

The Psychosocial Issues and Utilization of Geriatric Welfare Services among Elderly in Field Practice Area of RHC, Tadikonda, Guntur, A.P

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Abstract: Context: “Greying of nations” is the most remarkable phenomenon in 20th century. Govt. of India adopted National policy on older persons in January 1999. The policy defines senior citizen or elderly as a person who is of age 60 years or above.

Objective : To study the psychosocial problems and geriatric welfare services

Material and methods: It was a community based cross-sectional study of Geriatric population conducted in RHC. Sample size required was 390, sampling technique was simple random method

Results : Mean age of the study population was 67.07. males 54%, females 46% and belonged to OC (51%) community. 66% married persons living with their spouse

Most of them were economically independent (58.5%) and were happy (72.4%) towards life.

Most of them were being looked after by family (69.2%) Awareness and utilization of welfare services were <1/3 (33%) except old age pension which had more than 90% awareness and 47.4% utilization

Key words: geriatric welfare service, awareness, utilization, psychosocial problems

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I. Background

“Greying of nations” is the most remarkable phenomenon in 20th century. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. Government of India adopted ‘National Policy on Older Persons’ in January, 1999. The policy defines ‘senior citizen’ or ‘elderly’ as a person who is of age 60 years or above¹. It is common to define the “young old” as aged 60 –69 years, the “middle old” as aged 70 –79 years and the “oldest old” as 80 years and over.^{2,3}

worldwide there are 600 million persons aged 60 and over; this total will double by 2025 and will reach virtually two billion by 2050 when there will be more people aged 60 and over than children under the age of 15. Most of them will be living in developing countries which are often least prepared to meet the challenges of rapidly ageing societies. In other words WHO says “Developing countries will become old before they become rich while industrialized countries became rich while they were growing old.”

In India, currently 7.8% of the population are elderly and it is expected that this will reach 12.6% in 2025.⁴ By 2020 India will harbour about 158 million elderly, second largest population of elderly world wide after China (230 million).⁵

Worldwide increase in longevity, decrease in deaths and fertility has shifted the age distribution toward older populations. The growth of the elderly population present a new challenge to health system and social support networks in many less developed countries where populations are becoming old before they become wealthy.⁶

The socio-economic problems of the elderly are aggravated by factors such as the lack of social security and inadequate facilities for health care, rehabilitation, and recreation. Many surveys have shown that retired elderly people are confronted with the problems of financial insecurity and loneliness¹⁰. The Central and State governments have already made efforts to tackle the problem of economic insecurity by launching policies such as the National Policy on Older Persons, National Old Age Pension Program, Annapurna Program, etc. However, the benefits of these programs have several times in terms of the meagre budget, improper identification of beneficiaries, lengthy procedures, and irregular payment.^{7,8}

In South India, Andhra Pradesh is one of the major contributors for greying population. Here elderly constitutes about 9.3% of total population.⁹ Majority of the studies focussed on overall morbidity pattern. Only a few studies are available addressing psychosocial problems and their attitude towards utilisation of geriatric welfare services. Government of India has undertaken several welfare measures to cater the needs of elderly but the coverage is inadequate.

In light of the above considerations, the present study was intended to identify the psychosocial problems of elderly and to determine their extent of utilisation of the available geriatric welfare services in the field area of RHC, Tadikonda, Guntur.

Aim and Objectives:

Aim: To determine the psychosocial problems and the extent of utilization of geriatric welfare services among elderly.

Objectives:

- 1.To determine the psycho-social profile of elderly
- 2.To find out awareness and extent of utilization of Geriatric welfare services..

II. Methodology

Study population: Elderly aged 60years and above

Study setting: Field practice area of Rural Health Centre, Tadikonda.

Study period: Period of 6 months from ethical committee clearance

Study design: Cross sectional descriptive study.

Inclusion criteria:

- 1.Elderly aged 60 years and above residing in the field area of Rural Health Centre, Tadikonda from the past 6 months before the start of study.
- 2.Those who gave consent.

Exclusion criteria

Non responsive, non cooperative and severely ill persons

Sample size:

The sample size was calculated by following formula at 95% confidence interval with an allowable error of 12% of prevalence of psychosocial problems among elderly(42%)¹⁰

$$N = 4 PQ/L^2$$

P = Prevalence of psychosocial problems among elderly = 42 %

Q = 100 – P = 100 – 42 % = 58 %

L = allowable error = 12% of p

By substituting the values, we get

$N = 4 \times 42 \times 58 / (5.04)^2 = 384$, considering 1% non response rate (3.84) thus constitute 388 to make it round figure thus constitute 390

Study method:

The Rural health centre, Tadikonda has 4 sub centres with total population of 45,917 (as on 16-1-2017).

Table 1: List of sub centres of RHC, Tadikonda by population

S.No	Name of the sub centre	Total population
1	Tadikonda	17770
2	Ponnekallu	9031
3	Pedaparimi	6707
4	Motadaka	12409
	Total	45,917

2 sub centres Pedaparimi and Mothadaka were selected by simple random sampling method (lottery method). There were 5 villages in 2 sub centres as listed below. Later the population of each village was enumerated and it was found that the population of 5 villages was 19409. The study subjects were selected from these populations by using proportionate to the population of a particular village i.e. population proportionate to size method (PPS method).

Thus a sample size of 390 was selected from each of these 5 villages. When sufficient number of study subjects cannot be found, the neighbouring villages were visited till attaining the desired number of study subjects. Thus the final sample of 390 study subjects included in the study from the 5 villages was shown in the table below

Table 2: Selection of study population by PPS method in respective villages

S.No.	Name of the sub centre	Name of the village/habitat	Total population as on 16-1-2017	Sample to be drawn as per PPS method
1	Pedaparimi	Pedaparimi	7000	141
2	Motadaka	Motadaka	3509	71
		Nidumukkala	3500	70
		Lemalle	2500	50
		Karlapudi	2900	58
Total			19409	390

Method of Collection of Data:

The study subjects were contacted through household visits for data collection. In each household, elderly was contacted and the purpose of the study was explained. The study subjects were subjected for personal interview using a pretested, semi structured questionnaire regarding socio demographic, psychosocial aspects, and geriatric welfare services .

A pilot study was conducted and suitable changes were made in the questionnaire.

Data analysis :

Data was entered in MS Excel and analyzed by using SPSS 17 version. Statistical tests like proportions(%) and chi-square test were applied.

III. Results

Table 3: socio demographic factors of elderly

N=390

Age	Frequency	%
60-64	141	36.2
65-69	122	31.2
70-74	71	18.2
75-79	30	7.7
80-84	20	5.1
85-89	4	1.0
90-94	2	0.5
Gender		
Male	208	54
female	182	46
Caste		
OC	197	51
BC	114	29
SC	79	20

Mean age of the study population was 67.07. majority (36.2%) were between 60-64 years followed by 65-69 years(31.2%).Most of them were males(54%).Most (51%) of them were belonged to OC community followed by BC(29%).

Table 4: Gender wise distribution of Psychosocial profile of elderly
N=390

Marital status	Male	Female	Total	%	Statistical significance
Married	173	85	258	66.2	x ² = 57.660 df=1 p=0.00,s
Widowed	35	97	132	33.8	
Living arrangements					x ² = 53.097 df=4 p=0.000,s
With spouse	119	51	170	43.6	
With children	35	68	103	26.4	
Spouse&children alone	37	21	58	14.9	
With others	17	37	54	13.8	
	0	5	5	1.3	x ² = 2.993 df=1 p=0.084,NS
Economic dependency					
Dependent	78	84	162	41.5	x ² = 3.441 df=2 p=0.179,NS
Independent	130	98	228	58.5	
Status in the family					x ² = 5.781 df=1 p=0.01,s
Neglected	21	19	40	10.3	
Looked after	137	133	270	69.2	
Respected	50	30	80	20.5	x ² = 7.141 df=4 p=0.129,NS
Attitude towards life					
Happy	161	121	282	72.4	
Sad	47	61	108	27.6	
If sad reasons					
Illness	10	9	19	4.9	x ² = 7.141 df=4 p=0.129,NS
Lonliness	18	31	49	12.6	
Loss of spouse	9	10	19	4.9	
None	144	114	258	66.2	
Poverty	27	18	45	11.5	

Most (66%) of the married study subjects were living with their spouse. Most (58.5%) were economically independent. Most (72.4%) were happy towards life. Most (69%) were looked after by family. Main reasons for sadness were loneliness (12.6%) and poverty (11.5%). There was a significant difference between gender and marital status, living arrangements and attitude towards life.

Table 5: Awareness of geriatric welfare services
N=390

Welfare services	Male	Female	Total	%	Statistical significance
Old age pension					x ² = 0.215 df=1 p=0.643,NS
Aware	198	175	373	96	
Not aware	10	7	17	4	x ² = 15.422 df=1 p=0.000,s
Fare concession in travel					
aware	112	62	174	44.6	x ² = 5.512 df=1 p=0.019,s
not aware	96	120	216	55.4	
Enhanced interest on savings					x ² = 8.175 df=1 p=0.004,s
Aware	64	37	101	25.9	
Not aware	144	145	289	74.1	
Preference for seat reservation					
Aware	97	59	156	40	x ² = 8.175 df=1 p=0.004,s
Not aware	111	123	234	60	

Majority of the study subjects (96%) were aware of old age pension scheme and there was no significant difference in gender. There was a significant difference between gender and awareness of fare concession in travel, enhanced interest on savings, preference for seat reservation.

Table 6: utilization of geriatric welfare services

N=390

Old age pension	Frequency	%
Utilizing	185	47.4
Not utilizing	205	52.6
Fare concission in travel		
Utilizing	125	32.1
Not utilizing	265	67.9
Enhanced interest on savings		
Utilizing	10	2.5
Not utilizing	380	97.5
Preference for seat reservation		
Utilizing	51	13.1
not utilizing	339	86.9

Majority of the study subjects (47%) utilizing old age pension scheme followed by fare concission in travelling(32.1%).

IV. Discussion

In this study, out of total 390 geriatric people 182(46%) were females and 208(54%) were males. Majority of the study subjects (36.2%) were in the age group of 60 – 64 years followed by 65-69(31.1%)years. Similar finding was reported by other studies like Chauhan et al.¹ Barua et al² where it was 42.8%(60-64years) and 80%(60-69years) respectively

Majority (66.2%).were married.Among married females majority (73.4%)were widowed.similar findings were reported by Barua et al²

Present study showed that 43.6% were living with their spouse for whom majority(70%) were males and majority(68.5%) of females were living alone due to loss of their spouse which was comparable to a study done by Madhu et al. found that 46.94% were living along with their spouse and children³.Majority(69%) were being looked after and least (10.3%)were neglected by family’ Similar findings were also reported by Lena et al⁴.

In the present study , majority(96.4%)of elderly were aware and utilizing(47.4%) old age/widow pension scheme.A study done by Joseph in Mangalore reported that it was only 8.3% , whereas in North India it was 10%.Present study reported that 44.6% were aware of fare concessions in travel, 40% aware of preference for seat reservation and 25.9% were aware of enhanced interest on savings which was comparable to a study done by joseph.et.al where it was found to be 67.5%, 55.8% and 60.2% respectively⁵ This can be explained by the differences in socio economic status, place of residence and increased awareness regarding welfare schemes among elderly.

V. Conclusion

A community based cross-sectional study conducted among geriatric population in field practice area(RHC) of Tadikonda,Guntur.Mean age was 67.1years.Male and female population were about to equal in size and majority were belonged to OC community.Among married elderly majority of male living with their spouse but majority of female living alone due to loss of spouse was being responsible for sadness of life which was statistically significant.More than half were economically independent. More than 2/3 were being looked after by the family.Almost all the study subjects were aware of old age pension scheme but nearly half of them were utilizing the scheme. Awareness and utilization of other geriatric welfare services like fare concission in travel,preferece for seat reservation in Railways, and enhanced interest on savings in Bank or Post-office were less than 1/3.There was a statistically significant difference between awareness of geriatric welfare services and gender except old age pension scheme.

VI. Recommendations

- 1.Geriatric Clinics should be introduced in all the primary health care settings.
- 2.There is a need for a registry in all primary health centres in order to provide data base for efficient and effective health services and follow up.
- 3.Elderly clubs should be formed with the help of panchayat members. Construction of old age homes and facilities for organizations working for the welfare of the aged should be made available and accessible.
- 4.From the study findings it is quite evident that there is low level of awareness regarding government welfare schemes among the study population. Hence regular IEC activities should be carried out to increase the awareness among *senior citizens for their welfare and utilization of services in this region.*

Limitations

Psychological problems including sleep pattern were not assessed in this study

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