

## Social problems and basic unmet need of the elderly: A cross sectional study in rural field practice area of medical college, Dehradun

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### Abstract

**Background:** Change in socio economic status, nuclearisation of joint family, migration of youths, changing traditional values and role of women have contributed to the crisis of care for the elderly.

**Methods:** Descriptive cross sectional study was done at the field practice area of the department of Community Medicine, HIMS, Dehradun. A total of 526 elderly (60 years and above) were interviewed using a pre tested schedule in 4 randomly selected villages. The findings are described in percentages and proportions.

**Results:** Around 63.1% belonged to age group 60 -69 years, 35.4 % were illiterate, 48.4 % were not happy in life and 34.7 % felt they were burden to family. Basic unmet need was seen in 11.2% of the elderly and 34.3% were aware about geriatric welfare schemes.

**Conclusion:** The financial and social needs of the elderly needs to be fulfilled by preserving strong traditional joint family system, providing light occupation, giving them time and attention. IEC activity to be increased about different geriatric welfare schemes. There is also urgent need of geriatric counselling centre to deal with their physical and psychosocial problems.

**Key words:** Elderly, social problems, attitude, unmet needs, geriatric services.

### Introduction:

Population ageing is the most important demographic phenomenon in the world today. 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 above<sup>1</sup>. The 2001 census has shown that the elderly population of India accounted for 77 million. While the elderly constituted only 24 million in 1961, it increased to 43 million in 1981 and to 57 million in 1991. The proportion of elderly persons in the population of India rose from 5.63 per cent in 1961 to 6.58 per cent in 1991 and to 7.5 per cent in 2001<sup>2</sup>. Old age presents its special and unique problem but these have been aggravated due to unprecedented speed of socio economic transformation leading to a number of changes in different aspects of living condition<sup>3</sup>. In traditional Indian society, the informal support systems of family, kinship and community are considered strong enough to provide social securities to persons including elderly. Urbanisation,

industrialization and ongoing phenomenon of globalization have cast their shadow on traditional values and norms in society. Gradual nuclearisation of the joint family, erosion of mortality in economy, changes in value system, migration of youths to urban areas for job and increasing participation of women in the workforce are important factors responsible for the marginalisation of older people in rural India. As a result the elderly depend on money order economy and their intimacy with children is only from a distance<sup>4</sup>. Changing traditional values, mobility of young generations, changes in family structure and role of women have also contributed to crisis in care for the elderly<sup>5</sup>. A feeling of low self esteem is often felt because of loss of earning. This present condition is going to be worsened in coming decades, hence stress management needs to be effectively examined<sup>6</sup>. The study was thus planned with following objectives

1) To study socio demographic profile and their attitude towards life.

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2) To study their social problems and basic unmet needs.

### Methodology:

The cross – sectional study was conducted for a period of one year from October 2011 to September 2012 in the rural field practice area of the department of Community Medicine, HIMS, Dehradun. All persons aged 60 years or above, who gave consent to participate were selected to participate in the study. The subjects having medical co-morbidities were also included in the study provided it was not-severe enough to prevent him/her from participating in the study. Exclusion criteria included those persons who were less than 60 years of age and those who were terminally ill. A set of pre designed and pre tested questionnaire developed by

reviewing different Indian studies was asked to as many individuals members of the selected households in 4 randomly selected villages from Markham Grant Nyayapanchayat of Block Doiwala after taking informed consent and explaining the purpose of the study. Attitude was assessed by using 5 point Likert scale<sup>7</sup> in which respondents were asked to indicate a degree of agreement and disagreement with each of a series of statement. Each scale item had 5 response categories ranging from strongly agree and strongly disagree . Care was to taken to ensure privacy and confidentiality of the respondents. The data was then tabulated and analysed using SPSS version 18.0. Findings are described in proportion and percentages.

### Results:

**Table I : Demographic profile of the villages**

Villages	Population	Elderly (60 years and above)		Grand total	% of the total population
		Males	Females		
Teliwala	3487	96	118	214	6.1
Dharmuchak	2817	78	115	193	6.8
Kurkawala	1348	39	54	93	6.9
Rajeev Nagar	645	11	15	26	4.0
Total	8297	224	302	526	6.3

Table I shows the demographic profile of the selected villages. The elderly population (aged 60 years or above) accounted for 6.3% of total population. Out of total

526 elderly, numbers of females were 302 (56.8%), while numbers of males were 224 (43.2%).

**Table II. Age, Literacy status and Living arrangements of the respondents**

Variables	Males ( 224)	Females (302)	Total (526)
<b>Age (Years)</b>			
60-69	136 (60.5)	196 (65.1)	332 (63.1)
70-79	73 (32.7)	82 (27.0)	155 (29.5)
>80	15 (6.8)	24 (7.9)	39 (7.4)
<b>Education</b>			
Illiterate	51 (22.8)	135 (44.7)	186 (35.4)
Just Literate	105 (47.1)	108 (35.7)	213 (40.5)
Primary	36 (16.0)	31 (10.1)	67 (12.7)
High School & above	32 (14.1)	28 (9.5)	60 (11.4)
<b>Living arrangements</b>			
Alone	3 (1.7)	13 (4.3)	16 (3.0)
With spouse	20 (8.3)	18 (6.1)	38 (7.2)
With spouse, children and grand children	138 (59.6)	143 (47.4)	281 (53.5)
With children and grand children	63 (30.4)	128 (42.2)	191 (36.3)

Table II shows that the majority of the elderly were in age group of 60 -69 years (62.8%), while a little over 7% were above 80 years of age. Literacy level was found to be lower for the study subjects. Three fourth of the respondents were just literate (one who can just read

and write without understanding in any language). Proportion of literates was more in males than in females at all levels of education. Joint family system was seen in 89.8% of the respondents, while 7.2 % were living with their spouse. However 3% of the elderly were living alone.

**Table III. Attitudes of the respondent regarding old age**

	Males	Females	Total (N=526)
Affected day to day activities	207 (41.3)	295 (58.7)	502 (95.5)
Partially	185 (39.8)	280 (60.2)	465 (88.4)
Completely	22 (59.4)	15 (40.6)	37 (7.1)
Feel neglected by family members			
Always	12 (40.0)	19 (60.0)	31 (6.3)
Sometimes	108 (32.7)	68 (22.5)	176 (33.4)
Feel burden to family	64 (35.1)	121(64.9)	183 (34.7)
Not happy with life	112 (44.2)	142 (55.8)	254 (48.4)

Table III shows that 95.5% respondents had a feeling that age has in one way or another affected day to day life. Out of these 88.4% felt that they have been affected partially. Around 2/5<sup>th</sup> (39.7%) felt that they were neglected by the family members and their decision

did not matter while 34.7% felt that they were burden to their family. Approximately half of the study subjects were not happy with their life. Unfavourable attitude towards life was seen more among females than among the males.

**Table IV Basic needs unmet among the elderly**

	Males	Females	Total (N=526)
Food	9 (3.9)	13 (4.3)	22 (4.2)
Clothing	11 (5.1)	18 (5.9)	29 (5.5)
Medicines	22 (9.9)	34 (11.2)	56 (10.6)
At least one item	23 (10.2)	36 (11.7)	59 (11.2)

Table IV shows the basic unmet needs among the elderly. Around 4% of the elderly females had some difficulty in obtaining foods, 6 % in obtaining clothes and 11.2 % in obtaining medicines. The proportions are

however less for elderly males. It was observed that 11.7% of the females and 10.2% of the males had difficulty regarding access to meeting either of the three basic needs.

**Table V Awareness and utilization about Geriatric Welfare scheme (GWS)**

Variables	No. (%)
Awareness of GWS	
Aware	180 (34.3)
Not aware	346 (65.7)
Utilization of GWS	
Ever used	05 (3.0)
Never used	175 (97.0)

About one third (34.3 %) were aware of geriatric welfare scheme but 97 % of them had never utilized its benefits.

### Discussion:

The total number of elderly in the present study comprised 6.3 % of the total population. According to NFHS 3<sup>rd</sup> also the population of elderly is around 7.2 %. Little more than 2/3<sup>rd</sup> of the elderly were in age group of 60-69 years and the proportion declined with age but females outnumbered their counterpart after 80 years

due to longer life expectancy. Similar observation was seen Lena et al in Udipi district of Karnataka<sup>8</sup>. NFHS 3<sup>9</sup> also reports life expectancy to be more in females.. According to NSS 52<sup>nd</sup> round<sup>10</sup>, 63% of the elderly were illiterate in India. The presented study also shows that more than three fourth of the respondents were illiterate or had basic primary education. Singh et al<sup>11</sup> also reported higher illiteracy rate of 80.2%. However Padda et al<sup>12</sup> in Amritsar and Elango S<sup>13</sup> in Tamil Nadu reported high literacy level of 61.4% and 78% respectively. Females were more illiterate than males at all age group. This could be due to the fact the education of the girls were not given priority and their early marriage was considered as major responsibility. Moreover there was seldom any school which provided secondary education.

Single member families are rare particularly in rural India. In the present study, about 89.8 % of the study subjects lived in joint family. Though urbanisation and nuclear family was considered as one of the factors for social problems in elderly, it was not seen in our study. This could be due to the fact that the young generation were employed in our or nearby institutes or were working in Dehradun which is 25 Km away. However 1.7 % of the males and 4.3 % of the females lived alone. According to NSS 60<sup>th</sup> round<sup>14</sup> about 2-3% of elderly men live alone while 7.8 % elderly women lived alone. More than 50 % lived with their spouses, own children and grand children while 36.3% lived with their children and grandchildren as spouses were no more. This difference was more pronounced in females (42.2%) than males (30.4%). There were more number of widows which is probably due to higher life expectancy of females. NFHS 3<sup>9</sup> also reports close to 50 % females living with their children and grandchildren (without spouse) while the corresponding figures for male was 30%.

Around 40% of the respondents felt neglected by their family. Lena et al<sup>8</sup> in their study reported 57.3 % of the respondents being neglected by family members. Findings by Singh et al<sup>11</sup> and Prakash et al<sup>15</sup> reported negligence by their family members as 26.1 % and 17.5% respectively.

Basic unmet needs for any one item was seen in 11.2 % of the elderly. NSS 52<sup>nd</sup> round<sup>9</sup> also had observed similar finding among the elderly regarding meeting their unmet needs. The elderly were thus victims of old age and of widowhood.

In the present study almost half of the respondent reported that they were not happy in life as compared

to 33.2 % reported by Singh et al. One third of the respondent felt they were burden to the family and not respected. This could be explained from that they have probably retired from service and were not getting any form of pension from the government and hence unable to contributing anything to the family in monetary terms. National council for senior citizens as envisaged in "National Policy for Senior Citizens 2011" which lays special emphasis on disadvantaged seniors<sup>16</sup>. has been accorded constitutional approval, but awareness about any geriatric welfare schemes was seen only in 34.3% respondents and 97 % of those aware had not availed the scheme. Goel et al<sup>17</sup> also reported similar findings in their study.

### Conclusion:

The Government has approved and implemented National Programme for the Health care of the Elderly in 100 districts of 21 states till 2011 wherein the main objective is to provide preventive, curative and rehabilitative services to the elderly persons at various level of health care delivery system of the country<sup>18</sup> but it has not been implemented and yet to see light in the state. The elderly in our society who should have been held in high esteem for their contribution in terms of wisdom, knowledge and experience are the group most vulnerable. They are being openly neglected by the majority including their own family and this seems to have placed upon them unfair and unnecessary burden. Policy makers, health care delivery personnel, researchers, family members should make more efforts towards addressing the issues and problems created by aging. The fundamentally wrong attitude that the society have towards the elderly thus needs drastic change. It is expected that the society negative attitude will gradually change towards the aged and they will get due recognition in the society.

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