

A Study of Demographic Pattern among Geriatric Population in the Field Practice Area of Rural Health Training Centre, Paithan of Govt. Medical College, Aurangabad.

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Research Article

Abstract:

1. Research Question: What is the demographic pattern of geriatric population in rural area?
2. Objectives : i) To study the demographic profile of elderly
ii) To study the Socio-economic problems of elderly.
3. Study design: Cross - Sectional Study
4. Settings: Field practice area of R.H.T.C, Paithan of Govt. Medical College, Aurangabad.
5. Participants: Elderly above 60 years of age.
6. Sample size: 625 which was 20 % of total elderly at RHTC, Paithan.
7. Statistical analysis: Chi - Square
8. Results: Total elderly subjects were 625 of which females were 328 (52.48 %) and males were 297 (47.52 %) studied. 339 (54.24%) elderly were from the age group of 60- 69 years. 459 (73.44%) elderly belonged to Hindu religion, 111(17.76%) were Muslims and 47(7.52%) were Buddhist.108 (36.36%) elderly males and 223(67.98%) elderly females were illiterate.199 (67%) males and 143(54.72%) females were economically productive in their life. 437(69.92%) elderly belonged to Class- IV and V of socio-economic classification.161 (49.08 %) females were widowed and 13(3.96%) were separated from their partners.

Introduction:

Discoveries in medical sciences and improved social conditions during the past few decades have increased the life span of man hence the need for organized care of the elderly becomes important. The elderly are afflicted by the process of ageing which causes a general decline in health. According to the Census- 2001, 7.7% of total population was above the age of 60 years.

The rural elderly differ from their urban counterparts. Illiteracy among the rural aged is of a higher magnitude. ¹ Modern philosophy is that the elderly must continue to take share in the enjoyment of the privileges which are an essential feature of remaining an active member of the community. Community must assist the elderly to fight the triple evils of Poverty, Loneliness and ill health. The elderly population being the fastest growing section of population, needs due consideration. By 2020 India will harbour about 158 million elderly, second largest population of elderly world wide after China (230 million). ²

In India, it is projected that the expectation of life is to be 67 years in 2011-16 for males and 69 years for females. Projections beyond 2016 made by United Nations 1 have indicated that 21 % of the Indian population will be 60+ by 2050 which was 6.8% in 1991. The contribution of elderly populations to demographic figures is increasing day by day. Increasing problems of health care, psycho-social, personal and socio-economic factors associated with the elderly further overwhelms this. ³

Material And Methods:

The present study was carried out at the field practice area of Rural Health and Training Center, Paithan of Government Medical College, Aurangabad during the period of 1st Sept- 2006 to 31st August -2007.

Total elderly population according to the above definition at the field practice area of Rural Health and Training Center (RHTC), Paithan was 3128.

Enlisting of the study subjects was done by systematic random sampling by using Lok Sabha electoral list of 2005. A sample of 20% of total elderly population was taken by including every fifth elderly from the electoral list.

Home visit was paid to study subjects and subjects were interviewed and examined.

Elderly who had expired or houses of whom were permanently locked or have transferred their residence or elderly who cannot be contacted after three successive visits to their homes were excluded and next elderly in the list was included.

Results:

The study subjects were interviewed and examined and the following observations were made.

Table No. 1 –Distribution of Elderly according to their educational status:

Education	Male (n = 297)		Female (n = 328)		Total (n = 625)	
	No.	%	No.	%	No.	%
Illiterate	108	36.36	223	67.98	331	52.96
Primary	36	12.12	60	18.29	96	15.36
Secondary	86	28.95	22	6.70	108	17.28
High school	50	16.83	14	4.26	64	10.24
Intermediate	07	2.35	09	2.74	14	2.56
Graduate	04	1.34	00	00	04	0.64
Post-graduate	00	00	00	00	00	00
Professional	06	2.02	00	00	06	0.96
Total	297	47.52	328	52.48	625	100

X² - 61.31; (p < 0.001); d.f= 1

108 (36.36%) elderly males and 223 (67.98%) females were illiterate. Out of 189(63.64%) literate males 36 (12.12%) completed their primary education, 86(28.95%) secondary education, 4(1.34%) graduation and 6(2.02%) completed their professional education. Out of 105(32%) literate females 60(18.29%) completed their primary

education, 22(6.70%) secondary education, no female completed her graduation or further education. Significantly higher proportion of females was illiterate (p < 0.001). 372 (59.52%) elderly preferred to live in three generation family. While 188(30.08%) elderly lived in nuclear family.

Table No. 2–Distribution of Elderly according to their Occupation:

Occupation	Male (n = 297)		Female (n = 328)		Total (n = 625)	
	No.	%	No.	%	No.	%
Agricultural Labour	27	9.09	43	13.10	70	11.2
Farming	31	10.43	14	4.26	45	7.2
Employed	25	8.41	07	2.13	32	5.12
Un- employed	98	32.99	105	32.01	203	32.48
Business	74	24.71	12	3.65	86	13.76
House Wife	--	--	136	41.46	136	21.76
Others (including Pensioners)	42	14.14	11	3.35	53	8.48
Total	297	47.52	328	52.48	625	100

199 (67 %) males and 143(54.72%) females were economically productive in their life. 58(19.5%) males and 57(17.5%) females were engaged in agricultural activities, while 25 (8.41%) males were employed, 74(24.71) had their business and 136(41.46%) females were housewives. 42(14.14%) males and 11(3.35%) females were either pensioner or engaged in other activities.276(44.16%) elderly belonged to Class IV of socio-economic

classification. 129 (43.43%) males and 147 (44.81%) females were in the class IV. 70 (23.56%) males and 91(27.74%) females belonged to the class V.267 (89.89%) elderly males and 152 (46.34%) elderly females who were married at the time of visit. No elderly was found unmarried in his/her life time. 161 (49.08 %) females were widowed and 13(3.96%) were separated from their partners.

Table No. 3–Distribution of Elderly according to their dependency on their children:

Dependency	Yes		No		Total	
	No.	%	No.	%	No.	%
Males	98	32.99	199	67.00	297	47.52
Females	185	56.40	143	43.59	328	52.48
Total	283	45.28	342	54.72	625	100

$X^2 - 33.52$; ($p < 0.001$); $d.f = 1$

199 (67%) males were economically independent while 98(32.99%) were economically dependent on children and 185(56.40%) females were economically dependent on their children or relatives while 143(43.89%) were economically independent. Significantly higher proportion of females were dependent than males.

Advice of 239(80.47%) males and 288(87.80%) females was honoured in the family on various issues. 61(20.33%) males children were unmarried and 96(29.26%) females children were unmarried. 212(71.38%) males children’s were employed and 85(28.61%) were un-employed. 199(60.67%) females children’s were employed while 129(39.32%) were un-employed. Out of 183 males, 37(32.45%) due to loss of spouse, 16(14.63%) due to loneliness, 91(79.82%) due to illness, 75(35.78%) due to economic reasons and 15(13.15%) due to reasons like their son/daughter died in accident, their children don’t have children, their son is mentally handicapped were worried in their life.

Discussion:

In the present study 122 (41.07%) elderly males were of the 60- 64 years age group and 88 (26.82%) females were of the 65- 69 years age group. These trends may be attributed to the fact that women live longer than males. While Gurav RB (2002)⁴ in their study observed that 97 (48.02%) were males and 105 (51.98%) were females. This observation is similar to present study. In a similar study Elango S. (1998)⁵ studied 354 (98.3%) elderly of whom 47.2% were in

the age group of 60-69 years, 37.8% in 70-79 years, it is similar in the present study 36% in the age group 70-79 years and rest 15.0% were in age group of 80 years and above. The females (52.8%) outnumbered the males (47.2%).

Todkar SS (2007)⁶ in a study of individuals 18 years and above of age at RHTC, Paithan found that Hindu’s were 1028(79.25%), Muslim’s were 143(11.02%) and Buddhist were 126(9.71%). Which is similar to present study 459 (73.44%) elderly belonged to Hindu religion, 111(17.76%) Muslims, 47(7.52%) were Buddhist.

Present study shows that 108 (36.36%) elderly males and 223 (67.98%) elderly females were illiterate which is less than the study of Gurav RB (2002)⁴ where none of the female respondent was educated above the 12th standard level and 65.98% males and 22.86% females were literate. Similarly Singh Charan (1995)⁷ found that illiteracy was 80.2% while only 0.8% of the aged were educated upto high school or above. Literacy was higher among males (35.2%) than females (6.1%). Barua Ankur (2007)⁸ found that 75.7% of the elderly were literates.

In the present study significantly higher proportion of females was illiterate ($p < 0.001$).

In the present study 372 (59.52%) elderly preferred to live in three generation family which is similar with the Gurav RB (2002)⁴ study where nearly 95% of the participants lived in joint families and 10 (4.9%) lived in extended nuclear families.

In the present study 199 (67 %) males and 143(54.72%) females were economically productive

in their life. 58(19.5%) males and 57(17.5%) females were engaged in agricultural activities, while 25 (8.41%) males were employed, 74(24.71) had their business and 136(41.46%) females were housewives, 42(14.14%) males and 11(3.35%) females were either pensioner or engaged in other activities. 98 (32.99%) males and 105(32.01%) females were unemployed which shows the rural pattern of economic activity similar to Anil Jacob Purty (2006)⁹ in their study found that predominant occupation was agricultural labour 204 (64.7%) and 95 (28.3%) elderly were fully dependent. While Gurav RB (2002)⁴ in their study observed that out of 202 elderly a total of 14(14.43%) males and 21(20%) females were economically active.

In the present study 276(44.16%) elderly belonged to Class- IV and 70 (23.56%) males and 91(27.74%) females belonged to the class- V of socio-economic classification these findings are comparable with Rahul Prakash (2004)³ in his cross-sectional 29.3% elderly belonged to socio-economic class V, 24.6% and 14.6% were grouped in class II and I respectively.

Similarly in Singh Charan (1995)⁶ 195(42%) aged belonged to socio-economic class-V while 103 (22.2%), 91 (19.6%), 54 (11.6%) and 21 (4.5%) of aged persons belonged to class- III, IV, II and I respectively.

Present study shows 199(67%) males were economically independent while 98(32.99%) were economically dependent on children and 185(56.40%) females were economically dependent on their children or relatives while 143(43.89%) were economically independent. Gurav RB (2002)⁴ found that nearly one-half of the respondents (58.42%) were economically dependent on their children. While Elango S. (1998)⁵ revealed that only 12% were economically independent. 27% of the aged persons were engaged in some part-time jobs whereas 73% were not economically active. Singh Charan (1995) in their study found that 259(55.8%) aged persons were occupied in productive work, amongst. Non-workings were more in females (58%) than in males (28.8%).⁷

Present study shows that advice of 239(80.47%) males and 288(87.80%) females was honoured in the family on various issues. While Goel PK (2003)² in their study found that family members of 33.9% elderly used to ignore their advice. Gurav RB (2002)⁴ in a similar study revealed that 177 (87.62%) elderly status in their families was the same

as it was earlier. However, 25 (12.38%) said that their status had deteriorated.

Recommendations:

1. As age is not a hurdle in learning, the illiterate elderly should be given the primary education.
2. Efforts should be made for income generation to support themselves and their families.
3. The financial assistance schemes for elderly like Sanjay Gandhi Niradhar Yojana should be strengthened.
4. IEC activities about the needs of elderly and their solution should be launched including seminars; geriatric care Mela's, outreach programmes should be conducted.

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