Original Research Paper

Social Science

ASSESSMENT OF SOCIO-ECONOMIC STATUS AND HEALTH CARE SUPPORT AMONG ELDERLY PEOPLE AGED OLDER THAN 60 YEARS IN URBAN POPULATION OF UDAIPUR

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KEYWORDS :

Introduction:
Gerontology is the word denoted to study of Old people it is derived from a Greek word "Geron" meaning old. Population above the age of 60 years is considered as Geriatric population. The number is constantly increasing in the developing country like India[1][2]. Geriatric population needs care in terms of both financial & medical and in majority of the times dependent on the younger population[3][4]. According to the Census 2011, the elderly population aged older than 60-year account for 7.5% of the total population of the country and is projected to rise to 12.4% by the year 2026[1].There is generalised deterioration of physiological function of the body resulting in weakening of muscles[5], bones which makes geriatric population more prone to certain injuries and also has increased morbidities owing to the chronic diseases and frail health. This may be exacerbated with generalised lack of health care for geriatrics & health seeking behaviour by them[6].

The government should plan better health care facilities for such vulnerable population and also the social security schemes should be directed towards benefitting geriatric population.

Therefore, this study was planned with the objectives to assess the sociodemographic profile and health seeking behaviour of geriatric population in Udaipur urban area

Materials & Methods:
This is a population based cross-sectional study in the Urban field practice area of UHC of a Medical College. The study was carried out from July 2018 to October 2018.

The UHTC serves to a population of 31627 which is divided into various localities. 30 people were selected from each locality.

Method of selection: Random sampling method. In the five localities catered by UHTC, 30 elderly people were selected from each one. Each locality was divided in three parts with equal population (approximately). For each part, one house was selected randomly. Starting from this house, every nearest next house was surveyed until 10 subjects were enrolled for the study. A similar procedure was applied in the remaining parts of the area. A total of 150 people were selected using this method.

All the study subjects were interviewed face to face using a structured questionnaire. The data was entered in the Excel 2017 & analysed using various tests.

Results & discussions:
Majority of the study participants were Hindus (125). Muslims consisted nearly 11.3% of total study population i.e. 17, rest of the study population was Christian (1), Sikh (6) or Buddhist (1)

Gender wise Distribution

Male	Female	Total
89 (59%)	61 (41%)	150
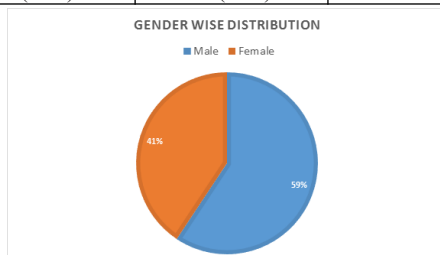
As it is evident form the table above nearly 60% of the study population was male.

The mean age of Male (67± 2.3 years) was higher as compared to the female population (63±1.7 years). Majority of the study subjects belonged to the age group of 60 to 65 years.

Marital Status	Male	Female
Married	81	55
Unmarried	1	1
Separated	2	0
Divorced	1	0
Widowed	4	5
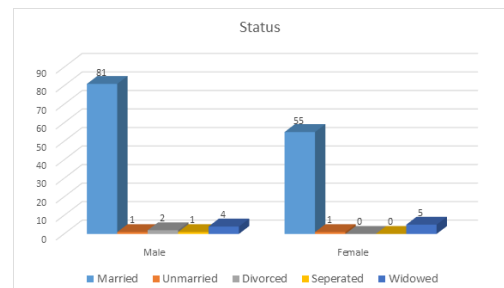
While majority of the study subjects were married, the prevalence of widowhood was more in females as compared to males.

Socioeconomic Level (According to Kuppuswami Scale)

Socioeconomic Status	Male	Female
Upper (I)	0	0
Upper-middle (II)	23	3
Lower-middle (III)	39	28
Upper-lower (IV)	19	11
Lower (V)	8	19
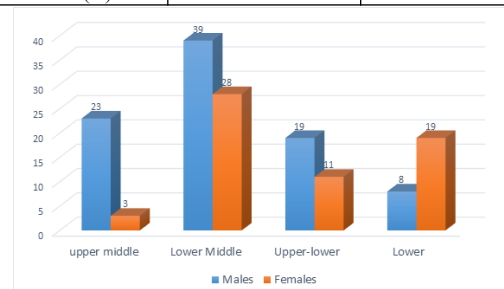
The above table showcases the distribution of study participants according to their socioeconomic scales calculated using the Kuppuswami method. As it is evident from above table, most of the study participants belonged to the Lower Middle class family.

The male population literacy was nearly 89% as compared to Female subjects whose literacy rate was only 63%. Out of literate male 12 were graduate 1 was post graduate.

Health seeking Behaviour Place of Treatment

Healthcare Facility	Male	Female
Government Hospital /Dispensaries	42	35
Private Hospitals/clinics	33	8
Quacks	14	18

As observed from the last table it can be inferred that majority of population prefer government facilities but utilization of private healthcare outlets is more among males than females. The point which is also worth noticing is the fact that still many prefer to go to quacks for their health problems.

Expenditure on Health care

Expenditure Borne by	Male	Female
Own Saving	45	18
Spouse	4	13
Children	28	26
Insurance	6	2
Govt Schemes	6	2

The above table indicates that majority of geriatric population is dependent on their children to bear the expense of their medical bills, while in case of males they can still pay from their saving but in females the situation is more grave as they are dependent on either their spouse or their children for the expenses. One of the noticeable point is that in spite of many government schemes only few people utilised these schemes it may be due to non-awareness of these schemes. The another point noticeable is that only 8 study subjects had insurance.

Financial dependence other than healthcare

Financial Support	Male	Female
Self	48	13
Spouse	4	19
Children	32	28
Other Relatives	5	1

As evident from the above table most of the female population is dependent on the others including spouses & their children for financial support other than health care.

Residing with

The table below indicates the status of the study participants, most of the participants are dependent on their children for residence whether or not they take any financial assistance or not.

Living with	Male	Female
Only spouse	24	21
Children	56	38
Relatives	5	2

Conclusion

This study carried out among elderly study subjects in urban area of Udaipur. It also highlighted that economic independence and use of social security measures among the elderly people is very less. Study showed that, although most of the elderly received treatment services from government hospital, there is major group receiving it either from private or not receiving the treatment. On the basis of these findings, it can be recommended that there is a need to develop geriatric health-care services. Financial assistance and social security schemes are needed to enhance the economic independence and utilization of the available health-care facilities

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