



“AWARENESS AND UTILIZATION REGARDING GERIATRIC WELFARE SERVICES AMONG ELDERLY IN SELECTED AREAS OF GUWAHATI, ASSAM: A CROSS SECTIONAL STUDY”

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ABSTRACT

To many people, 65 is a magic number in terms of aging. The wide acceptance of age 65 as a landmark of aging is interesting. Since the 1930s, the age of 65 has come to be accepted as the age of retirement, when it is expected that a person willingly or unwillingly stops paid employment. However, before the 1930s, most people worked until they decided to stop working, until they become too ill to work, until they died¹. Geriatric population is usually neglected and brings with them a large number of medical, social, psychological and economic problems, creating a huge burden on the country. It is the need of hour to know about the difficulties faced by elderly group to improve their quality of life and thereby decreasing the burden from the country². **Aim:** Aim of the study was to assess the awareness and utilization regarding geriatric welfare services among elderly in selected areas of Guwahati, Assam. **Methods And Materials:** A cross sectional research design was used to accomplish the objectives. Study was undertaken among 150 elderly in selected areas of Guwahati, Assam by using purposive sampling technique. Structured questionnaire and checklist was used to assess awareness and utilization among elderly. Modified Health Belief model was used as conceptual framework. **Results:** Out of 150 elderly, majority 59% had moderate awareness, 21% had inadequate awareness and 20% had adequate awareness. The findings revealed that out of 150 elderly, 44% had inadequate utilization, 31% had moderate utilization and 25% had adequate utilization. the association was statistically tested by using chi square at $p \leq 0.05$ level of significance. **Conclusion:** The study revealed that awareness among elderly population was moderate that needs to be addressed to improve utilization of these services.

KEYWORDS : Awareness, Utilization, Geriatric Welfare Services, Elderly

INTRODUCTION:

Every second person in the world is believed to hold ageist attitudes leading to poorer physical and mental health and reduced quality of life for older persons. The condition of a large number of elderly people has become vulnerable group due to unsurely that their children will look after them in the age when they need proper care and support of their family members³. Elderly population suffers from many difficulties such as from income loss, decreased social role, increased dependence on family members along with physical and mental problems which are related to aging⁴. There are many schemes for elderly launched by the government of India and Government of Assam such Assam universal old age pension scheme, Pradhan mantra jan arogya yojana, Antyodaya anna scheme, Briddha pension scheme, RSBY, facilities given by different departments like railways, airlines, buses, telecommunication, income tax.

OBJECTIVES:

- 1) To assess the awareness and utilization regarding geriatric welfare services among elderly.
- 2) To find out the association between awareness and utilization regarding geriatric welfare services among elderly with selected socio-demographic variables.
- 3) To find out the correlation between awareness and utilization regarding geriatric welfare services among elderly

REVIEW OF LITERATURE:

Section I: Review Related To Awareness Regarding Geriatric Welfare Services.

Mohapatra I, Mahapatra A (2019) conducted a comparative study on awareness about Social Security Schemes among elderly of rural and urban population of Odisha with the aim to find out the awareness regarding existing social security schemes, the pattern of their utilization and enlist the challenges faced in utilizing them by using simple random technique. The result revealed that among 540 participants (270 each in urban and rural), 55.93% of elderly in urban and 51.48% of elderly in rural area were aware and 33.38% in urban and 15.56% in rural utilized at least one of the schemes. The differences in the awareness about property protection and old age pension had a statistically significant difference between the urban and rural population with better awareness among the urban elderly⁵.

Section II: Review Related To Awareness And Utilization Regarding Geriatric Welfare Services.

Goswami A.K, Ramadass S, Kalaiivani M, Nongkynrih B, Kant S, Gupta (2019) conducted a cross sectional study on awareness and utilization of social welfare schemes among 931 elderly persons

residing in an urban resettlement colony of Delhi by using semi structured interview method. The result showed that 809 (86.9%) participants were aware of at least one social welfare scheme. Participants utilizing any of the social welfare schemes were 393 (42.2%). Conclusion: The awareness of social welfare schemes among elderly persons was good, their utilization has scope for significant improvement. Focus is needed on elderly males and among the younger elderly persons⁶.

RESEARCH METHODOLOGY:

Research Approach: Quantitative approach

Research Design: Cross sectional research design

Variables:

Research Variables: Awareness and utilization regarding geriatric welfare services

Demographic Variables: Age, gender, educational status, occupation, religion, marital status, family income per month, family support, type of family, financial dependence and number of family members.

Setting Of The Study: Selected areas of Guwahati, Assam.

Population: Elderly

Target population: Elderly who were residing in Dhirenpara, Guwahati, Assam.

Accessible population: Elderly residing in Dhirenpara, Guwahati, Assam.

Sample: Elderly who were 65 years and above residing in Dhirenpara, Guwahati, Assam.

Sample size: 150

Sampling Technique: Purposive sampling technique

Inclusion Criteria: In this study, the inclusion criteria for elderly who were-

- a) 65 years and above
- b) Willing to participate in the study
- c) present at the time of study.

Exclusion Criteria: In this study, the exclusion criteria were-

- a) Critically ill
- b) Mentally disabled

Tools And Techniques:

Structured interview schedule and check list was used to assess the level of awareness and utilization and interview technique was used.

Content Validity Of The Tool:

The prepared instrument along with the problem statement was submitted to 6 experts in the field of Community Health Nursing, 1 expert from the field of Medical Surgical Nursing and 2 experts from the field of medicine.

Reliability Of The Tool:

The reliability of the tool has been done by using test and retest method. The retest was administered after 3 hours of first time. In both test and retest the results were same, so it showed that the elderly were able to comprehend the tool. Hence the tool was reliable.

Ethical Considerations:

- Ethical permission to proceed with the study was taken from the Ethics committee, INS trust, GNRC Dispur, Guwahati, Assam.
- Written permission from Joint Director of Health Services, Guwahati, Assam was obtained.
- Written permission from Medical Superintendent of Maternal and child welfare hospital, Guwahati and Head man of Dhirenpara was obtained before starting the final data collection procedure for the study.

Pilot Study:

The pilot study was conducted from 30th November to 6th December, 2020. 24 samples were selected using purposive sampling technique. The study was found to be feasible.

Main Study:

The main study was conducted from 17th January to 4th February, 2022

RESULTS:

Table I: Frequency And Percentage Distribution Of Elderly According To Demographic Variables n=150

Variables		Frequency (f)	Percentage (%)
a) Age	65-70 years	107	71.3%
	71-75 years	32	21.3%
	76-80 years	5	3.3%
	Above 80	6	4%
b) Gender	Male	69	46%
	Female	81	54%
c) Educational status	Illiterate	77	51.3%
	Literate up to high school	23	15.3%
	HSLC	25	16.7%
	HSSLC	9	6%
d) Occupation	Graduate and above	16	10.7%
	Retired	36	24%
	Business	53	35.3%
e) Religion	Unemployed	61	40.7%
	Hinduism	101	67.3%
	Islam	49	32.7%
f) Marital status	Married	150	100%
	Unmarried	0	0%
g) Relationship of marital status	Stay together	87	58%
	Widow/widower	63	42%
h) Type of family	Joint family	66	44%
	Nuclear family	83	55.3%
	Extended family	1	0.7%
I) Family income per month (in Rs)	≤10,001	65	43.3%
	Rs 10,002- 29,972	50	33.3%
	Rs 29,973-49,961	28	18.7%
	Rs 49,962-74,755	5	3.3%
	Rs 74,756-99,930	0	0%
	Rs 99,931-1,99,861	2	1.3%
j) Family support	≥ Rs 1,99,862	0	0%
	Yes	113	75.3%
	No	37	24.7%

k) Financial dependence	Dependent	49	32.7%
	Partially dependent	58	38.7%
	Independent	43	28.7%
l) Number of family members	Two	15	10%
	Three	11	7.3%
	Four	45	30%
	Five and above	79	52.7%

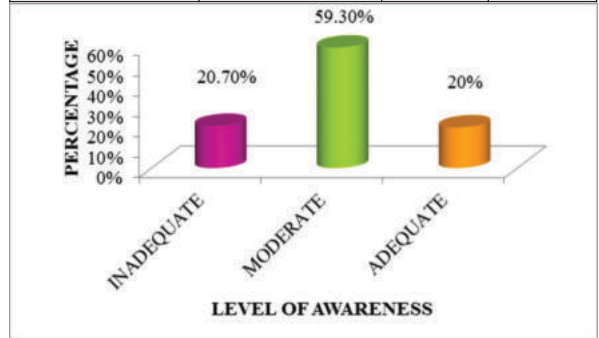


Figure 1. Cylindrical Showing Percentage Distribution Of Elderly According To Their Level Of Awareness

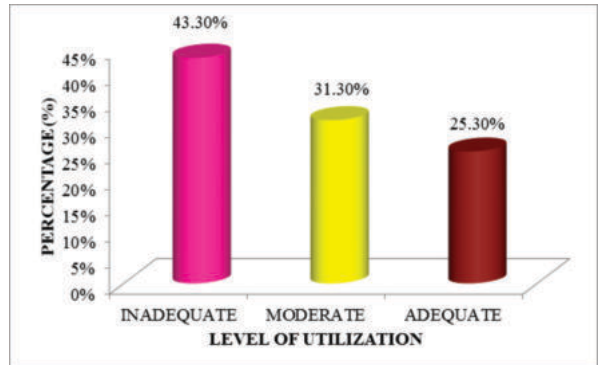


Figure 2. Cylindrical Showing Percentage Distribution Of Elderly According To Their Level Of Utilization

Table II: Association Of Awareness Regarding Geriatric Welfare Services Among Elderly With Selected Socio-demographic Variables n=150

Variables	Chi square	df	p value	Remarks
Age	4.553	6	0.602	NS
Gender	1.774	2	0.412	NS
Educational status	24.46	8	0.002	S
Occupation	12.763	8	0.002	S
Religion	5.73	2	0.057	NS
Relationship of marital status	6.94	2	0.031	S
Type of family	8.215	4	0.084	NS
Family income per month (in Rs)	20.05	8	0.01	S
Family support	0.89	2	0.641	NS
Financial dependence	10.826	4	0.029	S
Number of family members	6.588	6	0.364	NS

Level of significance = < 0.05, S = SIGNIFICANT, NS = NON SIGNIFICANT

Table III: Association Of Utilization Regarding Geriatric Welfare Services Among Elderly With Selected Socio-demographic Variables n=150

Variables	Chi square	df	p value	Remarks
Age	13.981	6	0.03	S
Gender	1.774	2	0.227	NS
Educational status	11.81	8	0.16	NS
Occupation	12.763	4	0.032	S
Religion	9.198	2	0.01	S
Relationship of marital status	3.476	2	0.176	NS
Type of family	7.476	4	0.113	NS
Family income per month (in Rs)	21.89	8	0.005	S

Family support	5.131	2	0.077	NS
Financial dependence	9.818	4	0.044	S
Number of family members	18.786	6	0.005	S

Level of significance = < 0.05, S = SIGNIFICANT, NS = NON SIGNIFICANT

Table IV: Correlation Between Awareness And Utilization Regarding Geriatric Welfare Services Among Elderly

Variables	Mean	S.D	Pearson Coefficient Correlation Value
Awareness	3.51	2.331	r = 0.159
Utilization	1.43	1.485	p = <0.052

Data from table reveals that the r value is 0.159 and p value is <0.052. There is positive correlation between awareness and utilization regarding geriatric welfare services among elderly. Thus, it infers that when the awareness increases their utilization level also increases.

DISCUSSION:

The present study showed that out of 150 elderly, majority i.e. 89 (59%) respondent had moderate level of awareness. This study was supported by Goel PK et al with the aim to identify the level of awareness of geriatric welfare services where it was found that the level of awareness about geriatric welfare schemes was 53.7%.

The present study shows that out of 150 elderly, majority i.e. 65 (44%) respondent had inadequate utilization. This study was supported by Srivastava AK, Kandpal SD with the aim to assess the level of utilization of geriatric welfare services where it was found that the utilization was only 45.4%.

In the association of level of awareness regarding geriatric welfare services among elderly with selected socio-demographic variables. The demographic variables such as educational status, occupation, relationship of marital status, family income per month, financial dependence had shown statistically significant association with level of awareness regarding geriatric welfare services among elderly at $p < 0.05$. The demographic variable such as age, gender, religion, type of family, family support and number of family members had not shown statistically significant association with level of awareness regarding geriatric welfare services among elderly at $p < 0.05$.

In the association of level of utilization regarding geriatric welfare services among elderly with selected socio-demographic variables. The demographic variables such as age, occupation, religion, family income per month, financial dependence and number of family members had shown statistically significant association with level of utilization regarding geriatric welfare services among elderly at $p < 0.05$. The demographic variables such as gender, educational status, relationship of marital status, type of family and family support had not shown statistically significant association with level of awareness regarding geriatric welfare services among elderly at $p < 0.05$.

The calculated Karl Pearson's Correlation value of $r = 0.159$ between awareness and utilization regarding geriatric welfare services among elderly shows a weak positive correlation but was not found to be statistically significant at $p < 0.05$.

CONCLUSION:

The findings revealed that out of 150 elderly majority that is 59% had moderate awareness, 21% had inadequate awareness and 20% had adequate awareness. The findings revealed that out of 150 elderly, majority that is 44% had inadequate utilization, 31% had moderate utilization and 25% had adequate utilization. The analysis infers that there was significant association of awareness with educational status, occupation, religion, relationship of marital status, type of family and financial dependence since the p value is less than 0.05. The chi square analysis shows that there was significant association of utilization with age, occupation, religion, family income per month, financial dependence and number of family members since the p value is less than 0.05. The analysis revealed that there is weak positive correlation between awareness and utilization regarding geriatric welfare services.

Through this study, the investigator concluded that elderly were moderate aware and inadequately utilized geriatric welfare services. There is a need to generate awareness regarding various schemes for the senior citizens among the general public as a lot of gap was

observed in the awareness and utilization of these services. Awareness among general public can be done through by the specific department itself by conducting awareness campaign, imparting health education through mass media, posters. People should be informed where they can approach for the specific services, channel of communication should be made clear and the formalities required for the services can also be made available during the campaign itself. This will help the people to avail the services directly and easily.

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