Research Paper Social Science

Health Problems of Rural Aged: A Social work Intervention

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ABSTRACT

Ageing is natural and universal phenomena. All living organisms including human beings go through the process from conception to infancy, childhood, puberty, and senescence during their life span. Ageing is considered as the closing period in the life span, as old age is connected with deterioration and changes in bodily functions. The reason for these changes is biological and environmental, socio-economic and cultural in nature. Many believe that ageing is an incremental phase in the life span and incremental phase of life cycle beside with which this is to be strictly considered that ageing is also associated with many health problems and diseases. Hence this study is undertaken to understand the health status of elderly and to gather some information about their perceived health needs using the information at Davangere district. The present study is descriptive in nature; hence an attempt is made to describe the situation and major health problems faced by the elderly from 100 elderly populations of aged between 60 years and above in three rural communities of Davangere district.

KEYWORDS Health problems, Elderly, Ageing, Social Work.

INTRODUCTION

Ageing is one among the stage in life span of every human being, all living organism including human beings go through process since conception to ageing. In modern days people who are close to step into ageing life will be thinking more of being healthy at old age by engage themselves by practising physical exercise, yoga, adopting healthy habits to spend leisure time peacefully at home. But such practices are seen only in urban areas and people from rural areas are not that much aware about preparation of facing old age meaningfully and the imbalance is still prevalent between rural and urban areas.

Ageing is very crucial stage i.e., it means often to be ill. The old age is also associated with many health problems and difficulties and is regarded as physical and mental deterioration. There are significant individual differences in every aspect of life in old age. Health at old age is fully depend upon the life style, life style practices, habits, work life, family life which was lived during childhood, youth and adulthood by individual and these life experiences will have positive or negative impact on individual health at old age.

"Normal/usual ageing" involves the degeneration of the physical structure of organs, disease and disability. This is the state that everyone is apprehensive of. The state of health from biological point of view is depending upon genetic endowment and the kind of lifestyle lived by individual. In the present modern day life drastic changes in the life style, food pattern, relationships between family members beside economic, social, cultural, political aspects have become more mechanical compared to previous decades, these factors are partially affect health of individual adversely when they reach old age.

THE ELDERLY IN INDIA

Elderly or old age consists of ages nearing or surpassing the average life span of human being. The boundaries of old age cannot be defined exactly because it does not have same meaning in all the societies. People can be considered old because of certain changes in their activities or social roles. Also the old people have limited regenerative abilities and are more prone to disease and sickness as compared to other adults. The medical study of ageing people is called gerontology and the study of disease that affects elderly is geriatric. With the rapid changes in the demographic indicators over the last few decades, presently India has around 90 million elderly and by 2050 the number is expected to increase to 315 million, it constitutes 20 % of population in total population of India. It is estimated that around three-fourths of elderly population of the elderly live in rural area, of which 48 % are women and 55 % of them are widow. 70 % of rural elderly are dependent on others (Report on status of elderly of India, 2011). The health problems increase with their age. Besides the problem of illiteracy, unemployment, widowhood and disabilities, older women in India also face life-long gender discrimination, resulting in differential patterns of ageing of men and women.

According to the, Global report on ageing in the 21st century observations made in India that there is multiple discrimination experienced by older persons, particularly older women, including access to jobs and health care, subjection to abuse, denial of the right to own and inherit property, and lack of basic minimum income and social security(UNFPA & Help age international, 2012).

REVIEW OF LITERATURE

Rao et al., (2003) in a study of health status of the rural aged in Andhra Pradesh, found that health problems tend to increase with advancing age and very often the problems aggravate due to neglect, poor economic status, social deprivation and inappropriate dietary intake. A high proportion of the total respondents stated that they were suffering from illness seriously. Lack of medical facilities in the village and poor economic conditions might be responsible for the low health status of the villagers (Rao et al.,2003). This is corroborating by the finding of Singh (2005) in his study in rural Haryana. Hence, majority of landless rural aged were suffering from one or the other health problems and physical disabilities.

Ketshukietuo Dzuvichu (2005), in the paper "Health problems of aged among the Angaminagas" mentioned that health is not only a biological or medical concern but also a significant personal and social concern. In general with declining health, individuals can lose their independence, lose social roles, become isolated, experience economic hardship, be labelled or stigmatized, change their self-perception and some of them may even be institutionalized. Achir (1998), in the paper "Strategies to formulate Family Support System and Community based services for the care of the old" showed although, changes are good indicators of development, dilemma for support capacity of the family towards the elderly is inevitable. With many women entering the work force, available support for the elderly has significantly reduced. As a consequence,

the International Year of the Family has appealed to the world to maintain, strengthen and protect the family to ensure continuity of its vital role in preserving dignity, status and security of its ageing members. Pappathi et al. (2005) In the Paper "Psycho-social characteristics and problems of Rural Aged" showed that the psycho-social perspectives and problems and strategies to welfare of the rural female aged found that a majority suffer from joint pain, blood pressure and chest pain. A few complaint of asthma, piles, loss of weight, diabetes and skin diseases. Only 30 % among the rural aged where in good health.

Vasantha (1998), In the Paper "Nutrition and Health Problems" found that the rural aged suffered from nutritional, psychological and other problems, when compare to urban aged. The aged employed privately and those self-employed had more of health problems then not gainfully employed person. In general, the male members were found to be literate, economically independent and had less physiological and nutritional problem when compare to the female counter parts, when literacy level, income level and employment status improve, they seem to have better health. Nair (1989), a study on "The Aged in Rural India: A study of the Socio-Economic and Health Profile", revealed that the incident and prevalence of chronic as well as non- chronic disease are more in rural elderly that is 1) respiratory diseases, 2) loco-motor illnesses and 3) blood pressure. The majority of the aged comparatively longer among males.

Nayer (2000) conducted study on aged in Kerala, it is found through the study that 6 % of aged were in good health while 6.9 % in moderate health, 20 % in poor health and 5 % were in very poor health. The study concluded the attitude that both general and professional seems to be that the illness is essential part of old age and most of the illness of the old have cure but only palliative

METHODOLOGY

AIM OF THE STUDY:
The aim is to study the Health problems of elderly population in Rural Areas of Davangere District

OBJECTIVES OF THE STUDY:
1. To know the socio- demographic profile of the rural elderly in three villages i.e., Kurki, Hirethogaleri, Tholahunase
2. To study the health problems of the rural elderly
3. To understand the habits and its influences on health of rural elderly
4. To suggest remedies to overcome the problems of the rural elderly through social work intervention

UNIVERSE AND SAMPLING:
The data was collected from the three villages of Davangere district namely Kurki, Hirethogleri, tholahunase, a total number of 882 elderly are residing in three villages.

From the total population 100 respondents (11%) was included for the study. Random sampling method was used to collect data from respondents aged 60years and above. A self structured questioner has been used.

RESEARCH DESIGN:
Descriptive research design has adopted to describe the health problems of rural elderly and the influence of habits on health of rural elderly of Kurki, Hirethogaleri, and Tholahunase villages of Davangere District.

RESULTS:

Table: 01 Socio- Demographic details of the Respondents

Sl no	Age (in years)	Male	Female	Total (%)
1	60-69	23	32	55
2	70-79	22	20	42
3	>80	02	01	03
Sl no	Marital status	Male	Female	Total (%)
1	Married	44	28	72
2	Single	0	0	0
3	Separated	0	0	0
4	Widow/Widower	10	18	28
Sl no	Educational status	Male	Female	Total (%)
1	Illiterate	20	24	44
2	Primary	19	23	42
3	High School	5	0	5
4	Pre university	7	2	9
Sl no	Annual income	Male	Female	Total (%)
1	10001 to 20000	20	14	34
2	20001 to 30000	10	12	22
3	30001 to 40000	12	9	21
4	40001 to 50000	9	5	14
5	>50000	6	3	9

Source: primary data based on the field survey by others

Table no 1 showing the clear picture of demographic details of the respondents, majority i.e., 55 respondents (%) fall in the age group between 60 to 69 years, 42% are in age group between 70 to 79 years and lowest only three percent are above 80 years of age in total 53 % of female are more aged compare to male respondents. All respondents are married in which ten percent male elderly are widowers and 18 female elderly are widow. With respect to the educational status 44 respondents are illiterate 42 percent have completed their primary schoolings and only five and nine percent of the respondents have completed matriculations and pre-university education over all illiteracy rate was little more among female elderly. With respect to annual income 34 percent respondents annual income is between 10001 to20000, 22 percent are between 20001 to 30000, 21 percent are between 30001 to 40000, 14 percent respondent's annual income is up to 50000 and only nine percent are above 50000 Rs income annually, hence it shows majority of the respondents are economically poor.

Table:02 Distribution of Gender wise Health status

Sl no	Health Status	Male	Female	Total (%)
1	No Illness at all	12	14	26
2	Minor Illness	23	22	45
3	Frequent illnesses	08	07	15
4	Serious Illness	09	05	14

Source: primary data based on the field survey by others

Table no 2 showing the details of health status of the re-

spondents, it was cleared that majority of the respondents are suffering from minor illness 15 % of the cases reported with frequent illness and only 14 % are suffering from serious illness and 26 % are reported with no illness in overall analysis shows that the rate of illness was much among male elderly compared to male elderly.

Table:03 Distribution of Gender wise Eye sight

Sl no	Eye Sight	Male	Female	Total (percentage)
1	Good without Spectacles	17	20	37
2	Good with Spectacles	14	11	25
3	Difficulty in Seeing even with spectacles	6	4	10
4	Partial blindness	11	13	24
5	Complete blindness	2	2	4

Source: primary data based on the field survey by others

Table no 3 showing the details of Eye sight of the respondents, majority 37% of the respondent's vision was good without spectacles, 25% respondent's vision was good with spectacles and total 10% are facing difficulty in seeing even with spectacles flowingly 24% are suffering partial blindness and 4% of the respondents are complete blind, it was found in the analysis that the rate of eye sight is equal among both the respondents.

Table:04 Distribution of Gender wise Hearing impairment level

Sl no	Hearing Level	Male	Female	Total (%)
1	Good	40	34	74
2	Manageable	11	7	18
3	Chronic condition	2	2	4
4	Deaf	2	2	4

Source: primary data based on the field survey by others

Table no 4 showing the details of Hearing level of the respondents, majority 74% of the respondents Hearing level is good, only 18 % are in manageable Hearing level, and 4% are in chronic condition and lowest 4% are complete deaf, it is found through analysis that hearing impairment problem is much reported among male elderly compared to female elderly.

Table:05 distribution of Gender wise Health problems

Sl no	Health problems	Male	Female	Total (%)
1	Arthritis	27	29	56
2	Nervous Disorder	13	13	26
3	Obesity	5	3	8
4	Hypertension	18	21	39
5	Diabetes	15	10	25
6	Heart problem	11	8	19
7	Asthma issues	9	6	15
8	Tuberculosis	2	1	3
9	Skin Disease	3	4	7
10	Urinary infection/problem	4	2	6

Source: primary data based on the field survey by others

Table no 5 showing the details of health problems of rural elderly, majority 56% of the respondents are suffering from arthritis in which 29% female elderly, 26% are suffering from nervous disorder, the problem rate is equal among both sex, only 8% are reported with obesity the problem is little high among male compared to female elderly, majority 39% are reported with hypertension in which 21% cases of hypertension found among female elderly, in total 25% are reported with Diabetes issues in which 15% cases found among male elderly, and 19% of the respondents reported with Heart problems in which 11% male elderly reported with this problem compared to female respondents, and 15% are reported with Asthma problems in which 9% of cases found among male respondents compared to female elderly, beside in total respondents 3% tuberculosis, 7% skin problems and 6% Urinary infection cases are found. The overall analysis says 24% of respondents are reported with one or other type of health problems, male elderly have been reported with more health problems compared to female respondents.

Table:06 Distribution of Gender wise Habits

Sl no	Habits	Male	Female	Total (%)
1	Chewing Gutka or tobacco	25	28	53
2	Drinking Alcohol	28	6	34
3	Physical exercise	11	9	20
4	Walking	22	17	39
5	Practicing Yoga	1	0	1
6	Engage in field or in domestic work	29	34	63
7	Reading newspaper or magazine	17	5	22

Source: primary data based on the field survey by others

Table no 6 showing the details of habits, 53% and 34% are addicted to tobacco products and alcohol, 20 and 39% are practising physical exercise and walking daily, 63% are engaged with domestic and field activity or work, only 22% are read newspaper and magazine daily. And it is found through overall analysis only 22% in total are practicing above habits.

FINDINGS:

After thorough analysis of primary information, the researcher has been able to outline some of the findings as below.

With respect to demographic details, it was found that (28%) of the respondents are widow and widower they are spending old age alone sometimes it may disturb their state of mental health, most of respondents are illiterate and only completed their primary schoolings hence the level of literacy rate of them may not allow to better health practices, and most of the respondents are economically poor sometimes it may prevent them from taking treatment.

With regard to health status of the respondents, it is found from the result that majority i.e., 74 respondents had reported with one or the other type of disease and sickness, hence the circumstances reveals that old age is associated with disease and illness.

With reference to functioning ability of the sensory organs at old age, it was found that (37%) of the respondents are reported with no eyesight problems but majority are reported with different eyesight problem. With regard to hearing level, majority of the respondents (74) are reported with no hearing impairment cases.

The result was found with regard to the health problems of rural elderly that more than half of the aged are suffering from arthritis, and the this problem is more reported with fe-

male compared to male (27%) and some respondents (26%) were reported with nervous problem and rate is equal among both the respondents, obesity cases are not found and moderate (38) number of cases are reported with hypertension and this issue is more among female elderly compared to male elderly, and the less amount of diabetes cases are reported, and heart problem and asthma issues are more with male elderly compared to female elderly beside very tuberculosis, skin disease, and urinary infection are reported, if you look at the overall analysis of major health problems the result is found that the rate of major health problems is much among male compared to female elderly.

It was found that nearly 44percent respondents addicted to tobacco and alcohol but these practice is much among male elderly, and nearly 31% are practicing physical exercise and walking some distance every day morning, and majority female elderly were engaged in domestic work and some male elderly were engaged in field activity and only some are inculcated the practice of reading newspaper and magazines every day, majority have no this practice.

SUGGESTIONS:

In the present world, Ageing is emerging with greater attention from all section of society, to make elderly people life meaningful and creating sense of worthy feeling of their life, it is indispensable to provide all sort of support, care, love, affection, to them. Hence in this perspective, geriatric social work is coming up with immense knowledge, skill and strategies to help elderly people who are in need of assistance. Geriatric Social work stands for the practice of social work with elderly people in direction with aiding them to healthy and meaningful and worthy existence in the society.

According to the outcome of the study the social work interventions has been suggested as following.

In this study nearly 23% of the elderly population suffering from one or the other type of health problem. This population belong to poor socio-economic group which prevent them from treatment. Hence for this population it is essential to provide clinical intervention facilities through primary health centre at nearby villages and by providing referral services to high tech government hospitals at district headquarters based on the severity of their health condition. Beside it is important to conduct training programs on physiotherapy, yoga, and management of aged so on, for care takers of aged at home.

Geriatric social worker has to be Conducted social case work for patient with nervous disorder and conducting group activities which includes recreational and therapeutic activities for aged people at rural areas and conducting awareness programme on better health practises, adopting better health habits etc.

Geriatric social worker act as liaison between service providing agencies and elderly population in rural areas, and geriatric social worker must take assistance from governmental or non-governmental organisation in providing certain aid such as walking stick, medicated goggles, hearing aid to the elderly who in need of such aids.

CONCLUSION:

Thus geriatric social worker play a vital roles in aiding elderly population to lead better and worthy life in all respect in society. At presently in India 90 million populations is at old age and it is estimated that by 2050 the total density of elderly population will be about 315 million and this data indicates the significance of Geriatric social worker in the years to come. Now a day's concern on health at old age gradually increasing in elderly population in rural and urban areas this attitude of people on health pave the way for emerging of geriatric social worker in the world.

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