ELDERLY IN RURAL INDIA: A HEALTH CONCERNED

Extended Abstract

Life expectancy that was 40 in 1950, reached 65 years in 2001 in India, resulted in more than 76 million aged populations (60+), constituting above seven percent of Indian Population, and it is eight percent in Maharashtra. The poverty, isolation, neglect and deteriorating physical and mental health are the main concerned of elderly in Maharashtra. Elderly suffers from multiple kinds of diseases. The present paper is based on empirical information collected from 600 elderly by using semi structured interview schedule in rural Maharashtra, focuses on the socio-economic conditions and their effects on health status and quality of life.

Issues like self perception of own health, quality of life, functional health and mental health of elderly is explored under the domain of health status. Further, the impact of various socio-economic characteristics on physical as well as mental health is discussed in detail. Bi-variate and multivariate techniques have been used in data analysis. Functional capacity index, mood assessment scale and standard of living index (SLI) have been also computed and used. The main objective of the paper is to investigate the socio economics and demographic influences on health and quality of life of the elderly. The analysis reveals that a higher proportion of elderly living in joint family, with high SLI, and economically independent perceived their health condition to be good than their counterparts. Functional capacity index of elderly reveals that in out door activity males are found to be more independent than females. While in case of house work females are more independent. The mood assessment scale shows that 42 percent of the elderly are normal, while one third of elderly found to be mild depressed and one fourth of elderly found to be in severe depression. The main cause of weak mental health status is financial and health seeking dependency on their children or other family members.

For this study Amravati district of Maharashtra state is purposely selected for this study. Maharashtra is the one of the industrial state of India. Maharashtra has 8.7 percent (2001) elderly population to total population, which is the highest among all Indian

states. The same figure for Amravati district is 10 percent, which is a matter of major concern.

It has been found from various studies that many factors are responsible for health of the elderly population. However, for this study this has been conceptualized that all the socio-economic and demographic variables may have influences on health of elderly through the intervening variables like living arrangement, relation with family members, his/her decision making role, and life style. The life style like foods, habits (drinking, smoking), prayer, and exercise influence the health of the elderly in a big way. The conceptual model has been graphically represented in Figure 1.

Objectives: The main objective of the paper is to investigate the socio economics and demographic influences on health of the elderly. However, the specific objectives are:

i)   to know the health problems and disability of elderly

ii)   to know the determinant of perceived health status of elderly

iii)   to know the functional health status and determinant of mental health of elderly

Methods and Materials

This study is based on primary data collected from Amravati district of Maharashtra state of India. Three stage sampling design has been adopted with the selection of blocks in the first stage, villages in the second stage and households in the third stage to collect information from 600 respondents in 15 villages of the Amravati district. After random selection of a block, villages were stratified into three strata on the basis of population size. A sampling frame of aged 60 and above was then prepared for the selected villages by house listing. This was followed by selection of aged respondents using systematic random sampling. A quantitative research technique has been applied to gather the necessary information, such structured interview schedule.

Uni-variate, bi-variate, chi-Square test and multivariate analysis has been applied to analyze the data. To capture the health status of elderly, activity of daily living (ADL), mental health scale and mood assessment scale has been computed. Adjustment inventory

scale has also been used to assess the social adjustment of elderly. Reliability analysis has been done to check the association of the variables before constructing the above scales. Alpha value has been checked for all the items before constructing the scale. Only those items have been included in the scale for which alpha value is more than 0.56. That is a model of internal consistency, based on the average inter-item correlation.

Summary and conclusion

The analysis reveals that socio-economic condition of the elderly has an impact on their health status. It is observed that there is a significant relation between age and health status of the elderly. As age increases health deteriorates, and elderly perceived poor health. A large proportion of widowed/widower elderly perceived their health as not good. It is obvious that in every society after the death of a spouse a person feels lonely and also there may not be any one to look after. Elderly with low standard of living, elderly living alone and economically dependent elderly are more likely to perceive the status of their health to be poor. Elderly persons having some disability are prone to perceive and report poor health status.

The functional capacity index of elderly reveals that in getting out of the bed, going to toilet and bathing, more than 90 percent of elderly are found to be independent. While in case of preparing meal and home work more than 15 percent of elderly required some sort of assistance. Male are more independent in out door work and females are more independent in indoor work. A close look at the functional capacity by age suggests that elderly aged 80 and above are found to be dependent.

Fifty percent and above widowed/widower elderly are found mentally not well as compared to 32 percent married elderly. Similarly, those elderly living with family are found to be mentally better off than those living alone. Elderly with low Standard of living and economically dependence on others were found to be mentally weak. The main cause of weak mental health status is financial and health seeking dependency on their children or other family members. The mood assessment of the elderly also shows similar results. Female elderly, widowed/ widower elderly, SC/ST elderly are found to be more depressed. Higher proportions of elderly living in joint families are found to be normal as

compared to elderly living single and in nuclear families. The higher percentage of elderly living single, having low standard of living and being dependent on others are found to be severely depressed. The hypothesis that elderly females tend to have more health problems as compared to their male counterparts are ascertain in this study.