HEALTH STATUS OF THE URBAN AGED IN TAMILNADU: A STUDY OF PERCEPTIONS WITH REFERENCE TO MADURAI DISTRICT

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Abstract

Background: *Health care of the aged is a major concern of a society as old people are more prone to morbidity than young age groups. Most primary surveys have reported that the aged in India have serious health problems.* ***Methods:*** *The required data for this study were selected 160 households with aged persons to get 40 aged persons comprising 20 males and 20 females from each of these four urban wards giving an area sample from Madurai City Corporation in Madurai District of Tamilnadu.* ***Findings:*** *Majority of the respondent's income source comes from combination salary, pension and financial investments (44.4%). The most common health problems of aged people face hypertension (40.6%) and stroke. More number of aged was hospitalised (40.6%) and taking treatment (78.8%) during the last one year period. Respondents' marital status, family type, present employment and source of income are significantly affecting the health status of the aged population.*

Keywords: Aged, Health Problems, Health status, Madurai, Tamil Nadu, etc.

Introduction and Earlier Literature

In the world countries people aged 60 years and above, constitute less than 20 percent of the population in 2000 which will become 32 percent by 2050. The health status of the aged person depends on socio economic conditions and availability of health services in the community. The ageing process also relate to family system, literacy and income of the aged. Due to reduction in fertility rate and adoption of small family norms, there is increase in the percentage of old dependents. Aged people are mostly facing the loneliness, health and economic problems.

Ageing process and aged population deserve special attention because every eighth person in the population of India is under the graying process. Population ageing will affect every single individual of the society in many ways. India too, faces many demographic problems in the shape of the rising profile of the aged population. In recent years, there has been a sharp increase in the number of older persons worldwide (Hafez, 2000) and more old people are alive nowadays than at any time in history (McMurdo, 2000). The proportion of

the population aged 60 and over is also growing each year. By the year 2025, the world will host 1.2 billion people aged 60 and over and rising to 1.9 billion in 2050 (United Nations, 2003). Rural-urban migration and changing family structures leave many older persons without traditional means of support. With little social protection, many are left with no secure source of income. Currently, most countries' health systems cannot meet the needs of older persons. Moreover, age-friendly and barrier-free environments are needed for older persons to enjoy continued freedom of movement and to actively participate in society.

Health is an important factor affecting human life. Various research evidences clearly demonstrate that there is a direct relationship between health problems and old age, although the health status of the aged varies from individual to individual. Health problems and medical care are major concerns of aged persons. According to the study conducted by Murray and Lopez, (1996) on 'global burden of disease', ill-health accounted for 10 per cent of the global disease burden among older people with 60 years and above. Health care for the aged persons is taken of the time by themselves only, which may be due to their reduced economic contribution to the family at present. An increase in the number of nuclear families, rural-urban migration and attention of children towards the attraction of the modern lifestyles and self-centered motives are other reasons (Hariharan and Malathi, 2012). Physical exercise, social interaction and better family care for the ailments, prevention from falling can promote better health during old age (Dharmalingam and Murugan, 2001).

The health problems of the aged persons vary not only based on their economic conditions but also due to their different lifestyles, such as food habits, chewing tobacco, petals, smoking, etc. The men and women differ in many health problems in terms of the level of suffering due to diseases and the subsequent morbidity. Poverty condition and poor hospital facilities affect the health of the aged to a greater extent. Studies by Haaga (2004) and Mutharayappa (2004) reveal that lifestyle adversely affected health and increased morbidity conditions among the aged. This study is an attempt to highlight the factors affecting health conditions among the aged population. The health condition of the aged people is mostly influenced by the place of residence and availability of medical facilities. Dandekar (1996) gives the rural-urban differences in the economic status of the aged. He states that there is lack of medical care facilities for the aged irrespective of the place of their residence. The problems of aged differ with respect to income, residential pattern, age, sex, education, occupation, health, marital status, family pattern, family support and whether living in urban, rural or tribal areas (Karuppiah, 2002; Moorthy, 2002; Alam, 2004) .

As the aged population is increasing, morbidity conditions of the aged are also increasing. Studies by Dilip (2001) and Mao (2001) reveal that gender differentials were observed with males having higher levels of morbidity than females in the context of hearing and loco-motor disability. The annual hospitalization rate was 185 per thousand for aged males and 130 for aged females. The increasing importance of the studies on aged and senior citizens has been emphasized by a series of national and international conferences and seminars. In India, over the past two decades a number of studies have focused on health issues of aged (Audinarayana, et. al., 2002; Sandhya and Suguna, 2002; Haaga, 2004; Zhou, et. al., 2004; Mutharayappa and Bhat, 2008; Deaton, 2009; Hariharan, 2012). Keeping these in view, an attempt has been made in this paper to study the Health Status of the Urban Aged in Tamilnadu: A Study of perceptions with reference to Madurai District.

Objectives

The primary objectives of this paper are: (1) to study the socio-demographic and economic characteristics of the urban aged population; (2) to understand health problems and their perception of the aged population; and (3) to analyse the influence of socio-demographic and household characteristics with their health problems of the urban aged population.

Data and Method

Madurai City Corporation has been chosen for the study of urban aged persons. The rationale behind selecting the district is that the share of the aged in the district is closer (8.5%) to that of Tamil Nadu (8.8%) and this district is an average district in most of the demographic, socio-economic and health characteristics. The Madurai City Corporation is the highest number of urban households in Madurai District than the other urban areas is the rationale behind for selecting the urban area. Madurai city has four zones, namely, Madurai North, Madurai South, Madurai East and Madurai West. The list of all 72 wards in these four zones as furnished in the Census report constitutes urban sampling frame. Out of 72 wards, one ward from each zone was selected on the basis of the highest number of households giving ward 2 in North Zone, 52 in East Zone, 60 in South Zone and 71 in West Zone. The required data for this study were collected from 160 aged persons (60 years and above) from four wards of Madurai district of Tamil Nadu comprising of 80 males and 80 females through household survey and personal interview with the help of a well-administrated and pre-tested interview schedule.

In today's human society age based prejudices and discrimination are firmly embedded. Therefore, the word like 'aged' has in itself acquired a negative connotation. For

practical purposes, we define aged as those people who have crossed a given life span, 65 years in developed countries and 60 years in developing countries like India. As the Government of India as well as the Government of Tamil Nadu recommends the welfare programmes for the aged to those who are 60 years and above, this study also considers the same age criteria for its respondents.

The data collected from the household survey were age, sex, religion, caste, and marital status, completed years of education, personal income, source of income and their health problems, perception of their health status. The items of information collected through personal interview were the level of physical and economic support from their children, level of their satisfaction in getting such supports and their present need and perception for their happy survival. The data were evaluated and analysed using SPSS Software. A multivariate technique named multiple linear regression analysis was used to assess the effect of several variables on health problems of the aged population. Content analysis was done to capture the perception of the aged on the availability of health and physical support from their children and the level of their satisfaction.

Results and Discussion

The demographic and social characteristics, economic characteristics, and living arrangement and their health status and their perception of the urban aged are discussed in detail with the help of results obtained through multiple linear regression analyses. The perception of the aged on the health status and physical support from their children and the level of their satisfaction are also discussed.

Socio-Demographic and Household Characteristics

The demographic and social characteristics such as age, marital status, religion, caste, educational status, and present status of employment are discussed in this section. It was found from ***Table 1*** represents majority of the aged persons were young-old (46.9%) followed by middle-old and old-old which indicates that most of the aged happen to die before reaching oldest and gender was equally represented. Most of the study respondent belonged to Hindu (85.0%) religion which indicates predominant position of Hindus as it prevails at national also and more than half of the respondents were backward caste (57.7%). Majority were married (53.1%) with widows constituting about 44.4 per cent of the sample. Two-fifth of the study population had completed his primary school education (40.0%) followed by illiterate (22.5%) and majority were currently not employed (75.0%).

Table-2 predicts the living arrangement of the urban aged 60 years and above. More than three- fifth of the study population lived in joint family setting and those who are living with mostly by their children (68.1%). Majority of the study population lived in a rented house (58.1%) followed by self owned independent house (23.8%). Majority of the respondent's earning income range was between 1001 to 5000 rupees. Their source of income wise concern, almost three-fourth of the respondent's income source comes from combination salary, pension and financial investments (44.4%) and almost one-fifth of the aged financially dependent for their children and others (17.5%). Majority of the aged persons satisfied with their present living arrangements (85.6).

Health Problems of the Aged

The study of morbidity pattern will reveal the health problems of the aged. ***Table-3*** explains the prevalence of medical illness among the urban aged 60 years and above age group and all these health related information are ascertained through self reports and not objective measurement. Majority of the respondents reported current medical problems (78.8%). Hypertension (40.6%) and stroke (35.5%) are major illness common among the aged persons. Almost, equal percentage of aged respondents affected by arthritis (9.4%), kidney diseases (10.0%) and depression (10.6%) while arthritis was significantly more common among women.

Table-4 reveals the perception of present health status in the urban aged 60 years and above. More than one-fifth of the aged reported that their health condition is good in last one month (21.2%) but majority of them were hospitalised (40.6%) and taking treatment (78.8%) during the last one year period and 8 percent of the respondents was restriction of their daily activities in the past one month due to ill health. Among the personal habits wise concern, alcohol consuming respondents (14.4%) were doubled in habit of currently smokers (7.5%).

Table-5 presents the results demarcate the relationship between socio-economic characteristics and aged suffered from any diseases during last three months. On linear regression analysis, it was found from the analysis that marital status (*Beta = 0.535; p<0.001*), family type (*Beta = 0.398; p<0.006*), present employment status (*Beta = 0.244; p<0.022*) and source of income (*Beta = 0.401; p<0.013*) of the urban has been the most positive significant variable to reduce any of the disease suffered by the aged persons. Where, as the variable like gender was most negative significant one followed by age and education.

Perceptions of the Aged

This section discusses the perceptions of the aged from the information obtained with the help of their personal interviews regarding the availability of health, physical, economic and social supports from their children and the level of their satisfaction by conducting in-depth interviews.

Health Problems

> ***An aged men states,*** *"Once we became old we are considered as burden for the family. When we happen to fall in sick mostly we are not given much importance as compared to children of my children. We also do not force them to take pain in view old our problem. What our sons will do when their wives are not interested in us.*

Lack of physical support

> ***An elderly man states,*** *"My son is in abroad. He keeps sending us sufficient money regularly. But still I have a feeling of missing something. When I fall ill, I become mentally depressed due to lack of physical support. When I happen to approach my relatives or neighbours during emergencies I do not feel convenient and they see me deprived of something important. When I see old men like me are happy with their sons or daughters, in-laws and grand children, I feel I am not fortunate to be with my own dears."*

Social Problems

> ***In the words of an aged widow,*** *"I was given full recognition and equal treatment before the death of my husband. But after his departure, I am sufficiently respected by my own children in all occasions irrespective of its nature. But the same level of treatment is not able to be received from others in the village."*

Economic Problems

> ***An aged woman says,*** *"When my husband was alive, the jewels were under my control, though the house and land were on his name. My husband used to consult with me for any major decision of the family. But, my sons own the properties now. Their wives have control over property. Now I am totally dependent on their support for all my needs."*

Conclusions and Recommendations

Young old (60-69 years) aged persons had more representation to study area as compared to middle-old and old-old. Hindus among the aged persons had more number in the study as compared to Christians and Muslims. The aged persons who belonged to backward caste are more in urban areas, whereas, those who belonged to scheduled and forward caste.

There is an increase in the number of widowed which may be due to more number of deaths among male aged persons. Two fifth of the study population had completed his primary school education and majority were currently not employed.

More than three- fifth of the study population lived in joint family setting and those who are living with mostly by their children reflect the respondent's awareness about strength of joint family system in the urban areas too. Majority of the study population lived in a rented house followed by self owned independent house. Majority of the respondent's earning income range was between 1001 to 5000 rupees and almost three-fourth of the respondent's income source comes from combination salary, pension and financial investments. Majority of the aged persons satisfied with their present living arrangements.

This study was undertaken to understand the health problems of aged people and to gather some information about their perceived health problems. Findings reveal that majority of the aged, both male and female, are unhealthy. The most common health problems aged people face include diabetes, hypertension and stroke followed by respiratory diseases like diarrhoea, asthma and prolonged coughing, arthritis, and kidney problems. The study indicates that the perceptions about health problems in terms of the principal chronic diseases vary between men and women within the aged cohort.

There were conclusive data which showed that women suffered more than men. With regard to the distribution of the aged population by physical deterioration, the study shows that majority of them were hospitalised and taking treatment during the last one year period and eight percent of the respondents were restriction of their daily activities in the past one month due to ill health. Among the personal habits wise concern, alcohol consuming respondents were doubled in habit of currently smokers. From the linear regression, we observed that four out of nine variables are positively significant to influence health status of aged population and five out of nine variables negatively significant to influence the health of aged population. Respondents' marital status, family type, present employment and source of income are significantly affecting the health status of the aged population.

The overall scenario of the health status of the aged population is not found satisfactory. Still much work has to be done in this arena to cope with the problems of our country. In the light of the above discussions the following recommendations are made:

The aged persons may be recommended for some amenable programme enhancing them to get an additional source of income especially in urban areas. There is a need to increase geriatric centres for the treatment of the aged is an increase in the number and proportion of the aged having a direct impact on the demand for health services. Health needs

of older persons are multidimensional. Not only physical health but also mental and emotional health of older persons is equally important for their well being. A system of coordinated care needs to be provided instead of person-oriented intervention.

Health education programmes such as yoga, meditation may be introduced based on the need urban areas which will help in sustain and improving the health status of the aged. The NGOs may take part along with relevant department of the government in various stages of the programmes with innovative approach suiting the modern needs of the aged. The tax on the income of the aged may be relaxed in terms of their medical expenses. The family members may be encouraged by giving education/counselling to provide proper care, especially, food, clothing and shelter for the aged in their houses.

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Appendix

Table-1: Demographic Characteristics of urban aged 60 years and above (n=160)

Characteristic	Frequency No. (%)
Age Group in Years	
60-69	75 (46.9)
70-70	50 (31.2)
80+	35 (21.9)
Gender	
Male	80 (50.0)
Female	80 (50.0)
Religion	
Hindu	136 (85.0)
Muslim	17 (10.6)
Christian	7 (4.4)
Community	
Scheduled Caste	45 (28.1)
Backward Caste	92 (57.7)
Forward Caste	23 (14.4)
Marital Status	
Married	85 (53.1)
Widowed	71 (44.4)
Separated	4 (2.5)
Educational Category	
Illiterate	36 (22.5)
Primary School	64 (40.0)
Secondary School	21 (13.1)
High School	19 (11.9)
College	20 (12.5)
Present status of employment	
Not working	120 (75.0)
Wage employment	34 (21.2)
Self employment	6 (3.8)

Table-2: Living Arrangement of the urban aged 60 years and above (n=160)

Characteristic	Frequency No. (%)
Family Type	
Joint	126 (78.8)
Nuclear	34 (21.2)
Living Arrangement	
Living alone	11 (6.9)
Living with spouse	40 (25.0)
Living with children	109 (68.1)
House	
Owned by self	38 (23.8)
Belongs to family member	29 (18.1)
Rented	93 (58.1)
Income	
<=1000	30 (18.8)
1001-5000	100 (62.5)
5001-10000	16 (10.0)
10001-20000	9 (5.6)
>20000	5 (3.1)
Source of income	
Salary	12 (7.5)
Pension	23 (14.4)
Financial Investments	26 (16.2)
Combination of the above	71 (44.4)
Financially dependent on others	28 (17.5)
Satisfaction with present living arrangements	
Satisfied	137 (85.6)
Not Satisfied	23 (14.4)

Table-3: Prevalence of medical illness among the urban aged 60 years and above (n=160)*

Type of Medical Illness	Frequency No. (%)
Arthritis	15 (9.4)
Diabetes	25 (15.6)
Coronary artery disease	10 (6.2)
Hypertension	65 (40.6)
Tuberculosis	13 (8.1)
Respiratory diseases	8 (5.0)
Stroke	60 (37.5)
Kidney disease	16 (10.0)
Depression	17 (10.6)
Injuries	27 (16.9)
Any medical problem	126 (78.8)

Note: *Ascertained through self reports and not objective measurement

Table-4: Perception of Present Health Status in the urban aged 60 years and above (n=160)

Characteristic	Frequency No. (%)
Rating of physical health in good condition	34 (21.2)
Currently on medication	133 (78.8)
Current Smokers	12 (7.5)
Currently consume alcohol	23 (14.4)
Hospitalised during the last one year	65 (40.6)
Restriction of daily activities in the past one month due to ill health	13 (8.1)

Table-5: Multiple Linear Regression Model

Variables	Un-standardized Coefficients		Standardized Coefficients Beta	t	Sig.
	B	Std. Error			
(Constant)	3066.416	2058.491		1.490	.139
Age	-713.868	347.269	-.177	-2.056	.042
Gender	-1130.988	536.477	-.184	-2.108	.037
Religion	-88.000	390.762	-.021	-.225	.822
Community	-218.343	295.659	-.069	-.738	.462
Marital status	3055.854	687.199	.535	4.447	.001
Family type	2438.472	996.940	.398	2.446	.016
Education	-603.265	343.454	-.202	-1.756	.082
Present employment	1150.828	305.100	.244	2.494	.022
Source of income	2643.437	659.487	.401	2.492	.013

Note: Dependent variable: any disease affected after age of 60; R=0. 598;

R Square=0. 358; Adjusted R Square=0. 306; F(6.816) = *P*=0.001