of a semantic differential format. For example, the dimension of competence is presented in the following way: "Incompetent 1 2 3 4 5 6 7 Competent."

Participants are asked to encircle the number that closely characterizes their condition. The use of this semantic differential method generates an individual score for each dimension. Furthermore, an overall score of psychological well-being can be determined by summing the scores across all dimensions. The measure also requires an individual to indicate her personal information such as age, education, and residence.

2.4. Procedure

Women were contacted in their natural place of residence. Rapport was established prior to test administration. All participants were individually administered the test. The help of local people, especially in the rural setting, was enlisted for help in test administration. With a

view to examining the proposed hypotheses, parametric statistical computations were carried out.

3. Results

The identification of salient and non salient needs, need satisfaction and psychological well-being are the key variables in this study. The analysis is carried out in two settings: rural and urban. In addition, the proposition that salient needs satisfaction is significantly related to psychological well-being is examined. The findings can be summarized as follows.

3.1. Perceived Importance of Needs

An important feature of the study involves participants' rank-ordering seventeen needs. The identification of salient and non salient needs in rural and urban settings provides interesting features. It may be indicated that salient needs are those that are rated first and second by the women. Non salient needs are those that are rated sixteenth and seventeenth by the participants. As shown by Table 1, autonomous activities emerged as salient need of the urban women and it is in the first position. The second position was assigned to opportunity to play and talk with grand children by the urban elderly women. Similarly, the opportunity to talk and play with grand children is also the salient need of the rural elderly women and it is in the first position. The second salient need of rural women is the opportunity to visit new places. The non salient needs for the urban rural elderly women are food as per one's choice and facility for outdoor games. For the rural elderly women, the non-salient needs are freedom to use leisure in one's own way and non-lonely residence. There is no uniformity with respect to non salient needs among the urban and rural elderly women.

Table 1: Identification of Salient and Non-Salient Needs Across Settings

Settings	Salient Needs	Non salient Needs
Rural	• Opportunity to play and talk with grandchildren. • Opportunity to visit new places.	• Freedom to use leisure in one's own way. • Non-lonely residence.
Urban	• Autonomous activities. • Opportunity to play and talk with grand children.	• Food as per one's choice. • Facility for outdoor games.

The most important aspect of the present study involves the hypothesis that salient need satisfaction is significantly related to psychological well-being among rural elderly women. As shown by Table 2, this hypothesis is strongly supported. The product moment correlation coefficients have been computed between each of the well-being dimensions and salient need satisfaction. As shown in the table salient need satisfaction is significantly correlated with many of the well-being dimensions. In the context of urban settings, seven out of fourteen cases reach the level of significance. In the rural setting also seven out of fourteen cases reach the level of significance. When the overall psychological well-being is considered, the association between salient need satisfaction and well-being emerges significantly in both rural and urban settings. In urban setting, salient need satisfaction is significantly related to well-being $r\ (169) = .35$, $p<.01$ and in rural setting, there is significant association $r\ (153) =.43$, $p<.01$. The correlation coefficient between overall well-being and non- salient needs is not significant whereas, the correlation between overall well-being with salient needs is significant in both rural and urban settings. Although, the correlation between non-salient

needs and well-being also emerges to be significant in some cases the number of significant correlations the number of significant correlations is less compared to cases on salient needs.

Table 2: Product Moment Correlation Coefficients between Salient Need Satisfaction and Non- Salient Need Satisfaction and Well-being Dimensions; (*p< .05, **p< .01)

Well-Being Dimensions	With Salient Needs Urban Setting (n= 171)	With Salient Needs Rural Setting (n= 155)	With Non-Salient Needs Urban Setting (n=171)	With Non-Salient Needs Rural Setting (n=155)
Competence	.07	.08	.15	-.05
Physical Health	.09	.08	.09	.17
Freedom from Anxiety	.31**	.24	-.03	.36**
Person's Morale	.11	.26*	.11	-.10
Freedom from Depression	.30**	.41**	.31**	.19
Autonomy	.44**	.35**	.11	.28*
Trust	.29**	.33**	.29*	.10
Social Support	.26**	.13	.20*	.06
Perception of Control	.19	.22	.14	.25*
Happiness in Family	.23*	.39**	.11	.15
Effective Coping	.14	.15	.04	.00
Job Involvement	.11	.31*	.17	-.08
Achievement	.20*	.43**	.07	-.04
Feeling of Spirituality	.05	-.04	.19	-.13
Overall well-being	.35**	.43**	.24*	.11

4. Discussion and Implications

The primary objective of the present investigation was to examine the hypotheses. It was hypothesized that psychological well-being of the elderly rural women is significantly related to salient need satisfaction. It was further postulated that well-being is unrelated to non salient need satisfaction. Although the first hypothesis is supported in the study, the second hypothesis is not supported. It appears that all the needs are considered important in the context of mental health. Although the salient needs were identified based on the women's rating of first and second and the non salient needs were identified in terms of the sixteenth and seventeenth ranks, it seems that individuals also consider low ranked needs as important in the context of health. Despite this result the hypothesis that well-being is associated with salient need satisfaction assumes importance in the study.

The present study has both theoretical and practical implications. Policy makers, planners and researchers have preconceived notions about people's needs. They are inclined to rigidly believe that they are the important needs. However, programs built on these assumptions may fall flat. The present study strongly suggests that salient needs as perceived by a particular subset of population need to be identified empirically. It is scientific to generate a list of

salient needs of a given population based on observation, interview and other techniques. The proposition that salient needs are specific to a particular subset of population must be respected. Programs for well-being need to consider fulfillment of salient needs as it is not possible to satisfy all the needs. The programs aiming at the fulfillment of salient needs of the elderly women is likely to promote psychological well-being and happiness.

References

[1] *C. Z. Guilmoto, "Scarce Women and Surplus Men in China and India," in Sex ratio imbalances in Asia: An ongoing conversation between anthropologists and demographers., vol. 8, Springer, pp. 145-161,* ***(2017)***.

[2] *H. Mirkin, "The passive female the theory of patriarchy," American Studies, vol. 25, no. 2, pp. 39-57,* ***(1984)***.

[3] *B. Miller, "Female Infanticide and Child Neglect in Rural North India," in Child Survival, Springer, pp. 95-112* ***(1987)***.

[4] *M. Gupta, "Selective Discrimination against Female Children in Rural Punjab, India," Population and Development Review, vol. 13, no. 1, pp. 77-100,* ***(1987)***.

[5] *M. Chatterjee, Indian women, health, and productivity, World Bank Publications,* ***(1990)***.

[6] *L. Visaria, S. Jejeebhoy and T. Merrick, "From Family Planning to Reproductive Health: Challenges Facing India," International Family Planning Perspectives, vol. 25, pp. S44-S49,* ***(1999)***.

[7] *S. M. Hassan and A. Azman, "Visible work, invisible workers: A study of women home based workers in Pakistan," International Journal of Social Work and Human Services Practice, vol. 2, no. 2, pp. 48-55,* ***(2014)***.

[8] *M. Kermode, H. Herrman, R. Arole, J. White, R. Premkumar and V. Patel, "Empowerment of women and mental health promotion: a qualitative study in rural Maharashtra, India," BMC public health, vol. 7, no. 1, pp. 1-10,* ***(2007)***.

[9] *A. K. Bhat and R. Dhruvarajan, "Ageing in India: drifting intergenerational relations, challenges and options.," Ageing & Society, vol. 21, no. 5, pp. 621-640,* ***(2001)***.

[10] *A. Mudey, S. Ambekar, R. C. Goyal, S. Agarekar and V. V. Wagh, " Assessment of quality of life among rural and urban elderly population of Wardha District, Maharashtra, India.," Studies on Ethno-medicine, vol. 5, no. 2, pp. 89-93,* ***(2011)***.

[11] *A. Maslow, Eupsychian management : a journal, Homewood, Ill. : Richard D. Irwin,* ***(1965)***.

[12] *C. Alderfer, Existence, relatedness, and growth: Human needs in organizational settings, Free Press,* ***(1972)***.

[13] *I. J. Prakash, "Mental health of older people in India," in Handbook on Indian gerontology, Delhi, Serials Publications , pp. 176-208,* ***(2004)***.

[14] *F.M. Sahoo, "Health Behaviour Questionnaire," Psychology Department, Utkal University, Bhubaneswar,* ***(2006)***.