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Health Status of Elderly in Rural Areas of Tamilnadu

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ABSTRACT

The increase in aging population raises concerns about the welfare and health status of the elderly. The study was conducted to identify the health status of the elderly people in rural area in Tuticorin and Ramnad districts of Tamilnadu. Descriptive research design was used for the study. 500 respondents (250 men and 250 women) who were 60 years and above age were interviewed. The data was analysed by using SPSS (Statistical Package for Social Sciences). The study found that more males are in good health status compared to female elderly respondents. Sex, religion, community, education, marital status, number of living children, type of family, family size and occupation of respondents have significant association with their health status. The finance and non availability of person to accompany the respondent to hospital are the reasons for not taking treatment. It is suggested to take measures to improve the economic conditions, community level supportive mechanisms and to establish geriatric wards in govt hospitals.

KEYWORDS : Elderly, rural, health, Tamilnadu

Introduction

A major demographic issue for India in the 21st century is population ageing, with wide implications for economy and society in general. With the rapid changes in demographic indicators over the last few decades, it is certain that India will move from being a young country to an old country over the next few decades. The increase in aging population raises concerns about the welfare and health status of the elderly. The elderly are vulnerable that they are having physical and mental health problems. Even now, old age is used as synonymous to ill-health. It denotes the vulnerability of elderly people in India. Elderly persons, by and large, are more vulnerable to multiple illness and disabilities because of decreased psychological reserves and compromised defense mechanisms. Moreover, the tendency of elderly to seek medical help goes on decreasing as the age advances. Even if they want to go to hospitals, they have issues in reaching the health facility and getting treatment. With this background, this paper highlights the health status of elderly in selected rural areas and its associated factors with an empirical data collected from villages of Tuticorin and Ramnad districts.

Objectives

- To identify the health status of the elderly people in rural areas
- To study the differentials and determinants of health status of the elderly persons with respect to gender, economic status and living arrangements.

Data and Methodology

Data for the present study was collected from 500 elderly persons (60 years and more) from Tuticorin and Ramnad districts as part of research study titled "A Study on Socio Economic Well Being of Elderly People in selected Rural Areas of Tamilnadu". Descriptive research design was used for the study. 40 panchayats from four blocks (two blocks in each district) were selected randomly. 500 samples (250 men and 250 women) were selected using simple random sampling method. Interview schedule was developed and used as a tool for data collection. A pilot study with 50 respondents and pre test was conducted with 20 respondents and.

Background Characteristics of the Elderly Person

Equal numbers of male and female respondents, 250 each, are the respondents. Three fourths belongs to Hindu and One fourth belongs to Christian. Muslims are in o.6 percent only. More males than females belong to Hindu. Majority of respondents belongs to backward class (90 percent) and the remaining 10 percent belongs to Scheduled caste / schedules tribes (SC/ST). More females than males belong to backward class. This pattern is reversed for SC/ST. A higher proportion of respondents (68.2 percent) are illiterates. 20.4 percent in 1-5 standard and 10 percent completed 6 and above standard of schooling indicating the low level of literacy rate of 31.8 percent. Literacy rate is higher for males (39.2 percent) than females (24.4 percent). Two fifth (40.2 percent) of respondents are living in nuclear family, 37 percent in joint family and 23 percent are living alone. Higher proportion of males is in nuclear family than females. Higher proportion of females is in joint family. More females than males (16 percent) are living alone indicate the disadvantage of old aged females in rural areas. A higher proportion of females (59.2 percent) are either housewife or unemployed that unemployed males (30.4 percent). Fishing (39.2 percent) is the major occupation of males who are employed. Self employment and business (27.2 percent) are the major economic activities of working old aged females.

Health status

The respondents were asked to rate their health the last year on three point scale 1.Good, 2.Fair, 3.Poor and 4.bedridden. The results are shown in ***Table 1***. Respondents reported that they are in good health (50.2 percent), at average (42.2 percent), poor (6.8 percent) and bed ridden (0.6 percent). More males are in good health status compared to female elderly respondents. The proportion of average and poor health condition is higher for females than males.

Table 1 Health Status of Respondents

Health Status	Male		Female		Total	
	No	%	No	%	No	%
Good	147	58.8	105	42	251	50.2
Average	95	38	116	46.4	211	42.2
Poor	7	2.8	27	10.8	34	6.8
Bed Ridden	1	0.4	2	0.8	3	0.6
Total	250	100	250	100	500	100

Regarding the health problems experienced by respondents, respondents reported Arthritis / joint pains (52.4 percent) more frequently followed by general weakness (25.8 percent). Blood pressure (29.4 percent), diabetes (26.4 percent), respiratory problem / Asthma (15.4 %) and dental problems (11.2 percent), nervous problems (7.6 percent), heart diseases (3 percent). Skin diseases (2.4 percent). Kidney problems (1.8 percent), T.B (0.6 percent) and paralysis or cancer (0.2 %) - ***Table 2*** A higher proportion of females than males experienced the health problems such as arthritis, general weakness, blood pressure and dental problems. Other health problems are at the level with not much difference between male and female respondents.

Table 2 Respondents by health problems

Health problems	Male (N=250)		Female (N=250)		Total (N=500)	
	Yes	No	Yes	No	Yes	No
Poor vision / eye impairment	61.6	38.4	65.2	34.8	63.4	36.6
Respiratory problem / Asthma	12.4	87.6	18.4	81.6	15.4	84.6
Skin diseases	2	98	2.8	97.2	2.4	97.6
Diabetes	26	74	26.8	73.2	26.4	73.6
Blood pressure	21.6	78.4	37.2	62.8	29.4	70.6
Paralysis	0.4	99.6	0	100	0.2	99.8
Heart diseases	2.4	97.6	3.6	96.4	3	97
Arthritis / Joint pains	44.4	55.6	60.4	39.6	52.4	47.6
Dental problems	7.2	92.8	15.2	84.8	11.2	88.8
Nervous disorders	6.4	93.6	8.8	91.2	7.6	92.4
Kidney problem	2.4	97.6	1.2	98.8	1.8	98.2
Cancer	0	100	0.4	99.6	0.2	99.8
TB	1.2	98.8	0	100	0.6	99.4
General weakness	17.2	82.8	34.4	65.6	25.8	74.2

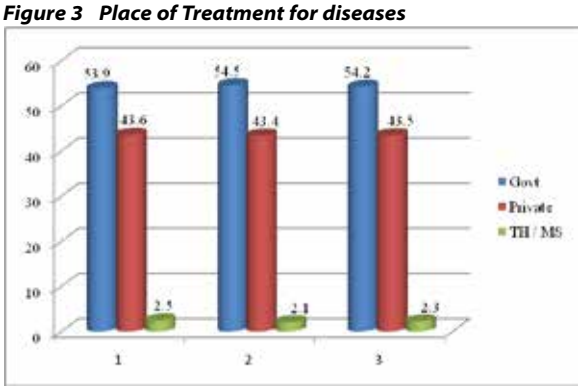
Treatment for health problem

Majority of respondents have taken treatment. 92.2% (473) of health problems among men and 91 % (624) of health problems among women were treated. The treatment seeking behaviors for health problems does not differ much between male and female respondents.

Place of treatment

The place of treatment for health problems of respondents is shown in Figure 3. More than half (54.2 %) of respondents used Govt health facilities for treating their health problems followed by private hospitals (43.5 %) and negligible proportion of respondents used the services of traditional healers and medical shops. The same pattern is found for both male and female respondents.

Figure 3 Place of Treatment for diseases

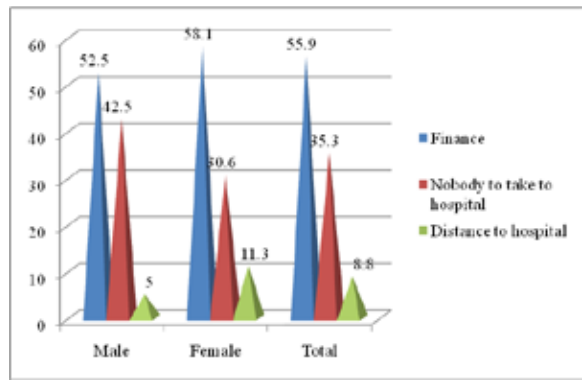


TH – Traditional Healers MS – Medical shop

Reason for not treating health problems

The reasons for not treating the health problems were asked. More than half of the respondents reported that finance (55.9 %) is the major problem for treating health problems. More than one third of respondents (35.3 %) reported that there is nobody to take them to hospital. Accessibility i.e distance to hospital (8.8 %) is the third next reason for not taking treatment for health problems. Generally finance problem and non availability of person to take respondent to hospital are the important reasons for not taking treatment for both male and female respondents.

Table 6 Reasons for not taking treatment



Conclusion and Policy Implications

This empirical study reveals that a higher proportion of males (58.8 %) than females (41.8 %) are in good health. There appears to be a clear gender inequality in health status of the elderly. Men tend to report "good health" at a higher extend than their women counterparts. The sex of respondents is significantly ($P < 0.01$) associated with the health status of respondents. This finding is matched with many earlier studies. Good health status is found in higher proportion for Hindus (59.5 %) than non- Hindus (23 %). Religion of respondents is significantly ($P < 0.01$) associated with the health status of respondents. The caste of respondents is found to be significantly ($P < 0.01$) associated with health status. SC/ST respondents reported good health condition in higher proportion (71.4 %) than backward caste (48%). Education of respondents is significantly ($P < 0.01$) associated with the health condition. The proportion of good health condition decreases as the level of education increases. The other factors may be responsible for this contradictory observation. The marital status of respondents is significantly associated ($P < 0.05$) with health status. The proportion of good health is higher for married (56.1 %) than others (44.7 %). The type of family is also significantly ($P < 0.01$) differentiates the health status. The proportion of respondents with good health is higher respondents in nuclear family (62 %) than single (52.6%) and joint family (36.1) family. The number of living children of respondents is significantly ($P < 0.01$) associated with health condition of respondents. The proportion of respondents with good health decreases as the number of living children increases. The family size of respondents is significantly associated with health status of respondents. The proportion of respondents with good health decreases as the family size increases. The occupation of respondents is significantly associated ($P < 0.01$) with the good health of respondents. The proportion of respondents in good health is higher for respondents working in fishing (78.8%) than that of other workers (29.9 %). Most of these findings are in line with some the studies carried out earlier in different settings of India. One of the studies conducted in Coimbatore, established that the association between all background characteristics of the elderly and their self reported health status are highly significant ($P<0.01$ or $P<0.01$) except in the case of current age. This study also reveals that health status differs by all characteristics of respondents.

Based on the findings of the study, it is suggested to provide livelihood opportunities to elderly through formation of cooperative societies / self help groups and improve their monthly income and to increase the amount under Old Age Pension scheme for leading a dignified life. Moreover, the elderly people suggested for OAP to all elderly irrespective of their economic status. More allocation should be made to cover all elderly in general and more vulnerable in particular, so that they get respect and importance in the family. Reserve fund may be created at panchayat level to meet the emergency medical needs of elderly people. A committee may be established to monitor the process. There should be community level supportive mechanisms to nurture the health needs of elderly people. The priority for elders should be given in hospitals by establishing geriatric wards. Elderly should be provided with awareness on healthy living so that the treatment seeking behaviours could be improved.

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