

Research Article

Awareness of geriatric welfare services among rural elderly population

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ABSTRACT

Background: Elderly population suffers from income loss, decreased social role and increased dependence along with physical and mental problems associated with ageing. Geriatric welfare services are aimed to address this problem related to old age. The main focus of the existing geriatric welfare services are below the poverty line elderly population. However, the benefit from these services can be obtained if elderly population have awareness about these welfare services. Main objective of the study was to study the awareness regarding geriatric welfare services among rural elderly population and its association with gender.

Methods: Community based cross-sectional study was carried out at field practice area of Rural Health Training Centre, JN Medical College, AMU, Aligarh, Uttar Pradesh, India by using systematic random sampling with probability proportionate to size among 225 rural elderly individuals using pretested and predesigned questionnaire. Data analysis was done using SPSS 20. Chi square test was used. P value <0.05 was considered significant.

Results: Among the geriatric welfare services 28.9% were aware of the social security schemes, 84% were aware of the special govt. facilities, 35.6% were aware of the health insurance schemes. Males had significant higher awareness of geriatric welfare services than the females.

Conclusions: The study revealed that awareness of geriatric welfare services among rural elderly population was very low that needs to be addressed to improve utilization of these services.

Keywords: Awareness, Elderly, Geriatric welfare services, Rural

INTRODUCTION

The elderly accounts for 8.3% of the Indian population with elderly females outnumbering males.¹ The greying of population contributes significantly to demographic burden causing problems both at micro and macro levels. The fall in the joint families' trend which used to provide support to the elderly has accentuated the problems such as income insecurity, loneliness, disrespect, physical and mental abuse among elderly population.

The disabilities among elderly females are higher making them more vulnerable. The interventions should be both long term focusing on the younger population as today's youth are tomorrow's elderly as well as short term addressing the immediate needs of the aged population.

The government of India had launched various schemes as well as national programme to cater the health problems and income security among the vulnerable sections of the elderly population. The studies done in different parts of country reported very low awareness regarding these schemes such as Srivastava et al in their study from rural Dehradun found that 34.3% of the elderly were aware of the geriatric welfare schemes.² Another cross-sectional study done by Lena et al in rural part of South India showed that 35.7% of the elderly were aware of the geriatric welfare schemes.³

Objectives of the study were to study the awareness regarding geriatric welfare services among rural elderly population, and to find out the association of awareness regarding geriatric welfare services with gender.

METHODS

This observational community based cross-sectional study was a part of large study done among 225 individuals aged 60 years and above residing at field practice area of Rural Health Training Centre, JN Medical College, AMU, Aligarh, Uttar Pradesh, India from July 2013 to June 2014 using systematic random sampling with PPS.

The sample size was calculated by using the results of pilot study. Socio-demographic profile of the elderly was recorded by pretested and predesigned questionnaire. The awareness of the geriatric welfare services was assessed through the question related to schemes which includes-

1. Social security schemes

- a) IGNOAPS (Indira Gandhi National Old Age Pension Scheme)
- b) Annapurna scheme
- c) IGWPS (Indira Gandhi National Widow Pension Scheme)

2. Special government facilities

- a) Train ticket concession
- b) Bus seat reservation
- c) Preference for telephone connection
- d) Higher interest on deposits in banks/post offices
- e) Income tax benefits
- f) MGNREGA (Mahatma Gandhi National Rural Employment Guarantee Act)

3. Health insurance schemes

- a) Government schemes like Rashtriya Swasthya Bima Yojana (RSBY)
- b) Private schemes
- c) The elderly was taken to be aware of the particular service if he/ she replied yes for awareness to any of the services in each of these three categories.

The benefits provided by each of them is briefly described below-

*The national old age pension scheme*⁴

Under this scheme, all BPL elderly aged 65 years and above were provided a pension amount of Rs. 75 per month.

Subsequently, with effect from 1 April 2011, the eligibility age for old age pension under this scheme has been reduced from 65 years to 60 years and the amount of pension has been raised to Rs. 200; the pension amount is Rs. 500 per month for those aged 80 years or above.

*Indira gandhi national widow pension scheme (IGNWPS)*⁴

This scheme was introduced in February 2009 and provides BPL widows in the age group of 40 to 64 years with a monthly pension of Rs. 200 per beneficiary. Consequently, upon revision, the upper age limit was revised from 64 years to 59 years. On reaching 60 years of age, the widows who were receiving pension under IGWPS continued to receive it under IGNOAPS.

*Annapurna scheme*⁴

It does not provide direct financial aid but provides food security to senior citizens who, though eligible, have not been covered under the IGNOAPS. Under this scheme, 10 kilograms of food grains are provided free of cost to each beneficiary on a monthly basis.

*Train ticket concession*⁴

40% and 50% concession in rail fare for male senior citizens of 60 years and above and female senior citizens of 58 years and above respectively was provided.

*Bus seat reservation*⁴

Reservation of two seats for senior citizens in front row of the buses of the State Road Transport Undertakings.

*Preference for telephone connection*⁴

Senior citizens are allowed to register telephone connection under N-OYT special category, which is a priority category.

*Higher interest on deposits in banks/post offices*⁴

Postal service schemes like senior citizens saving schemes (for the age group of 55-60 years) and monthly income scheme (for 60 plus years) have been made attractive with higher interest rates.

*Income tax benefits*⁴

Income tax exemption up to Rs. 2.50 lakh per annum for senior citizens aged 60 years and above. Deduction of Rs. 20,000 under section 80D is allowed to an individual who pays medical insurance premium for his/her parents who are senior citizens.

An individual is eligible for a deduction of the amount spent or Rs. 60,000, whichever is less for medical treatment (specified diseases in rule 11DD of the income tax rules) of a dependent senior citizen.

*The Mahatma Gandhi national rural employment guarantee act (MGNREGA)*⁴

The act guarantees 100 days of employment in a financial year to any rural household whose adult members are willing to do unskilled manual work.

Rashtriya swasthya bima yojana (RSBY)⁴

This scheme was launched in 2008 to provide health insurance coverage for BPL families, including the elderly. Beneficiaries under RSBY are entitled to hospitalization coverage up to Rs. 30,000 for most of the diseases that require hospitalization. Coverage extends to five members of the family, including the head of the household, spouse and up to three dependents. Beneficiaries need to pay only Rs. 30 as registration fee while the central government and respective state government pay a premium to the insurer selected by the state government on the basis of competitive bidding. The study was approved by institutional ethics committee. Informed verbal consent was taken from each respondent. The confidentiality of respondents was maintained. The data was entered and analyzed using SPSS- 20. The results were described in terms of

frequency and percentages whereas the association was tested using chi- square test.

RESULTS**Socio- demographic profile of the elderly population**

The socio- demographic profile of the elderly revealed that majority of them belong to age group 60- 69 years (61.3%) followed by 70- 79 years (25.3%) and 80 and above (13.4%). The elderly population were mainly females (58.7%) as compared to males (41.3%). Majority of them were illiterates (66.7%) than the literates (33.3%). Almost equal proportion was seen of working (50.7%) and non- working (49.3%). The proportion of currently married was slightly higher (53.3%) as compared to widowed (46.7%) (Table 1).

Table 1: Socio- demographic profile of the elderly population (n=225).

	Number of cases	Percentage
Age (years)		
60- 69	138	61.3
70- 79	57	25.3
80 and above	30	13.4
Gender		
Male	93	41.3
Female	132	58.7
Literacy status		
Illiterate	150	66.7
Literate	75	33.3
Working status		
Working	114	50.7
Non- working	111	49.3
Marital status		
Currently married	120	53.3
Widowed	105	46.7

Table 2: Awareness of geriatric welfare services according to gender.

Geriatric welfare services	Aware	Not aware
Social security schemes		
Male	39 (41.9%)	54 (58.1%)
Female	26 (19.7%)	106 (80.3%)
Total	65 (28.9%)	160 (71.1%)
$\chi^2 = 13.1, df = 1, p < 0.001$		
Special govt. facilities		
Male	88 (94.6%)	5 (5.4%)
Female	101 (76.5%)	31 (23.5%)
Total	189 (84%)	36 (16%)
$\chi^2 = 13.3, df = 1, p < 0.001$		
Health insurance schemes		
Male	57 (61.3%)	36 (38.7%)
Female	23 (17.4%)	109 (82.6%)
Total	80 (35.6%)	145 (64.4%)
$\chi^2 = 45.8, df = 1, p < 0.001$		

Awareness of geriatric welfare services and its association with gender

The awareness of social security scheme among the study population was 28.9%. The awareness was significantly higher among males (41.9%) as compared to the female elderly population (19.7%) (Table 2). The awareness of special govt. facilities in the study population was found to be 84%. It was also observed that it was significantly higher in male elderly population (94.6%) as compared (76.5%) (Table 2).

The awareness of health insurance schemes was 35.6% in the study population. The difference in the awareness between male elderly (61.3%) and female elderly (17.4%) was found to be statistically significant respectively. (Table 2).

DISCUSSION

This study highlighted the awareness of geriatric welfare services among rural elderly population. It was observed that overall very low awareness was there among elderly population about geriatric welfare services. 28.9% of elderly had awareness of social security scheme; 84% had awareness of special govt. facilities and 35.6% had awareness of health insurance schemes.

Higher awareness of special govt. facilities came from the result that majority of elderly were aware of the train ticket concession leading to higher awareness of special govt. facilities. However, on consideration of special govt. facilities as a whole excluding the train ticket concession, the awareness was found to be very low. The study also highlighted that highly statistically difference exists in the awareness of geriatric welfare services among males and females. This difference is related to the traditions and culture of the Indian village system rendering females to be dependent on male counterpart for most of the parts of social and other activities.

The various other researchers also emphasized little/ no improvement at a large scale in health, income security and social security among the elderly population.⁵⁻⁶ The reports published on health status of elderly in selected states of India also highlighted low awareness of geriatric welfare services among elderly population and also pointed out that elderly female had low awareness as compared to elderly males.⁴

Similar to the present study low awareness was also reported by various other studies such as the study done in rural Dehradun by Srivastava et al revealed that awareness of the geriatric welfare schemes among elderly population was 34.3%.² In a study conducted by Lena et al rural South India it was observed that 35.7% of the elderly population was aware of the geriatric welfare schemes.³

The study carried out by Chandwani et al in urban Gujarat showed that 32.3% of the elderly were aware of the geriatric welfare schemes.⁷ Joseph et al in their study done in South India highlighted that the overall economic benefits awareness was seen in two third of elderly, one fifth of them were aware of nutrition-related benefit, three fifth of them were aware of transport facilities and two fifth of them were aware of legal legislations with elderly males having significantly higher awareness than the elderly females.⁸

However, the study done by Goel et al in rural Meerut reported higher awareness (53.7%) of the geriatric welfare schemes among elderly population.⁹

CONCLUSION

The study concludes that very low awareness of geriatric welfare service among elderly population was present. Elderly females had significant lower awareness as compared to elderly males. The study highlights the need for regular awareness campaign for generating awareness among the elderly population about the benefits of geriatric welfare services.

The elderly women should be given the preference in formulating policies and guidelines. This study also provides the opportunity for further studies for exploration of other factors that contributes to low awareness and act as a barrier for utilization of these services so that timely and appropriate interventions can be taken to help elderly in availing benefits of these services.

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