



## A Study on Socio-Economic and Health status of Elderly belongs to Rural BPL Families in Chittoor District of Andhra Pradesh

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### ABSTRACT

*The elderly population increasing rapidly with various reasons worldwide and India is the one of the high elderly population country in the world. Today India is home to one out of every ten senior citizens of the world. Both the absolute and relative size of the population of the elderly in India will gain in strength in future. Among the total elderly population, those who live in rural areas constitute 78 percent.*

*Many studies revealed that as the rural elderly and specifically the rural elderly belongs to Below Poverty Line families having difficult socio-economic situation and health condition due to poor education, lack of health facilities, backwardness and many other major causes. Now the migration from rural to urban is also became a major reason. Even though many research studies continuously bringing the facts about the poor conditions of the elderly in every corner of the India, still many research studies highly required to implement more welfare measures for old age people. Present study is an attempt to understand Socio-Economic Status and Health Conditions of Rural Elderly belongs to BPL families in Chittoor District of Andhra Pradesh.*

**KEYWORDS :** Socio-Economic Status, Health Status, Rural BPL Elderly, Chittoor District, Andhra Pradesh

### Introduction

"The ageing process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. In the developed world, chronological time plays a paramount role. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age. In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant such as the roles assigned to older people; in some cases it is the loss of roles accompanying physical decline which is significant in defining old age. Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible." (Gorman, 2000). However the Indians believe 60 years is starting for old age.

The reduction in fertility level, reinforced by steady increase in the life expectancy has produced fundamental changes in the age structure of the population, which in turn leads to the aging population. The analysis of historical patterns of mortality and fertility decline in India indicates that the process of population aging intensified only in the 1990's. The older population of India, which was 56.7 million in 1991, is 72 million in 2001 and is expected to grow to 137 million by 2021. Today India is home to one out of every ten senior citizens of the world. Among the total elderly population, those who live in rural areas constitute 78 percent.

India is an agriculture dominated economy where about 70 percent population lives in rural areas and is dependent on agriculture and allied occupations. The aged (60+) represent about seven to eight percent of this population, most of them are living below poverty line. The aged in the unorganized sector like agriculture workers, casual workers, and landless labourers are in economically desperate position. Economic hardships, health problems, family responsibilities and disturbed relations are the major problems faced by the elderly people. Due to the pressing needs of family and their personal requirements they have to work as long as they live. Moreover, the problems become more complicated when their children start neglecting them and the elderly people face psycho-social problems coupled with economic and health problems.

The health care facilities for the aged have been a big question. So far as the availability and availing of these facilities is concerned, Desai (1987), while analyzing the health situation of the rural aged pointed out that "to reach a hospital or to get a doctor means money and the rural poor are too poor to afford it. So to suffer and die without even the prospect of a healing hand is the lot of the rural aged."

Neglecting the elderly, an unimaginable condition in agrarian society, has begun to occur (Pillai, 1988). A number of factors contribute to the changing status of the aged, the foremost being the breaking of joint family system. Individualism and materialism are the other important factors, which are growing rapidly among the modern youth.

### Objectives of the Study

1. To study the social and economic status of rural BPL family elderly of Chittoor District of Andhra Pradesh.
2. To study various health and adjustment problems face by elderly belongs BPL families.
3. To study the status of the support receiving by the elderly from their family and society.

### Methodology

The present study was undertaken in the rural areas of Chittoor District of Andhra Pradesh. A sample of 300 aged (60+ years) people 150 male and 150 female were selected from three blocks of Chittoor District. Out of selected blocks the villages were randomly selected. The subjects were randomly selected from the list of older people prepared from each selected village. The list was prepared with the help of voters lists and ration cards of the villagers.

The information in socio-economic and health aspects of the respondents were collected with the help of an interview schedule prepared for the study. The respondents were interviewed at their residence. Some aspects of personal and family life such as family relations, personal satisfaction and general awareness of the aged were judged by observation, group discussion and informal interview and discussion with the subjects, their spouse or friends.

### Results and Discussion

#### Age

Table 1 revealed that maximum percentage i.e. 61.0% percent respondents belong to age group of 60-70 years, 26.7% were in the age group of 71 to 80 years followed by 81 years and above with 12.3 percent.

The data (Table 1) shows that the majority percentage of the respondents were in the age group of 60-70 years (183 numbers) while there was steep decline in the next two age groups: 71-80 and 81 years and above.

**Table 1: Age Wise Distribution of the Respondents**

Age	Male	Female	Percentage & Respondents
60-70	55.4 (83)	66.7 (100)	61.0 (183)
71-80	32.0 (48)	21.3 (32)	26.7 (80)

81& above	12.6 (19)	12.0 (18)	12.3 (37)
Total	150	150	100.00

(Figures in parenthesis are percentage out of 150)

### Caste

In India, caste is the base of social stratification and a very important factor, which shapes the thinking, living norms, and values of people. Table 2 shows the caste composition of the landless aged in Andhra Pradesh

The majority of the landless aged was found in the scheduled castes and Scheduled Tribes (41.3 %) followed by BC/OBC category (34.7%) and the lowest percentage were among the upper castes (24.0%) This could be due to the traditional social structure of Indian society where the upper caste domination in past decades. However, good members (24.0%) of upper caste aged were also found in rural BPL elderly.

**Table 2: Distribution of the Respondents by Caste**

Caste	Male	Female	Percentage& Respondents
Upper caste	21.4 (32)	26.6 (40)	24.0 (72)
BC/ OBC	24.6 (37)	44.7 (67)	34.7 (104)
SC/ST	54.0 (81)	28.7 (43)	41.3 (124)
Total	150	150	300

(Figures in parenthesis are percentage out of 150)

### Family size

Family is the basic institution of our society, which performs the functions of upbringing and care of all the family members. According to Prof. Goode (1965), "family is a unique institution and points out that it is the only institution other than religion, which is formally developed in all societies". Family duties are the direct responsibility of everyone in society with rare exception. The most important function of family is to take care of the children, infirm, disabled and the aged family members.

In old age, a person become physically and emotionally weak and needs some support which can be sought from the family members only According to a study conducted by Thompson and Strieb (1962) people live their lives through social relationships and family interaction takes place in the family and a high frequency of interaction in the family is important for retired people.

**Table 3: Distribution of Respondents According to the Size of Family**

No. of Family Members	No. of Male Subjects	No. Female Subjects	Percentage& Respondents
Up to 4	8.0 (12)	14.6 (22)	11.3 (34)
5-8	43.3 (65)	44.7 (67)	44.0 (132)
Above-8	48.7 (73)	40.7 (61)	44.7 (134)
Total	150	150	300

(Figures in parenthesis are percentage out of 150)

The kind of relationship between the aged and the other members of the family is important; it depends on the size of family, type of family and occupations of family members. In this study, it was found that a large number of the respondents belong to big families. 44.7% of the respondents live in the families with more than 08 members, almost the similar figure 44.0% lived in the families with 5 to 8 members and only 11.3% of the respondents lived in small families, with up to 4 members (Table 3).

It was observed during interaction and also in informal discussions that a good number of aged couples were living in the same house but managing these affairs separately in one room. In some of the families, the interaction between the aged and their children was not good, though the elderly did not disclose it or discuss it. Interaction between members of such families was not as smooth as it should be. Some reasons for this were economic and financial problems in family, large size families where the aged people were considered as a burden and a threat to the freedom of family members.

### Literacy Level of the Aged

While studying the socio-economic status of the rural BPL elderly, the level of education of the aged was analyzed. Table 4 shows large numbers of the aged 70.7 % are illiterate and in this the female illiteracy was high (76.7). Only 20.3% of the respondents were literate. About 9.0 % of the elderly had no formal education but they were able to read and write. While analyzing it further it was observed that this ability to read and write had been attained by experience and practice with the help of some educated family members. The motivation for this was the curiosity to read religious literature or the epics.

**Table 4: Literacy Level of the Landless Rural Aged**

Education	Male	Female	Percentage& Respondents
Literate	23.3 (35)	17.3 (26)	20.3(61)
Illiterate	64.7 (97)	76.7 (115)	70.7(212)
Able to read	12.0 (18)	6.0 (9)	9.0(27)
Total	150	150	300

(Figures in parenthesis are percentage out of 150)

### Source of Livelihood

In old age, because of physical disabilities, deterioration in work capacities is common; therefore, the source of livelihood is also a big question. Land-owning class of rural aged have a safe, secure and regular source for their livelihood, workers as the BPL landless class have only wage-labour as a main source of income. This starts diminishing because of physical problems of old age. What is the source of livelihood for landless rural aged? An attempt was made to analyze this question in this study. It was found that the majority of the landless rural aged 82.7% (N = 300) were dependent on the family income. They did not have their independent source of livelihood. The sample exhibited that 81.0% were dependent on old age pension. This just shows the importance of social security schemes for those elderly who do not have any source of livelihood. It was noted that 21.7% were dependent on daily labour. In old age, when a person is supposed to work only as a supplementary source (if possible) or to utilize his/ her capacities to keep them busy or to benefit the family or society from their experience, they have to work compulsorily to earn their livelihood; even engage in physical labour including hazardous and risky work. 3.7 % of the respondents depending upon their relatives followed by 2.0% of the respondents dependent on government on government pension and 1.0% had no source of income.

While analyzing the situation, it was observed that many respondents were dependent on more than one source of livelihood. Some of the respondents expressed were dependent on family income as well as old age pension. A more in-depth observation found that many of these respondents gave their old age pension to the earning family members or to the head of the family as a token of their share in family income. Some of the respondents felt it was a matter of their self-respect; some gave it because of family compulsions. Such types of dual responses were also found in other categories as daily labour where they go regularly for daily work and gave their earnings/ part of earnings to the family members.

**Table 5: Distribution of Respondents Showing the Source of Livelihood**

Source of Livelihood	Male	Female	Percentage& Respondents
Dependent on family Income	74.0 (111)	91.3 (137)	82.7 (248)
Govt. Pension	4.0 (6)	-	2.0 (6)
Old age pension	85.3 (128)	77.7 (115)	81.0 (243)
Daily Labour	32.0 (48)	11.3 (17)	21.7 (65)
Dependent on relatives	2.0 (3)	5.3 (8)	3.7 (11)
No source	0.6 (1)	1.3 (2)	1.0 (3)
Total	150	150	300

(Figures in parenthesis are percentage out of 150)

**Health Status**

Health problem, physical or mental, brings down the level of coping and tolerance in any individual of any age group. Due to biological ageing the level of resistance to illness is less and recovery takes longer time and the gradual decline in physical strength is common. This, of course, varies from individual to individual. Some age related diseases like arthritis, low vision, poor hearing, fluctuations in blood pressure, respiratory problems, diabetes, etc. become a part of day-to-day life.

Data in table 6 indicates that more than 84.0 % of total respondents were found suffering from illness and 16.0% of these were free from any ailments. It further indicated that the male 92.7% suffering from ailments, 7.3percent were not having any ailments. Female 75.3% suffering from ailments and one fourth of the respondents i.e. 24.7% were not having any ailments.

Broadly speaking, the declining physical and mental changes due to ageing and attitude of individual and society are key concepts of the science of ageing. The health status of the poverty stricken rural aged is unquestionably the worst. The health care facilities to the aged are hardly availed of due to utter ignorance, poverty and the belief that the failing of health is normal occurrence of life. The declining health status of the aged gradually pushes older persons to relatively insignificant social position in the family and society.

**Table 6 Percentage distribution of the elderly by ailments**

Age	Male	Female	Total
Suffering from ailments	92.7 (139)	75.3 (113)	84% (252)
No ailments	7.3 (11)	24.7 (37)	16% (48)
Total	150	150	300

(Figures in parenthesis are percentage out of 150)

While discussing about the health, some very interesting explanations were given by the respondents. Some of them were very serious about their sickness and some others were not much concerned.

**Nature of Ailments**

To ascertain the health status of the elderly, information was collected regarding the nature of ailments.

Table 7 clearly reveals that majority of the aged (46.0%) were suffering from knee pains while only 1.0 percent were suffering from Heart problems and the same percentage suffering from leg swelling. It was observed in the study that with increasing age the percentage of the respondents having no ailments decreased and compared to the male, the female respondents have little fewer ailments. With increasing age, older persons usually have series of ailments. Due to these ailments they lose their strength, authority and social active participation in indoor and outdoor activities which subsequently make the aged burdensome on the family and the society. In the study it was observed that the majority of the elderly suffering from one or more ailments and in this the male respondents are little higher compared to female respondents.

**Table 7. Percentage distribution of the elderly by the nature of ailments**

The nature of ailments	Male	Female	Total
Back Pain	8.7 (13)	7.3 (11)	8.0(24)
Knee Pain	52.0 (78)	40.0 (60)	46.0 (138)
B. P.	6.7 (10)	10.7 (16)	12.0 (36)
Paralysis	2.0 (3)	0.6 (1)	1.3 (4)
Chest Pain	3.3 (5)	1.3 (2)	2.3(7)
Piles	1.3 (2)	6.0 (9)	3.7(11)
Asthma	9.3 (14)	12.0(18)	10.7(32)
Sugar/ Diabetics	8.6 (13)	5.3 (8)	7.0 (21)
Heart trouble	0.6 (1)	1.3 (2)	1.0 (3)
Digestion	12.0 (18)	9.3 (14)	10.6 (32)
Cold	1.3 (2)	1.3 (2)	1.3 (4)
Skin disease	4.0 (6)	5.3 (8)	4.6 (14)

Body Pain	8.0 (12)	16.6 (25)	12.3 (37)
Headache	16.7 (25)	10.6 (16)	13.6 (41)
Leg swelling	1.3 (2)	0.6 (1)	1.0(3)
Teeth problem	21.3 (32)	20.0 (30)	20.6 (62)
Lungs problem	5.3 (8)	8.0 (12)	6.7 (20)
Kidney trouble	0.6 (1)	2.0 (3)	1.3 (4)
No ailments	14.7 (22)	17.3 (26)	16.0 (48)

While discussing about the reasons for the poor or unsatisfactory health, it was observed that the physical condition was not as important as his/ her perception.

Some of the respondents were found working and were involved in daily activities thought they were suffering from one or the other problem. There was a notable difference between the perception of males and females about their health problems. In majority of the cases, female respondents were found making more adjustments than male respondents. The reasons observed have been less care, financial difficulties, more dependency on others, belief in superstitions (*Jadu-tona, Jhad-phoonk*) and effort to overcome their health problems by their experience and local wisdom (*desi totke/ nuskhe*).

**Medical Assistance**

The rural BPL elderly who suffers from various ailments and physical disabilities do need medical assistance. What type of medical assistance and care they avail is another important area, which needs to be explored therefore, the respondents were asked about the major source of medical assistance and it was found that a very large majority of the respondent's 72.6 percent getting assistance from Son while 11.6 percent from daughter. It is interesting to know that the 2.3 percent of the respondents from Neighbours, 2.3 percent from village 1.0 percent from friends and 0.6 percents from doctors receiving the medical assistance.

**Table 8: Percentage distribution of the elderly by financial assistance for medical expenses**

Age	No help	Son	Daughter	Siblings	Villager	Neighbour	Govt. Doctor	Friend	Total
Male	3.3 (5)	66.7 (100)	14.0 (21)	8.0 (12)	2.6 (4)	2.0 (3)	1.3 (2)	2.0 (3)	150
Female	2.0 (3)	78.6 (118)	9.3 (14)	5.3 (8)	2.0 (3)	2.6 (4)	-	-	150
Total	2.6 (8)	72.6 (218)	11.6 (35)	6.6 (20)	2.3 (7)	2.3 (7)	0.6 (2)	1.0 (3)	100.0 (300)

The aged were found to be very eager to solve their health problems but due to ignorance they opted for more than one source for medical assistance. Some important issues were revealed where it was discussed with them. Firstly, govt. run hospitals or PHCs were always ill-equipped. Secondly, the personnel working there were not motivated to serve the suffering people. This led to dissatisfaction of the suffering aged and search for an alternate. Obviously, the most easily available alternate was the quacks available at the doorstep. Some of the respondents accepted that they knew about the inadequate knowledge of these medical practitioners and told about the causalities also, but they had more faith in them than the govt. run hospitals or PHC. The prompt and adequate attention received by patients from the private practitioners mostly untrained/ quacks was quiet satisfying to them.

**Conclusion**

The findings of the present study and a careful analysis of the situation of elderly belongs to BPL families in rural of Chittoor District were:

1. The demographic characteristics of the BPL rural aged of Andhra Pradesh revealed that the majority of the landless aged was in the age group of 60 to 70 years and there was a sharp decline in their population after 70 years of age. A large number of the respondents were illiterate, living in large families and dependent on the family income for their basic needs including health.
2. 'Health problems tend to increase with advancing age and very often the problems aggravated due to neglect, poor economic status, social deprivation and inappropriate dietary intake. Hence, a large majority of landless rural aged were suffering from one or

- the other health problem and physical disabilities.
3. Knee pain, Asthma, blood pressure, digestion problems, poor eyesight, respiratory problems, urinary/kidney troubles and diseases of joints with varying degrees of affliction were some of the physical ailments with which the landless rural aged was suffering.
  4. The most important reason for high incidence of disability was non-availability of specialized care, lack of knowledge or lack of facilities for timely diagnosis and treatment.
  5. The government runs hospitals/ dispensaries/ PHCs did not have proper facilities for the aged people such as special geriatric units or wards, special aids and equipment etc. Hence the landless rural aged suffered because they did not have resources to go to private hospitals.
  6. A very large majority of BPL rural aged depended on quacks/ untrained medical practitioners for their health problems.
  7. The BPL rural aged did not have any secure source of livelihood. Majority of them were dependent on family income and old age pension. Gradually, for the large number of such respondents, the old age pension became the only source of livelihood.
  8. A good number of rural BPL elderly was dependent on daily labour. In spite of their poor health and disabilities they had to go for daily labour which included hard physical work.

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