

EVALUATION OF HEALTH AND SOCIAL PROBLEMS AMONG ELDERLY AT RURAL AREA IN INDORE DISTRICT, INDIAAhmed Shahjada¹, B. K. Sharma², Abhishek Bachhotiya³**HOW TO CITE THIS ARTICLE:**

Ahmed Shahjada, B. K. Sharma, Abhishek Bachhotiya. "Evaluation of Health and Social Problems among Elderly at Rural Area in Indore District, India". Journal of Evolution of Medical and Dental Sciences 2014; Vol. 3, Issue 18, May 05; Page: 4902-4907, DOI: 10.14260/jemds/2014/2530

ABSTRACT: INTRODUCTION: Elderly are the senior citizens of the nation leading their lives in a transitional phase. The mortality rate in India has come down due to an increase in the life expectancy, which ultimately leads to the increase in elderly population. This has led to the growing number of the aged. **OBJECTIVE:** To study the demographic profile and socio status of the elderly people in rural area & know the psycho-social and various health problems faced by the rural elderly **MATERIAL & METHOD:** A cross sectional study conducted over a period of six month, by using simple random sampling technique, with sample size of 340. **RESULT:** major fraction of the population belongs to age group of 60-69 years old; that is 70.0%. A majority of the respondents were Hindus that is 89.7%. All the respondents had a chronic health problems, the most common being hypertension that is 35.5% coming next as a Osteoarthritis that is 26.1%. 91.4% of the respondents felt that old age had affected their day-to-day life, out of which 32.4% claims to be in all manner **KEYWORDS:** elderly, health, depression, psychosocial problems, rural area.

INTRODUCTION: India, in the present scenario, is passing through technological, social, cultural and demographic transition. Consequently increase in awareness of health care among the people took place, which led to the improvement in the quality of health care facility. Eventually the mortality rate has come down due to an increase in the life expectancy, which ultimately leads to the increase in elderly population. This has led to the growing number of the aged; the traditional family support system is fast disappearing from the Indian society. Emergence of nuclear families, increased cost of living, and change in priorities of a family has adversely affected the elderly in India. Senility, poor health, widowhood, dependency, helplessness, and low self-esteem are the risk factors that influence both the extent and severity of mental morbidity and quality of life.¹

The aged are one of the most vulnerable and high-risk groups in terms of health and socio-economic status in the society today. Elderly are the senior citizens of the nation leading their lives in a transitional phase. The transition from middle to old age is a period of critical biological and social emotional fabric of the society and consequent changes in the living arrangements have created more problems for the aged to adjust with the changing conditions in living.

There is no United Nations standard numerical criterion, but the UN agreed cut-off is 60+ years when referring to the elderly population.² In India, the elderly account for 7% of the total population, of which two-thirds live in villages and nearly half of them in poor conditions.³

With the decline in fertility and increased life expectancy, demographic change is the progressive increase in the number of elderly persons. Increasing life span and poor health care add to the degree of disability among the elderly and compound the problems of care giving. Moreover, the problems become more complicated when their children start neglecting them and elderly people face psycho-social problems coupled with economic and health problems which are by enlarge seen in

ORIGINAL ARTICLE

unorganized sector like agriculture workers, casual workers and landless laborers. Prevalence of depression, the most common problem, ranges between 13 and 22%.⁴ Aging declines the cognitive functioning due to senile changes.

Change in socio-economic status adversely affects the individual's way of life after retirement. The economic loss is due to a change from salary to pension or unemployment leading to economic dependency on children or relatives. A feeling of low self-worth may be felt due to the loss of earning power and social recognition.

AIMS & OBJECTIVES:

1. To study the demographic profile and socio status of the elderly people in rural area.
2. To know the psycho-social and various health problems faced by the rural elderly.

MATERIAL & METHODS: This study was carried out over a period of 6 months from September to February 2013- 2014. The study subjects included elderly men and women aged 60 years and above[5, 6] who belonged to the rural field practice area of Urban Health Training Centre which comes under, the Department of Community Medicine, Index Medical College located in Indore district. Clinics for the general population and women and children are regularly held in these centers by the department.

The subjects for this study were the elderly patients attending these clinics regularly for various health problems. The questionnaire was developed by reviewing related Indian studies. This questionnaire was then pilot tested on ten elderly individuals and the necessary changes were made.

A total of 340 subjects were interviewed using this pre-tested questionnaire by one to one interview. Simple random sampling method was used. The interview was carried out in the local language. The purpose of the study was explained to them and oral informed consent was obtained. Privacy and confidentiality of the interview was maintained throughout the study. The data collected was tabulated and analyzed using the Microsoft Excel and statistical package SPSS, Version 20.1. Findings were described using proportions and percentages.

RESULTS:

Table 1: Shows that a major fraction of the population belongs to age group of 60-69 years old; that is 70.0%, while a small fraction 11.1%, were 80 years old or older. Males and females formed an almost equal proportion of the study sample. A majority of the respondents were Hindus that is 89.7%. A joint family system was seen in the majority of villages 65.3% and that is to be followed by the nuclear family that is 31.1%. And rest were others. 30.2% of the elderly individual was widowed in that man comprise of 5.9% while 58.7% of the women were widows. The unmarried group of 4.3% was comprised of only men. Literacy rate was found to be low in the study population.

ORIGINAL ARTICLE

	Males	Females	Total
Age			
60-69	81(65.8)	157(72.3)	238(70.0)
70-79	25(20.3)	39(17.9)	64(18.8)
>80	17(13.8)	21(9.6)	38(11.1)
Marital Status			
Married	162(87.1)	61(39.6)	223(65.5)
Single	8(4.3)	0(0.0)	8(2.3)
Separated	5(2.6)	1(0.6)	6(1.7)
Widow/Widower	11(5.9)	92(58.7)	103(30.2)

Table 1

Table 2: All the respondents had a chronic health problems, the most common being hypertension that is 35.5% coming next as a Osteoarthritis that is 26.1%, diabetes that is 25.0%, bronchial asthma as 8.8%. Others included cataract, anemia, osteoarthritis and skin problems accounts for only 4.4%. As in majority of cases multiples problem were present but only predominant problem was taken into consideration which was affecting the person most. Osteoarthritis was found to be more common among females 32.6%, and hypertension among males 47.2%. While other health problems were almost similar among both the genders.

Disease	Males	Females	Total
Hypertension	87(47.2)	34(21.7)	121(35.5)
Diabetes	42(22.8)	43(27.5)	85(25.0)
Osteoarthritis	38(20.6)	51(32.6)	89(26.1)
Asthma	12(6.5)	18(11.5)	30(8.8)
Others	5(2.7)	10(6.4)	15(4.4)

Table 2

Table 3: Almost 91.4% of the respondents felt that old age had affected their day-to-day life, out of which 32.4% claims to be in all manner and the percentage is more among male members that is 95%. Among these, 67.5% felt that age had partially affected their daily activities. More than half of the people, who were interviewed, felt neglected by their family members, and the proportion more toward ladies community. While 86.1% felt unhappy in life and 61.7% feels they are a burden to the society and family. They think so because they believe that now they are non-productive members in the society and this society at same time doesn't need them anymore. An unfavorable attitude was observed to be more among females than males.

ORIGINAL ARTICLE

Attitude	Males	Females	Total
Feel neglected by family member	142(44.1)	180(55.9)	322(94.7)
Always	88(53.1)	78(46.9)	166(51.5)
Not always	54(34.7)	102(65.3)	156(48.4)
Day to day work is affected	289(92.9)	22(7.1)	311(91.4)
Fully	96(95.0)	5(4.9)	101(32.4)
Partially	193(91.9)	17(8.1)	210(67.5)
Not happy in life	113(38.6)	180(61.4)	293(86.1)
Feel burden for society	135(64.3)	75(35.7)	210(61.7)

Table 3

Table 4: This Table shows that about 2.3 percent of the respondents are deaf. Good hearing ability is claimed by 61.7% of the elderly. However, more number of women that are 54% complaint of difficulty in hearing as compare to men which is less.

The eyesight of the majority (54.4 percent) of the respondents some or the other problem; Only 12.9% of the individual can see without wearing glasses and that too is more common in women's that is 58%.

Hearing	Male	Female	Total
Good	88(42.0)	122(58.0)	210(61.7)
Difficult	56(45.9)	66(54.0)	122(35.8)
Deaf	6(75.0)	2(25.0)	8(2.3)
Eye Sight			
Good without glasses	21(47.8)	23(52.2)	44(12.9)
Good with glasses	84(80.7)	20(19.3)	104(30.5)
Difficulty in seeing	98(52.9)	87(47.0)	185(54.4)
Blind	7(100.0)	0	7(2.0)

Table 4

DISCUSSION: Almost more than half of the respondents who were interviewed were from joint families 65.3%, while 31.1% were from a nuclear family. Various studies by Padda et al⁶ suggest that the higher prevalence of joint families could be because of the rural study area and social migration of the youngsters being less when compared with cities.

One of the important aspects of life that is marriage or the marital status determines ones position within the family as well as the status in society. The proportion of elderly married, widowed, or unmarried were found to be similar to the study conducted by Singh et al⁷ Shah⁸ reports that 64.3% of elderly women were widows and most of them were dependent.

More than half of the elderly while interviewed quotes that they felt neglected by their family members unlike in the study conducted by Singh et al⁷ which reported that 26.1% felt neglected by family members. In this study, 47.9% of the respondents said that they were not happy in life as compared with 53.2% reported by Singh, et al.⁷ Some of the respondents thought that people don't respect them because they were aged and they are now non-productive for the society and family

ORIGINAL ARTICLE

also they feels that they now no more contribute to the family and society.

Compared to women, more number of men reported difficulties pertaining to vision. However, only 43.5% of elderly reported having good eyesight with or without spectacles. 61.7% of elderly have good hearing ability and only 2.3% of the respondents were deaf. As in the case of vision, most women than men reported having also reported deterioration in their visual and auditory capacities during later years. A study by Kaur et al. (1987), a majority of elderly persons reported poor eye sight (48 percent), ill health (30.7 percent) and general weakness (29.3 percent).⁹ Nair (1989) found that 6 percent of the respondents of are study were totally or partially blind and about 3 percent were hard of hearing.¹⁰

CONCLUSION: The results of this study showed that a most of the elderly are, partially or totally dependent on others, and suffering from health problems with a sense of neglect by their family members. This should be noticed seriously and also there is a growing need for interventions to ensure the health for this vulnerable group.

Most elderly persons prefer to be cared in their own homes by their kith and kin. And home is the perfect place; traditionally family members, friends and neighbors provide the bulk of the support the elderly who require assistance. Such informal support is more cost effective and satisfying to the elderly than the public support systems, which are often not accessible to the poor, so this should be emphasize in every manner and awareness should be created in the society for those who has made our way in past.

REFERENCES:

1. Prakash IJ. Aging, disability and disable older people in India. *J Aging Soc Policy*. 2003; 15:85-108. [PubMed].
2. Available from: <http://www.who.int/healthinfo/survey/ageingdefnolder/en/index.html> [last accessed on 2014 Mar 04].
3. Jamuna D. Stress dimensions among caregivers of the elderly. *Indian J Med Res*. 1997; 106:381-8. [PubMed].
4. Joshi PC, Sengupta SN. Health Issues of the Elderly. *Seminar*. 2000:488:40-43
5. Yadava KN, Yadava SS, Vajpeyi DK. A study of aged population and associated health risks in rural India. *Int J Aging Hum Dev*. 1997; 44:293-315. [PubMed].
6. Padda AS, Mohan V, Singh J, Deepti SS, Singh G, Dhillon HS. Health Profile of aged persons in urban and rural field practice areas of Medical College Amritsar. *Indian J Community Med*. 1998; 23:72-6.
7. Singh C, Mathur JS, Mishra VN, Singh JV, Singh RB, Garg BS. Social Problems of Aged in a rural population. *Indian J Community Med*. 1994; 19:23-5.
8. Shah B. Rights of the Aged. Available from: <http://www.islamset.com/healnews/aged/main.html> [last accessed on 2014 Mar 04].
9. Kaur, M., Grover, R.P., & Aggarwal, K. 1987, Socio-economic profile of the rural aged in M.L. Sharma & T.M. Dak (Eds.), *Aging in India*, Ajantha Publication, Delhi.
10. Nair, T.K. 1991, *Community care of the elderly - A study of family and community based services in Madras in Unpublished Doctoral Thesis, Andhra University, Visakhapatnam.*

ORIGINAL ARTICLE

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